N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107144

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 2

(No. Veterans Administration
If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd L. Davis

(a) Residence No. ..... St. Meridian, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ Mrs. Florence Davis

6. DATE OF BIRTH (month, day, and year) Oct. 11, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Alice Hayward

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Meridian, Idaho Date January 4, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 1-3, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-1-1938

22 I HEREBY CERTIFY, That I attended deceased from December 26, 1937, to January 1, 1938
I last saw him alive on Jan. 1, 1938: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, type II	
right upper, left upper and	
left lower lobes	12-22-37
Other contributory causes of importance:	

Name of operation None Date of ----
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. J. BOWMAN, M. D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED JAN 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10715

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 1

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Steele

(a) Residence No. St. Silver City, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Mrs. Marie Steele

6. DATE OF BIRTH (month, day, and year) April 19, 1865

7. AGE — Years: 72 | Months: 8 | Days: 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining - Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Adam Steele

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Kurtz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Doris M. McKinnis

(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Boise, Idaho Morris Hill Date January 1/4, 1938

19. UNDERTAKER McBratney Funeral Home

(Address) Boise, Idaho

20. FILED 1 - 3, 1938 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-2 1938

22 I HEREBY CERTIFY, That I attended deceased from August 16, 1937, to January 2, 1938

I last saw him alive on Jan. 2 1938: death is said to have occurred on the date stated above, at 3:50a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized severe	Unknown
Other **contributory causes** of importance:	
Pericarditis, chronic, adhesive, constrictive	Unknown

Name of operation None Date of ---

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.....

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. J. BOWMAN, M. D.

(Address) V.A., Boise, Idaho

107156

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107156

Registration District No. 4-1008 · Local Registrar's No. 4
Primary Registration District No. ____ (No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Greiner.

(a) Residence No. 107, Center Ave, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Sept 19-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME not known.

16. BIRTHPLACE (city or town) (State or country) not known.

17. INFORMANT J. H. Sarver
(Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date Jan 5, 1938

19. UNDERTAKER Edith Johnson
(Address) Payette Idaho

20. FILED 1/4/38, 193... J. H. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/3 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1937, to Jan 3, 1938
I last saw her alive on Jan 2 1938: death is said to have occurred on the date stated above, at 12 1/30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Nephritis	?

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Clark, M. D.
(Address) Payette, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10 7159

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

RECEIVED
JAN 17 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 107159

Local Registrar's No. I

(No. Twin Falls Co. Gen'l. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Duncan Lorne Alexander

(a) Residence No. 206 - 8th Ave. North St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Alexander

6. DATE OF BIRTH (month, day, and year) Sept. 17, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician and Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Strathroy
(State or country) Ontario, Canada

FATHER

13. NAME Joseph C. Alexander

14. BIRTHPLACE (city or town) Strathroy
(State or country) Ontario, Canada

MOTHER

15. MAIDEN NAME Isabela Campbell

16. BIRTHPLACE (city or town) Unknown
(State or country) Scotland

17. INFORMANT Lillian M. Alexander
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Twin Falls Cem. Date Jan. 9, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED Jan 7 1938 J. M. Saunders Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) January 5, 1938

22 I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to Jan. 5, 1938

I last saw him alive on Jan. 5, 1938: death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1930
Hypertension	1932
Cerebral Hemorrhage	Dec. 31, 1937
Other contributory causes of importance:	
Nephritis acute, toxic	Dec. 1937

Name of operation None Date of None
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Baymer, M. D.
(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Deary Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107419

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. Line Street Deary Ida 59
(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 14 1938

2. FULL NAME Anna S. Stalen

(a) Residence No. Line St. W. Deary Ida St.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gust J. Stalen.

6. DATE OF BIRTH (month, day, and year) April 7-1859

7. AGE: Years 78 | Months 9 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) (1931) 6 yrs

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER

13. NAME Svante Anderson

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Stina Larson

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT (Sister) Mrs John G. Anderson
(Address) Moscow Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Deary Ida Date Jan. 12, 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho

20. FILED Jan. 11, 1938 Rico Chas Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 193 7 to Jan. 8, 1938

I last saw her alive on Jan 8 1938; death is said to have occurred on the date stated above, at 5 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A. Meyer M. D.

(Address) Deary Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107473

JAN 14 1938

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 1
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Asbeer Drinkwine.

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Josephine Drinkwine

6. DATE OF BIRTH (month, day and year) May 10-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Pleasant Iowa.

FATHER
13. NAME Francis M. Drinkwine

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Sarah Jane Marble

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Earl F. Drinkwine
(Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Payette Ida. Date Jan 5, 1938

19. UNDERTAKER Edith Sanders
(Address) Payette Idaho.

20. FILED 1/4/38, 193.. J. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/1 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 7:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	?
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. H. Clark M. D.
(Address) Payette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107474

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 2

JAN 14 1938

(No) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John T. Dougherty

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Eleanore Dougherty

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 84			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arcola Co.
(State or country) Miss.

FATHER
13. NAME John Dougherty
14. BIRTHPLACE (city or town)
(State or country) Irland

MOTHER
15. MAIDEN NAME Margt Dyer
16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMANT Ellis S. Dougherty
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date Jan 6, 1938

19. UNDERTAKER Edith Rydman
(Address) Payette Idaho

20. FILED 1/14/38, 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/1/38

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1937, to Jan 1st, 1938.

I last saw him alive on Dec 31 1937: death is said to have occurred on the date stated above, at 9:20 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	Cannot say
Other **contributory causes** of importance: Ascites	about two months

Name of operation Paracentesis Date of Dec 31-37
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. C. Carlton M. D.
(Address Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10775

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 3

JAN 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myrtle Thornton

(a) Residence. No. 219 S. 5 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A Edward Thornton

6. DATE OF BIRTH (month, day, and year) aug 29 - 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sa Whitley Indiana

FATHER
13. NAME Perry Carr
14. BIRTHPLACE (city or town) (State or country) Columbus Ohio

MOTHER
15. MAIDEN NAME Sara Baumgardner
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT A Edward Thornton (Address) moscow Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Riverside Cemetery Date Jan 5, 1938

19. UNDERTAKER J. R. Hatten (Address) Payette Idaho

20. FILED Jan 14 1938 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937 to Dec 14, 1937
I last saw her alive on Dec 14, 1937: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
5 or 6 yrs ago	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J R Watson M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107476

Registration District No. 4
Primary Registration District No. 4008
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hermaine Anna Louise Casberg.

(a) Residence No. 818 - 8 ave north St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Dec 25 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Berlin
(State or country) Germany.

FATHER

13. NAME John Casberg.

14. BIRTHPLACE (city or town) Grunzow
(State or country) Germany.

MOTHER

15. MAIDEN NAME Hermaine Weidenbeck

16. BIRTHPLACE (city or town) Hetlitedt
(State or country) Germany.

17. INFORMANT Hermaine Casberg
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Ida. Date Jan 7, 193.

19. UNDERTAKER Edith Sanders
(Address) Payette Idaho

20. FILED 1/8/38, 193. J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-5-1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1936, to Jan. 5, 1938
I last saw her alive on Jan. 4 1938: death is said to have occurred on the date stated above, at 4: PM m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of left Ovary	not known

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Van Burgon M. D.
(Address Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107546

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 311
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Henry Dunaway
(a) Residence No. Twin Falls, Idaho R.R.#3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~): Sophie Means Dunaway
6. DATE OF BIRTH (month, day, and year): July 2, 1861
7. AGE: Years 76 | Months 6 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Mena, (State or country) Ark.

FATHER
13. NAME John Dunaway
14. BIRTHPLACE (city or town) Cumberland, (State or country) Tenn.

MOTHER
15. MAIDEN NAME Submit M. Tibbetts
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs. Rose Allan
(Address) Twin Falls, Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 1/4/, 1938
19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho
20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/2/ 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193...., to 1/2/, 1938
I last saw him alive on 1/2/ 1938: death is said to have occurred on the date stated above, at 1:45p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
myocarditis, chronic	?
Other **contributory causes** of importance:	
Hypostatic pulmonary congestion	1/1/37

Name of operation none Date of 6/17/37
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) George C Hally M. D.
(Address) Twin Falls, Idaho

10763

PLACE OF DEATH
County of Ada
City of Near Boise

RECEIVED
JAN 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10763

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 4
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME William Mathew Caldwell

(a) Residence No. 115 Main St. St.
(Usual place of abode) 10 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Caldwell

6. DATE OF BIRTH (month, day, and year) Aug 28th 1871

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
66	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Scipio
(State or country) Utah

FATHER
13. NAME William Francis Caldwell
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER
15. MAIDEN NAME Linnie Fiarity
16. BIRTHPLACE (city or town) Dublin
(State or country) Ireland

17. INFORMANT Vern Caldwell
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/10/, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 1-10, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 6th 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 2: P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Myocarditis.	
Other **contributory causes** of importance:	
Coronary sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) T. W. Armond, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10 7v 64

DO NOT WRITE IN THIS SPACE

State File No. 107564

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 1 10/V

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Harrison Cooper

(a) Residence. No. Fourteen Hundred So. Twenty One Hundred East. Salt Lake Ut
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Peck Cooper

6. DATE OF BIRTH (month, day, and year) Dec 27 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D And R G Railroad

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Oxford Idaho

FATHER

13. NAME Agrippa Cooper

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Louisa Raymond

16. BIRTHPLACE (city or town) (State or country) Lehi Utah

17. INFORMENT (Address) Mary Cooper Nielsen Salt Lake City Utah

18. BURIAL, CREMATION, OR REMOVAL. Place Salt Lake City Ut Date Jan 9, 1938 Removal

19. UNDERTAKER (Address) J. Seay Benson Malad Idaho.

20. FILED Jan 13 1938 M J Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1938, to Jan. 7, 1938, last saw him alive on Jan. 7, 1938; death is said to have occurred on the date stated above, at 10:10AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Other contributory causes of importance:	
Cholecystitis, suppurative, and ruptured G. B. thru, non-involvement	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) O. O. Grant, M. D.

(Address) Malad, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clark
City of Dubois

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107566

Registration District No. 125
Primary Registration District No. 2203
Local Registrar's No.

JAN 2 9 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John J. Wilson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unk

7. AGE — Years: 72 — Months: — Days: — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Nov 36
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Pueblo
(State or country) Colorado

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Sidney Johnson
(Address) Dubois Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Ma Yale Date Jan 12 1938

19. UNDERTAKER C. S. Bucy
(Address) [illegible]

20. FILED Jan 12 1938
C. E. Jones M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) January 11 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1937, to Jan 11, 1938

I last saw him alive on Jan 11 1938: death is said to have occurred on the date stated above, at 11 50 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
Chr. myocarditis	

Other **contributory causes** of importance:

Chr Alcoholism	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Jones, M. D.
(Address) Dubois Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107567

JAN 18 1938

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Rigas

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen Rigas.

6. DATE OF BIRTH (month, day, and year) 7/10/1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete Inspector.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Construction.
10. Date deceased last worked at this occupation (mo. and yr.) 1/38
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Greece.
(State or country)

FATHER
13. NAME Theodore Rigas.
14. BIRTHPLACE (city or town) Greece.
(State or country)

MOTHER
15. MAIDEN NAME Helen Karockichis
16. BIRTHPLACE (city or town) Greece.
(State or country)

17. INFORMANT Geo. Rigas
(Address) 233 Walnut. Twin Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date 1/19, 1938

19. UNDERTAKER C. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 1/17, 1938 Mrs. C. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-15-1938

22 I HEREBY CERTIFY, That I last saw him alive on 1-15 1938 death is said to have occurred on the date stated above, at 9:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured Skull	1-15-38
Other **contributory causes** of importance:	
Automobile Accident.	1-15-38

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide or homicide? Date of injury 1-15-38
1938
Where did injury occur? Jefferson Co, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Highway.
Manner of injury Automobile accident.
Nature of injury Fractured Skull.

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Moroni Jacobson Coroner.
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise (EWEL)

JAN 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107568

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 9

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey F. Aiman

(a) Residence No. ..... St. Rigby, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mrs. Mattie Aiman

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country) Kansas

FATHER

13. NAME George Aiman

14. BIRTHPLACE (city or town) .....
(State or country) Iowa

MOTHER

15. MAIDEN NAME Rosetta Fishback

16. BIRTHPLACE (city or town) .....
(State or country) Iowa

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho Date Jan. 26, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 1-26, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-25 1938

22 I HEREBY CERTIFY, That I attended deceased from December 12, 1937, to January 25, 1938.

I last saw him alive on Jan. 25 1938: death is said to have occurred on the date stated above, at 2:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertrophy, Prostate, severe	Unknown

Other **contributory causes** of importance:

Pyonephrosis & Pyelonephritis, bilateral	Undetermined

Name of operation Prostatectomy, suprapubic Date of Cystotomy, suprapubic 12-20-37 12-27-37

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. McCLELLAN, M. D.

(Address) V.A., Boise, Idaho

Has

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JAN 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107569

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 19

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lars E. Eide

(a) Residence. No. 316 Union St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/3/1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bergen, Norway

FATHER

13. NAME Eilling Eide

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Larsine Holme

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) O. E. Eide, Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 1/24/38 193...

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 1-24-38 R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/21/38

22. I HEREBY CERTIFY, That I attended deceased from 1/16, 1938, to 1-21, 1938

I last saw him alive on 1-21, 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/14/38
Bilateral	

Other contributory causes of importance: none

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify

(Signed) Dwee L. Budge, M. D.

(Address) Boise

B. Budge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Berger

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
(No. Berger, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

107570

DO NOT WRITE IN THIS SPACE
State File No. 107570
Local Registrar's No. 6

2. FULL NAME Ranza T. Henderson

(a) Residence No. Berger, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Velma Henderson

6. DATE OF BIRTH (month, day, and year) 11/21/1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clearsprings
(State or country) Missouri

FATHER
13. NAME Lon Henderson
14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Mary Clayton
16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Mrs. Velma Henderson
(Address) Berger, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida. Date 1/23, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 1-22-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 1/19, 1938
I ~~last saw him alive on ..... 193...~~: death is said to have occurred on the date stated above, at 6 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shotgun wound penetrating left chest wall & severing the aorta	1/19/38
Other contributory causes of importance: None	

Name of operation None Date of Examination
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1/19, 1938.
Where did injury occur? Berger Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home.
Manner of injury Gunshot wound
Nature of injury Severed Aorta

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Geo O'Hally, Coroner, M. D.
(Address Twin Falls, Idaho

10 7c 71

PLACE OF DEATH
County of Bannock
City of Pocatello

JAN 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 216 f

DO NOT WRITE IN THIS SPACE
State File No. 107571

Local Registrar's No. #249

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lester Mayford Purkey

(a) Residence No. 1 and L ½ mi. S. of City St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Jan. 13, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sander Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Selling Business

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Menomonie
(State or country) Wisconsin

FATHER

13. NAME Erastus Mayford Purkey

14. BIRTHPLACE (city or town) ....
(State or country) unknown

MOTHER

15. MAIDEN NAME Rebecca Aline Lewis

16. BIRTHPLACE (city or town) ....
(State or country)

17. INFORMANT Mrs. Aline Purkey
(Address) S. 2nd St.

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Jan. 12 1938

19. UNDERTAKER Dunnard Funeral Home
(Address) Pocatello Idaho

20. FILED 1-12, 1938 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938, to Jan 9, 1938
I last saw h-- alive on Jan 8 1938: death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart failure.	
Other contributory causes of importance:	
Heart Disease	

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) C. C. Graves, M. D.
(Address) Pocatello Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

107572

PLACE OF DEATH

County of Madison

City of Rexburg,

RECEIVED

JAN 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107572

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 1

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Rock

(a) Residence No. St. Hibbard, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda C. Jensen

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morgan (State or country) Utah

FATHER

13. NAME Henry Rock

14. BIRTHPLACE (city or town) Unkown (State or country)

MOTHER

15. MAIDEN NAME Leanna Robison

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ariel Rock
(Address) Hibbard, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg. Date 1/27, 1938

19. UNDERTAKER Russell R. Lamm
(Address) Rexburg, Idaho

20. FILED 1-29-1938 Mrs T Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-23, 1938, to Jan. 24, 1938

I last saw him alive on Jan 23 1938; death is said to have occurred on the date stated above, at 1:30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia,	
Bronchi-Completed	Jan. 18-38
Leggripe - followed by	

Other **contributory causes** of importance:

old age,

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Rigby, M. D.

(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10773

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107573

Registration District No.

Primary Registration District No. Local Registrar's No. 93

FEB 2 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archie Orin Hotchkiss

(a) Residence. No. 22 Miles N of Priest River St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. If married, widowed, or divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Virginia Bell Hotchkiss

6. DATE OF BIRTH (month, day, and year) Feb 9, 1884

7. AGE: Years 53 Months 11 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. C. C Camp.

10. If deceased last worked at this occupation (mo. and yr.) Apr. 1937 Total time (years) at this occupation Several yrs

12. BIRTHPLACE (city or town) (State or country) Coon Rapids Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Virginia Hotchkiss
(Address) Priest River, Idaho

18. BURIAL, CREMATION, OR REMOVAL Priest River
Place Priest River Ida Date Jan 23 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint Idaho

20. FILED Jan 24, 1938 L. D. Johnson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 20 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h ...alive on ....., 193...: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probable Myocarditis	

Other contributory causes of importance:

Influenza several	
weeks Previous	

Name of operation ..... None ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. D. Moon Coroner M. D.
(Address) Sandpoint, Idaho

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107574

Registration District No.

Primary Registration District No. 1003 Local Registrar's No. 9

(No. Caldwell Sanitarium
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clyde Wilson Patterson

(a) Residence No. Weiser St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Adelaide F. Patterson

6. DATE OF BIRTH (month, day and year) Aug 7 1862

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington
(State or country) Pennsylvania

FATHER

13. NAME William Patterson

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Martha Stoops

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Mrs. L. W. Patterson
(Address) Weiser Ida

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Cem Date 2/1, 1938

19. UNDERTAKER Schlueter
(Address) Caldwell Ida

20. FILED 2/1, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1928, to Jan 30, 1938

I last saw him alive on Jan 29 1938.: death is said to have occurred on the date stated above, at 5:45 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1936
Arteriosclerosis	1930
Nirenses (acute)	Jan 25/38
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert O. Gedde, M. D.

(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clark
City of Kinsper

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107575

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Cooper Kinsper

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Kinsper

6. DATE OF BIRTH (month, day, and year) Dec 28, 1864

7. AGE — Years: 73 — Months: 11 — Days: 28 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen. Mdse.
10. Date deceased last worked at this occupation (mo. and yr.): Jan 1936
11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (city or town) Canton
(State or country) Ohio

FATHER
13. NAME Henry Clay Kinsper
14. BIRTHPLACE (city or town) Marietta
(State or country) Ohio

MOTHER
15. MAIDEN NAME Sophia Shear
16. BIRTHPLACE (city or town) Alsace
(State or country) Germany

17. INFORMANT Rose Kinsper
(Address) Kinsper, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Dubois Date Jan 16, 1938

19. UNDERTAKER [illegible]
(Address) Ida Falls

20. FILED Jan 14, 1938
[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1937, to Jan 13, 1938
I last saw h.im alive on Jan 13 1938: death is said to have occurred on the date stated above, at 8:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. R. Abbott, M. D.
(Address) Ida 9 ales Ida

107.76

PLACE OF DEATH

County of Latah

City of E. of Palouse

Washington Registration District No.

Primary Registration District No. Local Registrar's No. 2

(No. 87)

(If death occurred in a hospital or institution, give its name instead of street and number)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107576

2. FULL NAME Jesse Walter Berry

(a) Residence. No. Latah County, Idaho- Mail address-Route #3-Palouse, Wn. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vesta Berry

6. DATE OF BIRTH (month, day, and year) December 4, 1887

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	50	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Wheat Farmer

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Gettysburg S. Dakota

MOTHER FATHER

13. NAME Jacob N. Berry

14. BIRTHPLACE (city or town) (State or country) Stanberry Missouri

15. MAIDEN NAME Lillian Wilson

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Archie Berry (Address) Palouse, Wash.

18. BURIAL, CREMATION OR REMOVAL Place Palouse, Wash Date 1/27, 1938

19. UNDERTAKER H. E. Kimball (Address) Palouse Wash.

20. FILED Jan 26, 1938 P. C. Lebron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan, 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 193 7, to 1-25-, 193 8.

I last saw him alive on 1-25-, 193 8.; death is said to have occurred on the date stated above, at 7:15 A M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	1-24-38
Other **contributory causes** of importance:	
high blood pressure	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) F. C. Lebron M. D.

(Address) Pullman Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 15

DO NOT WRITE IN THIS SPACE
State File No. 107577

FEB 1938

(Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph B. Dinkinson

(a) Residence No. Hazelton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Agnes [redacted]e Dickinson

6. DATE OF BIRTH (month, day, and year) 1/11/1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	--	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assisstant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watermaster
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newark
(State or country) New Jersey

FATHER
13. NAME William Dickinson
14. BIRTHPLACE (city or town)
(State or country) New Jersey

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Agnes [redacted]e Dickinson
(Address) Hazelton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 1/28, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 2-2, 1938 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/26 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/4, 193[illegible], to 1/26, 193[illegible]
I last saw h[illegible] alive on 1/26 193[illegible]: death is said to have occurred on the date stated above, at 8:27 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epithelioma of Orbit	1936
Septicemia	1935
Other contributory causes of importance:	
Emaciation	
Ca Metastasis	

Name of operation ..... Date of .....
What test confirmed diagnosis Biopsy Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas E Winston M. D.
(Address) Burley Idaho

Hamelton,Ida.,

2/6/38

James F,Hawkins,M.D.
Director of Public Health,
Boise,Ida.,

Dear Sir:-

Thanks very kindly for the promptness in sending the certified copy of the death of Joseph B.Dickinson,but I find it necessary to return same herewith for correction,as this Certificate specifies Mrs.Grace Dickinson as being the wife of the said Joseph B.Dickinson, whereas it should be Mrs.Agnes Dickinson,and this correction is necessary so as to furnish proof for insurance of which Mrs.Agnes Dickinson,wife, is the Beneficiary.Pleas make this correction and return the the certificate with as little delay as possible and oblige.

Yours very truly

W.K.Belmont.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107578

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107578

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

FEB 7 1938

(No. 6)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Lyman Crockett

(a) Residence No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Dona

6. DATE OF BIRTH (month, day, and year) June 21, 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Grocery)

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton
(State or country) Idaho

FATHER

13. NAME William J Crockett

14. BIRTHPLACE (city or town) Logan
(State or country) Utah

MOTHER

15. MAIDEN NAME Nona Lee

16. BIRTHPLACE (city or town) Joelle
(State or country) Utah

17. INFORMANT Mrs W Lyman Crockett
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Date Jan 5, 1938

19. UNDERTAKER F M Williams
(Address) Montpelier Idaho

20. FILED Jan 5, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 2 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937 to Jan 2, 1938

I last saw h[illegible] alive on Jan 2 1938: death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Dilatation	1-2-38

Other contributory causes of importance:

Acute appendicitis	

Name of operation Appendectomy Date of 12-31-37
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Lindsay, M. D.
(Address) Montpelier, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107579

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

FEB 7 1938

Primary Registration District No. 1050

Local Registrar's No. 14

(No. Aylward Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 107579

2. FULL NAME Nels J. Walters

(a) Residence No. ____ St. ____
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. (If nonresident give city or town and state) ____ How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Walters

6. DATE OF BIRTH (month, day, and year) 6-3-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. saw man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER

13. NAME J. J. Walters

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Ted Walter
(Address) 124 S Grant Spokane

18. BURIAL, CREMATION OR REMOVAL
Forest - Place Cd'Alene Id. Date 1-28, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 1-28, 1938 L. C. Kutcher, Registrar. F.T.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-24 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937, to 1-24-, 1938.

I last saw h~~im~~ alive on 1-23 1938: death is said to have occurred on the date stated above, at 11.05 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arterio Sclerosis. and Nephritis	

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) E. H. Teel, M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107580

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 6-38

FILED FEB 9 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Ducommun

(a) Residence. No. Priest Lake, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trapper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Around Priest Lake

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 19, 1938

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Lelocle Switzerland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Citizenship Papers
(Address)

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida Date Jan. 28, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED 2-1, 1938 D. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-19 1938

Where did injury occur? Priest Lake, Bonner Co.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Accidental Drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. G. Moon Coroner M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone.

City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107582

107582

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey Mott Wyatt

(a) Residence. No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Nina Wyatt.

6. DATE OF BIRTH (month, day, and year) June 2 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clayton Wash.

MOTHER FATHER

13. NAME Wellman Wyatt.

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Minnie Hurth

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Nina Wyatt
(Address) Mullan Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mullan Ida Date Jan 3, 1938

19. UNDERTAKER J. J. Bever Woods
(Address) Wallace Ida

20. FILED Jan 2, 1938 John Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 10 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Jan 10, 193 8; death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Heart Disease — Date of onset
Fatty Degeneration of Heart
Arteriosclerosis
White Lobar Pneumonia

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

10 7185

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107583

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 64

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Le Huquet

(a) Residence No. Sandpoint R.F.D.1. St. ....
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rural Mail Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 27, 1937
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) Cullman
(State or country) Alabama

FATHER

13. NAME John Edward LeHuquet
14. BIRTHPLACE (city or town) Grand Greve, P.I.
(State or country) Canada

MOTHER

15. MAIDEN NAME Marie Annetta Fouger
16. BIRTHPLACE (city or town) Galena,
(State or country) Ill.

17. INFORMANT J. A. La Huquet
(Address) Sandpoint, Ida.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem.
Place Sandpoint, Ida. Date Jan. 4, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED Jan 6, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/1 1938

22 I HEREBY CERTIFY, That I attended deceased from Many Years, 193..., to Jan 1, 1938
I last saw him alive on Dec 31, 1937: death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	

Other contributory causes of importance:

Heavy X mas mail and bad roads	

Name of operation ..... Date of .....
What test confirmed diagnosis? cl. Was there an autopsy? ns.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify above
(Signed) C. P. Staccheus M. D.
(Address Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10758 4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Slatecreek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 2181

DO NOT WRITE IN THIS SPACE
State File No. 107584

Local Registrar's No. 5

FEB
(No. 210)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Lee Morris

(a) Residence. No. Whitebird Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) August 9, 1893

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Labor

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 31. 38

11. Total time (years) spent in this occupation 24 years

12. BIRTHPLACE (city or town) Gooding (State or country) Idaho

FATHER

13. NAME Frank H. Morris

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Hanna Sorenson

16. BIRTHPLACE (city or town) Denmark (State or country)

17. INFORMANT Neil Morris (Address) Whitebird, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Whitebird, Ida Date Feb 3., 1938

19. UNDERTAKER Glenn Ailor (Address) Grangeville, Idaho

20. FILED Jan 31., 1938 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Injury	1-31-38.
Broken neck and Crushed Chest	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/31/1938
Where did injury occur? Slate Creek Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Industry
Manner of injury Fell from truck body
Nature of injury... Broken neck.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Riding Truck
(Signed) B. Chipman M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Bay View
Lake Pend Oreille

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107585

Registration District No. 30

Primary Registration District No. 1058

Local Registrar's No. 16

(No. Bay View, Idaho
Lake Pend Oreille)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virgil H. Taylor

(a) Residence No. W 1601 Gordon Avenue St. Spokane, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bernice C.

6. DATE OF BIRTH (month, day, and year) 1-5-1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spokane Gas & Fuel Co.

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938

11. Total time (years) spent in this occupation 15yrs

12. BIRTHPLACE (city or town) Ellensburg
(State or country) Washington

FATHER

13. NAME Willis Hugh Taylor

14. BIRTHPLACE (city or town) Clinton, Iowa
(State or country)

MOTHER

15. MAIDEN NAME Mabel E. Manor

16. BIRTHPLACE (city or town) Richford, Vt.
(State or country)

17. INFORMANT Mrs. Bernice C. Taylor
(Address) W 1601 Gordon, Spokane, Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Greenwood Cem. Date 1-28, 1938
Spokane, Wn.

19. UNDERTAKER Smith Funeral Home
(Address) Spokane, Wash.

20. FILED 1-28, 1938 L. C. Knudsen M. D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-23 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-23 1938, to 1-23- 1938
I last saw him alive on 1-23 1938.: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning in Lake Pend Oreille	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental drowning Date of injury 1-23 1938
Where did injury occur? Lake Pend Oreille near Bayview Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury accidental drowning
Nature of injury accidental drowning

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Reed Coroner, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107586

PLACE OF DEATH
County of Benewah
City or Village Tensed
FEB 8 1938

Registration District No. 21
Primary Registration District No.
Local Registrar's No. 1

(No. At A. O. Hampton Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Enoch Rosor Spence

(a) Residence. No. Near Tensed, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Luetta Spence

6. DATE OF BIRTH (month, day, and year) May 25, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	76	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc House

10. Date deceased last worked at this occupation (month and year) Oct/1930

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Adam Spence

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMENT (Address) Mrs. A. O. Hampton R. F. D. 2 Farmington, Wn.

18. REMOVAL Place Tekoa, Wash. Date Jan/12/ 1938

19. UNDERTAKER KIMBALL FUNERAL HOME
(Address) TEKOA, WASH.

20. FILED Jan 12, 1938 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan/11/38 193

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw him alive on ..., 193...: death is said to have occurred on the date stated above, at 7:45 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apiplexy	

Other contributory causes of importance: Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193.

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C B Clinger, M. D.

(Address) Tekoa, Wash.

10767

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107587

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Martin Rucker

(a) Residence. No. Rural Sandpoint, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 31, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tractor Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging
10. Date deceased last worked at this occupation (mo. and yr.) Jan 25, 1938
11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (city or town) Oronoco
(State or country) Minn.

FATHER

13. NAME Carl F. Rucker
14. BIRTHPLACE (city or town) Gremany
(State or country)

MOTHER

15. MAIDEN NAME Otillie Martin
16. BIRTHPLACE (city or town) Chicago
(State or country) Ill

17. INFORMANT Mrs. Robt. Brown
(Address) Sandpoint, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Rochester, Minn Date Jan 29, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED 1/29, 1938 Virgil C. Erdwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw him alive on Jan 27, 1938; death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Left Ventricle	Jan-27-38
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Floyd G. Wendle, M. D.
(Address) Sandpoint, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107588

Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Oliver West

(a) Residence No. Glenns Ferry St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Leota Pearl West
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Quincy Ill.
(State or country)

FATHER
13. NAME Milton West
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Amen
16. BIRTHPLACE (city or town) Quincy Ill.
(State or country)

17. INFORMANT Mar. Goldie Stattler
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glenns Ferry Date Jan. 20, 1938

19. UNDERTAKER Zachary & Berg
(Address) Amt. Jones

20. FILED Jan 20, 1938 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-17-1938

22 I HEREBY CERTIFY, That I attended deceased from 1/17, 1938, to 1/17, 1938
I last saw him alive on Jan 17, 1938; death is said to have occurred on the date stated above, at 4:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Gastro enteritis	1928
Cerebral hemorrhage	Jan 17, 1938

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Davis, M. D.
(Address) Glenns Ferry, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

JAMES W. HAWKINS, M. D., DIRECTOR
ECHO DELL WATSON, CHIEF CLERK

BARZILLA W. CLARK, GOVERNOR
EX-OFFICIO COMMISSIONER
OF PUBLIC WELFARE

May 3, 1938

Zacher Funeral Home
Mountain Home, Idaho.

Gentlemen:

RECEIVED
MAY 5 - 1938

On the death record of Henry Oliver West, who died in Glenns Ferry, Idaho Jan. 17, 1938, the wife's name is given "May West" which is not correct, according to information received from the W.P.A. office in Boise.

This woman's name is Leota Pearl West, and before we can change this, it will be necessary for you to authorize us to make this change on the original death record, which we have in this office.

Kindly make a notation on the bottom of this letter changing the wife's name from "May West" to Leota Pearl West", and return to this office at once, as compensation is being held up because of this incorrect information.

Thanking you in advance for your very prompt attention to this matter, we are,

Very truly yours,

Division of Public Health

Pearl Dillingham
Registrar of Vital Statistics

PBA

I find that the name May West as was given on the death certificate of Henry Oliver West is incorrect. Leota Pearl West is the correct name for his wife.
Very truly yours
Zacher Funeral Home
By Felix Bey

FELIX J. BEY

HENRIETTA ZACHER

Zacher-Bey Funeral Home

Funeral Directors and Embalmers

Ambulance Service

MOUNTAIN HOME, IDAHO

RECEIVED
MAY 4 - 1938

Bureau Vital Statistics
Boise Idaho

Gentlemen:- In regard to the "Certificate of Death" of Henry Oliver West who died Jan. 17, 1938 at Glenns Ferry, Idaho.

I find that instead of May West as filed on the certificate his wife's name is Loretta Pearl West.

As he has some State Compensation Employment Fund due, to his wife, I have requested to make this change.

Very truly yours

Felix Bey

Dr. Swindell

10789

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107589

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. V

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert L. Curington

(a) Residence No. Box 2551 St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Grace

6. DATE OF BIRTH (month, day, and year) 4-10-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nightwatchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for State Hi-way dept.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Providence,
(State or country) Alabama

FATHER

13. NAME Marion Jackson Curington

14. BIRTHPLACE (city or town) Macon,
(State or country) Georgia

MOTHER

15. MAIDEN NAME Elizabeth Ann Strawn

16. BIRTHPLACE (city or town) Dosier,
(State or country) Alabama

17. INFORMANT Mrs. Robert Thompson
(Address) 221½ Wash. St. Boise, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cloverdale Date 2-19, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 2-17, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-16 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-14-, 1938, to 2-16, 1938

I last saw h.im alive on 2-16 1938: death is said to have occurred on the date stated above, at 2:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-11-38
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. T. Swindell, M. D.

(Address Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

107590

PLACE OF DEATH

County of Bannock

City of Pocatello

JAN 1 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. [redacted]

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 1119

(No. Highway 31 North of City.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2106

2. FULL NAME Edward A. Friedel

(a) Residence. No. 33[illegible] South 3[illegible] St. Pocatello, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 29, 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Shops

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME Henry Morgan Friedel

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elin Alexandra

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Henry Morgan Friedel
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View. Date 1/4/38, 193

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho

20. FILED 1-4, 1938 D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1/38 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull (Struck by Automobile Driven by Arthur E Wilson, who is apparently under influence of intoxicating Liquor	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury 1/1, 1938

Where did injury occur? Bannock Co. Hiway 31
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify Coroner

(Signed) Arthur W Hall

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107591

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 3

FEB 1 1938

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Jacob Rodgers

(a) Residence No. Route 5 St.

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

167

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Milsena

6. DATE OF BIRTH (month, day, and year): 8/22/1863

7. AGE — Years: 74 — Months: 4 — Days: 9 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER

13. NAME: Charles A. Rodgers

14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER

15. MAIDEN NAME: Mary Jane Murphy

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT: Charles S. Rodgers
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place: Dry Creek Date: 1/5/1938, 193

19. UNDERTAKER: McBratney Funeral Home
(Address) Boise

20. FILED 1-4, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/1/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193 to ....., 193

I last saw him alive on 1/1, 1938: death is said to have occurred on the date stated above, at About 10: A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot Wound In The Head.	
Self Inflicted	
Suicide	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury ....., 193.....

Where did injury occur? At Home
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) J. J. McCann

(Address) Coroner of Ada County, Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of ADA
City of BOISE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107592

FEB 12 1938

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 5

(No. Idaho Penitentiary Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

87a-1

2. FULL NAME C. Henry Wilmbusse

(a) Residence No. Idaho State Penitentiary St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1900

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT H. Rex Smith, Deputy Warden in charge
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Penitentiary Cemetery Date 1/10, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 1-10, 1938 E. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) January 8th, 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1937 to Jan 8, 1938
I last saw him alive on Jan 8 1938: death is said to have occurred on the date stated above, at 10:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

General Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. H. Kahle, M. D.
(Address Boise Idaho

G-152-H

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107593

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 6

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Guild Petrie

(a) Residence. No. Garden Avenue St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. 42

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel G.

6. DATE OF BIRTH (month, day, and year) 7-2-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Grower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dundee, Scotland

FATHER

13. NAME David Petrie

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Jessie Guild

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Dorothy M. Petrie, Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 1-15-, 1938

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 1-14, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-13-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1937, to Jan 13, 1938

I last saw h[illegible] alive on Jan 12, 1938: death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial infection	Nov. 27
Other contributory causes of importance:	
Aortic stenosis	2 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H M Holverson, M. D.

(Address) Boise Ida.

Holverson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Taylor.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107594

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 7
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1860

2. FULL NAME Josephine Elizabeth Rogers

(a) Residence No. 907 Krall Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of J.E. Rogers

6. DATE OF BIRTH (month, day, and year) 4-18-186[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield
(State or country) Mour.

FATHER
13. NAME Calib Johnson
14. BIRTHPLACE (city or town)
(State or country) Tenn.

MOTHER
15. MAIDEN NAME Mary Lynch
16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT J.E. Rogers
(Address) 907 Krall Street
18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Jan 5, 1938
19. UNDERTAKER Summers Funeral Home
(Address) 906 Bannock Street
20. FILED 1-3, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 1 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1937, to Dec 31st, 1937
I last saw h[illegible] alive on Dec 31 1937: death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Had fall in house, dislocating shoulder & breaking head did not recover completely	

Other contributory causes of importance:
Anemia
Arteriosclerosis, general debility.

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Dec 15-37
193
Where did injury occur? in house - Boise
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury fell down stairs.
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. W. Taylor M. D.
(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

9-68-2

PLACE OF DEATH

County of Ada

City of Boise ED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107595

JAN 12 1938

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 8

94a

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jean Pauline Mitchell

(a) Residence. No. Route 4 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wayne

6. DATE OF BIRTH (month, day, and year) 12/31/1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

FATHER

13. NAME Frank Marcellus

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Libby VanAvery

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Wayne Mitchell Boise (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 1-20-38, 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 1-18, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-16-38 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 193 8 to Jan. 16th, 193 8.

I last saw h alive on Jan. 16, 193 8; death is said to have occurred on the date stated above, at 6 30a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pedalis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Boeck M. D.

(Address) Boise Ida

J. Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107596

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 10
(No. Died At Home Rt.2)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 1 1938

2. FULL NAME Thomas Edward Fernald

(a) Residence No. Boise Idaho Rt: 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 28 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda E. Fernald

6. DATE OF BIRTH (month, day, and year) October 14 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandusky
(State or country) Ohio

FATHER

13. NAME Thomas C. Fernald
14. BIRTHPLACE (city or town)
(State or country) Dont Know

MOTHER

15. MAIDEN NAME Sarah Ash
16. BIRTHPLACE (city or town)
(State or country) Dont Know

17. INFORMANT Edmonia Casey
(Address) Route 2 Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/29, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 1-28, 1938 S. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 24th. 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 30th, 1937, to Jan. 24th, 1937
I last saw him alive on Jan. 22nd 1938: death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	
Other contributory causes of importance:	
Advanced Arterio Sclerosis	
Senility.	

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Taylor M. D.
(Address) Boise, Idaho

Dr a Eman.

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107597

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95-a

2. FULL NAME John. A. Hultstrom.

(a) Residence No. 5 Miles West of Boise. St.
(Usual place of abode) 30 years. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Gerda. S. Hultstrom.

6. DATE OF BIRTH (month, day, and year) May. 22. 1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden.
(State or country)

FATHER

13. NAME Erick. G. Strom.
14. BIRTHPLACE (city or town) Sweden.
(State or country)

MOTHER

15. MAIDEN NAME Anna Marie Anderson.
16. BIRTHPLACE (city or town) Sweden.
(State or country)

17. INFORMANT Mrs. Gerda. S. Hultstrom.
(Address) R,D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Jan. 29 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-29, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January. 26. 1938.

22 I HEREBY CERTIFY, That I attended deceased from about Dec. 20 1937 to Jan. 15 1938
I last saw him alive on Jan. 15 1938: death is said to have occurred on the date stated above, at 11. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Gradual

Other contributory causes of importance:

Asthma	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. E. Dillman, M. D.
(Address Boise, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Star

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
107599
State File No.

Registration District No. 9-10

Primary Registration District No. 9-10 Local Registrar's No. 2

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matthew Kilgore Terry. 133

(a) Residence. No. Star Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mercy L. Terry

6. DATE OF BIRTH (month, day, and year) Feb. 1-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Rapid City South Dacota.

FATHER

13. NAME B. F. Terry.

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Adrah Wagner

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Mrs. Mercy L. Terry
(Address) Star Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL Kahlertown
Place Nampa Ida. Date 1/15, 1938

19. UNDERTAKER Keith Talley.
(Address) Nampa Ida

20. FILED 1/2, 1938 Emil Holman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/11 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937, to 1/11, 1938

I last saw him alive on 1/5, 1938; death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepheritis	
Albuminuria	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. C. Roth, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Near Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107600

Registration District No. 9-10
Primary Registration District No. 9-10 Local Registrar's No. 3

FEB

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lonny Rock

(a) Residence No. near Eagle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: Chinese
5. Single, Married, Widowed or Divorced (write the word): M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Hong Rock

6. DATE OF BIRTH (month, day, and year): 1874

7. AGE: 63 Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): California

FATHER

13. NAME: no Dont Know
14. BIRTHPLACE (city or town) (State or country): Dont know

MOTHER

15. MAIDEN NAME: no " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): no Joy Lane, Eagle
18. BURIAL, CREMATION OR REMOVAL Place: Morris Hill Date: 1-5, 1937
19. UNDERTAKER: Schreiber McCann (Address): Boise Ida.
20. FILED: Jan 2, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 1938

22 I HEREBY CERTIFY, That I attended deceased from ..... 193.. to ....., 193..
I last saw her alive on ..... 193.. Dead 1/1 1938 death is said to have occurred on the date stated above, at About 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural	
Died Without Medical Attendance	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. McCann Coroner M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107605

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 5
(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117a

2. FULL NAME Claudio Arrien

(a) Residence No. St. Jordan Valley Ore.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Justa Arrien

6. DATE OF BIRTH (month, day, and year) 11/2/1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Spain

FATHER
13. NAME Eustaquio Arrien
14. BIRTHPLACE (city or town)
(State or country) Spain

MOTHER
15. MAIDEN NAME Petra Echebarrieta
16. BIRTHPLACE (city or town)
(State or country) Spain

17. INFORMANT Tim Laquerica
(Address) Jordan Valley Ore:

18. BURIAL, CREMATION OR REMOVAL
Place Jordan Valley Date 1/11, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 1-10, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-7 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Jan 7, 1938
I last saw h[illegible] alive on Jan 7 1938: death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia & Toxemia	1930
Pulmonary TBC	1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) [illegible], M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107606

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 6
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy Alvin Shook

(a) Residence No. Route 4 Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sept 16th. 1922

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Guy M. Shook
14. BIRTHPLACE (city or town) Siam
(State or country) Iowa

MOTHER
15. MAIDEN NAME Mamie Estes
16. BIRTHPLACE (city or town) St Mary's
(State or country) Colo.

17. INFORMANT Guy M. Shook
(Address) R. 4 Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 1-10, 1938

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 1-10, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-6 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 6 -, 1938, to Jan 6, 1938
I last saw him alive on Jan 6 1938: death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture & concussion	1-6-38
Other contributory causes of importance:	
Auto accident	1-6-38

Name of operation Decompression Date of 1-6-38
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1-6-38
193.....
Where did injury occur? Whitney Bench Canyon
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public highway
Manner of injury Auto accident
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edgard T. Hohn M. D.
(Address) Boise, Idaho

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107607

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 7
(No. Died in Julia Davis Park)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dionicio Letemendia

(a) Residence No. 521 Grove St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan. 16 1915
7. AGE: Years 23 | Months 11 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER
13. NAME Antonio Letemendi
14. BIRTHPLACE (city or town)
(State or country) Spain

MOTHER
15. MAIDEN NAME Leandra Ondarza
16. BIRTHPLACE (city or town) Nachitoche
(State or country) Spain

17. INFORMANT Mrs Aurora Olea
(Address) 207-E-Jefferson

18. BURIAL, CREMATION OR REMOVAL
Place St John's Date 1/12, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 1—11, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-9 1938

22 I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidented drowning	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 1/9/38 193...
Where did injury occur? Boise City Park
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public
Manner of injury Drowning
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. W. Toomey, M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

FEB 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107608

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 8

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

53 k

2. FULL NAME Effie C. Butler

(a) Residence No. 527 Warren St. St.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George E.

6. DATE OF BIRTH (month, day, and year) 2/28/1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Peru, Nebr.
(State or country)

FATHER

13. NAME Marquis Smith
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME Martha Smith
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Ida Butler, Boise, Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/12/38, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 1-11, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/9/1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1936 193..., to Jan 9, 1938
I last saw h.. alive on Jan 9 193.8: death is said to have occurred on the date stated above, at 1256 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	

Other contributory causes of importance:

Uremia & Pyelonephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. A. Wahle, M. D.
Wahle (Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107609

1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 9

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clinton Charles Fahnholz

(a) Residence. No. ... St. Meridian Ada Rt 2
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	5	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conrad Nebraska

FATHER
13. NAME Chas A. Fahnholz
14. BIRTHPLACE (city or town) (State or country) Humboldt Neb

MOTHER
15. MAIDEN NAME Irena Bell Jones
16. BIRTHPLACE (city or town) (State or country) Lewisville Nebraska

17. INFORMANT Chas A Fahnholz
(Address) Meridian Ada Rt 2

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date Jan 14, 1938

19. UNDERTAKER B.W. Robison
(Address) Meridian Ida

20. FILED 1-13, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1938, to Jan. 12, 1938
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess, left frontal lobe secondary to osteomyelitis of frontal bone non-injury	Several months before death
Other contributory causes of importance:	

Name of operation Drainage Date of Jan 6 38
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. at home, struck on head
Manner of injury with tub of tricycle
Nature of injury bruise 1937

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A D Gillespie, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107610

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 10

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

94 a

2. FULL NAME Joseph Arthur Black

(a) Residence. No. 1608 No. 8th. St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche

6. DATE OF BIRTH (month, day, and year) Sept. 4, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Company

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Piqua County, Ohio

FATHER

13. NAME Joseph Black

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Margaret Hoffman

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs. P. G. Flack. Boise

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 1-13-, 1938

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 1-13, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1 - 11 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 1935, 193..., to 1-11, 1938

I last saw him alive on 1-9, 1938.: death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pectoris	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harold W. Stone M. D.

(Address) Boise, Idaho

Braxton

H. 260. (5)-6-7-8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107611

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 11

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Charles F. Giesler

(a) Residence. No. ____ St. Fairfield, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, and year) 11/1/1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Garage man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Iowa City, Iowa

FATHER

13. NAME Henry Giesler

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Harry Giesler, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/15/38 193

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 1-14, 1938 R. D. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/13/38 193

22. I HEREBY CERTIFY, That I attended deceased from Sept., 193 7, to Jan 13, 193 8
I last saw h/ alive on Jan 13 193 8: death is said to have occurred on the date stated above, at 5 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatechyostrophy	June 1937

Other contributory causes of importance:

Renal insufficiency	Sept 1937
Chr. arteriosclerosis	15 years

Name of operation Suprapubic cystotomy Date of Dec 1937
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the following:~~
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Howard M. Clark MD
(Address) 411 Central Building Boise Idaho

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107612

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 12
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora D. Shipp

(a) Residence No. Rt: 3 Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 28th. 1871

7. AGE	Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
	66	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time, (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) So. Dakota

FATHER
13. NAME Mr West
14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT Samuel O Shipp
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 1-15, 1938

19. UNDERTAKER Schreiber & McMann
(Address) Boise Idaho

20. FILED 1-14, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-11 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-23, 1937, to 1-11, 1938
I last saw he alive on 1-10 1938; death is said to have occurred on the date stated above, at 8:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 23, 1937

Other contributory causes of importance:
none

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? X ray

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. J. Swinehart, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107613

Registration District No. 204

Primary Registration District No. 1004

Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number)

(No. 1118 Ash St.)

2. FULL NAME Jose Mallea

(a) Residence No. 1118 (Usual place of abode) St. Jordan Valley, Ore.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Edna Mallea

6. DATE OF BIRTH (month, day and year): 1-2-1873

7. AGE: Years 64 Months 3 Days 29 If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ranch Owner

9. Industry or business in which work was done, as sink mill, saw mill, bank, etc.: Ranch

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Vizcaya, Spain

FATHER

13. NAME: Francisco Mallea

14. BIRTHPLACE (city or town) (State or country): Spain

MOTHER

15. MAIDEN NAME: Lourdes Barandiaran

16. BIRTHPLACE (city or town) (State or country): Spain

17. INFORMANT (Address): Mrs. Edna Mallea, Jordan Valley, Ore.

18. BURIAL, CREMATION OR REMOVAL Place: Jordan Valley Date: 1/17, 1938

19. UNDERTAKER: Schreiber & McCann (Address) Boise Idaho

20. FILED 1-15, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-14-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-2-1938 to 1-14-1938

I last saw him alive on 1-14-1938 death is said to have occurred on the date stated above at 3:20 P.m.

The principal cause of death and related causes of importance were as follows:

EXAMPLE 1

(BRONCHITIS) Bronchitis — Date of onset

Other contributory causes of importance? Chronic Left Lung — Date of onset

Name of operation — Date of

What test confirmed diagnosis? X-ray — Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. F. Swendsen, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107614

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 14

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

82a 1

2. FULL NAME Margaret Clarissa Fackrell

(a) Residence. No. 524 So. 15th. St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph S.

6. DATE OF BIRTH (month, day, and year) 12/7/1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payson, Utah

FATHER

13. NAME Lyman M. Hancock

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret McCleve

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Joseph H. Fackrell, Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 1/17/38, 193...

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 1-18, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-15-38 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15th 193 7 to Jan. 15th 193 8

I last saw her alive on Jan 12 193 8: death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis -	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hardening of cerebral	
Hemorrhage Lungs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ALL ..... If so, specify .....

(Signed) John Boeck, M. D.

(Address) Boise Ida.

J. Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10615

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 15

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace V. Mathews

(a) Residence. No. 1617 E. 8th. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/20/1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eagle Grove, Iowa

FATHER

13. NAME Thomas E. Mathews

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth E. McClellan

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Frank Mathews. Boise

18. BURIAL, CREMATION OR REMOVAL

Place Eagle Grove, Iowa Date 1/20/38, 193...

19. UNDERTAKER (Address) McBratney Funeral Home Boise, Idaho

20. FILED 1-20, 193[illegible] K. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-18-38 193

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 193[illegible], to 1-18, 193[illegible]

I last saw h[illegible] alive on 1-18, 193[illegible]: death is said to have occurred on the date stated above, at 4-18 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1-18-38
Other contributory causes of importance:	
Myocardial Degeneration	1-2-38

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury, 193...

Where did injury occur? ~

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lowell B. Truett, M. D.

(Address) 418 Eagle Bldg. Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107617

FEB 12 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 17

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leo Howard Johnson

(a) Residence No. Orchard, Idaho St. Orchard, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Johnson

6. DATE OF BIRTH (month, day, and year) Sept. 22. 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	3	25.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Siginal maintainse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P.R.R.Co.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Merrett Johnson
14. BIRTHPLACE (city or town) (State or country) Rockford, Ill.

MOTHER
15. MAIDEN NAME Eliza Williams.
16. BIRTHPLACE (city or town) Mich. (State or country)

17. INFORMANT Mrs. Carrie Johnson
(Address) Orchard, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1.21., 1937

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 1-21., 1938 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1.17 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 17., 1938, to Jan 17., 1938
I last saw h[illegible] alive on Jan 17 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal hemorrhage of brain	
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 1-17, 1938
Where did injury occur? Ada County, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public place
Manner of injury Auto accident
Nature of injury as above

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) 500 Eachman Bldg
Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107518

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 18
(No. 1607 north 18th street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry L. Brundage

(a) Residence No. 1607 north 18th street St.
(Usual place of abode) 28 years (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Rachel Brundage

6. DATE OF BIRTH (month, day, and year) Oct. 29. 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weigh master
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester
(State or country) New York

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Rachel Brundage
(Address) 1607 N. 18th street

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 1.22., 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 1-24, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1.21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1937, to Jan. 21, 1938
I last saw him alive on 1/20 1938.: death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Bedclothing for several years	
Other **contributory causes** of importance:	

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. J. Coats, M. D.
(Address Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107619

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 20
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tillie A. Tucker 82 a

(a) Residence No. 1716 North 14th Street St.
(Usual place of abode) 20 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Birth, June. 26. 1867

6. DATE OF BIRTH (month, day, and year) June. 26. 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Missouri

FATHER
13. NAME William Robinson
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER
15. MAIDEN NAME Williams
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Virgil H. Tucker
(Address) 1716. N. 14. St. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1.22., 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 1-24, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. 1.20.38

21. DATE OF DEATH (month, day and year) 1-20 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1937, to Jan. 20, 1938
I last saw h. alive on Jan. 19 1938.: death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete paralysis	
following Cerebral	
Hemorrhage	
Other contributory causes of importance:	
Hypertension	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Glen Bench M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107620

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 21

FEB 12 1938

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William James McLeod

(a) Residence. No. 421 No. 19th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

137

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philena

6. DATE OF BIRTH (month, day, and year) 8/17/1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario, Canada

FATHER
13. NAME Roderick McLeod
14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER
15. MAIDEN NAME Nancy Henderson
16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT (Address) Mrs. Philena McLeod, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/22/38, 193..

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 1-24, 193.8 R. Sharpe Registrar. Boeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/19/38 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 193.8, to Jan. 19, 193.8
I last saw him alive on Jan 18, 193.8: death is said to have occurred on the date stated above, at 12 30 a. m.
The principal cause of death and related causes of importance were as follows:

Uraemic Poisoning — Date of onset

Other contributory causes of importance:

Brights Disease

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edith Boeck, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107621

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 22

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Bishop

(a) Residence. No. 523 So. 14th. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, and year) 3/10/1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toledo, Ohio

FATHER

13. NAME Charles Bishop

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Zimmerman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Helen Bishop, Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 1/28/38, 193...

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 1-26, 1938 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/24/38 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938, to Jan 24, 1938

I last saw him alive on Jan 24, 1938: death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 20 38

Other contributory causes of importance:

Hypertension & arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Koelsch, M. D.

(Address) Boise

Koelsch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107622

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 23

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

1072

2. FULL NAME Sharon Lea Poorman

(a) Residence. No. 1919 N. 31st St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/23/1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
----	10	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise

FATHER

13. NAME George Poorman

14. BIRTHPLACE (city or town) (State or country) Ontario Oregon

MOTHER

15. MAIDEN NAME Meretta O'Brien

16. BIRTHPLACE (city or town) (State or country) Zurich, Kansas

17. INFORMANT (Address) George Poorman, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/25/38, 193...

19. UNDERTAKER (Address) McGratney Funeral Home Boise

20. FILED 1-26, 193... S. D. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/23/38 193...

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 1-23-38, 193...
I last saw her alive on 1-23-38, 193...: death is said to have occurred on the date stated above, at 6:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-22-38
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to exter'l causes (violence) ~~fill in also the following~~:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. D. Springer M. D.
(Address) Baehe, Idaho

Springer.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10623

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 24
(No. 912 north 10th street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sam I. Paschal

(a) Residence No. 912 north 10th street St.
(Usual place of abode) 2 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 14. 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Nancy Kindal
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Mrs. E. M. Staley
(Address) 912 north 10th street

18. BURIAL, CREMATION OR REMOVAL
Place Portland Date Jan. 29, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 1-26, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. Jan.

21. DATE OF DEATH (month, day and year) 25 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-24, 1938, to 1-25, 1938
I last saw h[illegible] alive on 1-24 1938: death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Cirrhosis Liver	
Myocarditis	

Other **contributory causes** of importance:

Saw only the dead, just before death

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. Cook M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

FEB [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107624

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 25

940

(No. 1413 N. 18th)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry O. Kimball

(a) Residence. No. 2023 N. 9th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Kimball

6. DATE OF BIRTH (month, day, and year) 9-27-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monmouth, Ill.

FATHER

13. NAME Edward Kimball

14. BIRTHPLACE (city or town) (State or country) USA

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) USA

17. INFORMANT (Address) Walter C. Baker

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 1-27-, 1938

19. UNDERTAKER (Address) Schreiber & Mc Cann

20. FILED 1-26 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-25- 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7th, 1935, to January 25, 1938.

I last saw him alive on January 24 1938; death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec. 20, 1935.

Other contributory causes of importance:

Specific Occupational (Fumes - auto Painting etc) Kidneys and Liver - on testing test	March 1934

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. Joseph M. Dogue, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107625

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 26
(No. 1503 north 11th street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hugh George Bodle

(a) Residence No. 1503 north 11th street St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza C. Bodle

6. DATE OF BIRTH (month, day, and year) Mar. 7. 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	10	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinarian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rising Sun
(State or country) Ind.

FATHER
13. NAME John Bodle
14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Goben Bodle
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1.28. 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 1-27 193 8 R. Shark
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 26 193 8

22. I HEREBY CERTIFY, That I attended deceased from July 15, 193 7, to Jan 26, 193 8
I last saw him alive on Jan 26 193 8: death is said to have occurred on the date stated above, at 12-12 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193 —.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Horace Bodle, M. D. O.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107626

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 27

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jim Kelly

(a) Residence. No. 1101 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hariklea Brayla Kelly

6. DATE OF BIRTH (month, day, and year) 2/2/1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Megara, Greece

FATHER

13. NAME John Gkellys

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Angelica Pipilis

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT (Address) Tom Kelly, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/27/38 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 1-27, 1938 E. L. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/23/38 193

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937, to 1-23-38 193

I last saw him alive on 1-23-38 193: death is said to have occurred on the date stated above, at 3:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY Disease	1933
Other contributory causes of importance: CORONARY THROMBOSIS	1-22-38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) W. D. Springer M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107627

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 28

(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Oscar Nelson.

(a) Residence No. 2 Miles South West of Boise. St.

(Usual place of abode) 14 years. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb/24.1923.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	14	11.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Charles. C. Nelson.

14. BIRTHPLACE (city or town) Kansas.
(State or country)

MOTHER

15. MAIDEN NAME Gertrude. E. Houghton.

16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMANT Charles. C. Nelson.
(Address) R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Jan 29, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-29, 1938. R. S. Karp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-27 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-26, 1938, to 1-27, 1938

I last saw him alive on 1-27- 1938: death is said to have occurred on the date stated above, at 2:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	July 1936

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. J. Swindell, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Adams

City of Indian Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107628

Registration District No.

Primary Registration District No. Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orma Leta Byers

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 12 1919

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	18	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indian Valley (State or country) Idaho

FATHER

13. NAME Earl Byers,

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Nellie Murphy,

16. BIRTHPLACE (city or town) Indian Valley (State or country) Idaho

17. INFORMANT Amos Byers (Address) Indian Valley Ida

18. BURIAL, CREMATION OR REMOVAL

Place Jan 25 1938 Date , 193

19. UNDERTAKER J. A. Dudelson (Address) Cambridge Ida

20. FILED 2-8-38, 193 Alvin S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-29 193 8

22. I HEREBY CERTIFY, That I attended deceased from 12-15-, 193 7, to 1-27-, 193 8

I last saw her alive on 1-17-, 193 8; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Agranulocytic Leukemia	12-15-37

Other **contributory causes** of importance:

Name of operation Laparotomy Date of 12-15-37

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. Lahmann, M. D.

(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of New Meadows

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107629

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 177
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 10

2. FULL NAME Mary Zelph Hubbard

(a) Residence. No. New Meadows St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widdow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hudson J Hubbard

6. DATE OF BIRTH (month, day, and year) May 13 1874

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
64	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House/Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own/Home
10. Date deceased last worked at this occupation (mo. and yr.) I/18/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) ____ (State or country) Coffee Ville Kansas

FATHER
13. NAME Alongo Parks
14. BIRTHPLACE (city or town) ____ (State or country) Missouri

MOTHER
15. MAIDEN NAME Sasifa Minshall
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT (Address) Mrs Ward Branstetter

18. BURIAL, CREMATION OR REMOVAL
Place New Meadows Idaho Date I/25/38

19. UNDERTAKER J.A.Hudelson (Address) Cambridge Idaho

20. FILED FEB 14 1938

DR. ALVIN S. THURSTON
COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) I/23/38

22. I HEREBY CERTIFY, That I attended deceased from I/22/38, 193..., to I/23/38, 193...
I last saw her alive on I/23/38 193...: death is said to have occurred on the date stated above, at 9:05 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Intestional stasis	I/23/38
Other **contributory causes** of importance: Acute Cholecystitis	I/21/38

Name of operation 0 Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 193. 0
Where did injury occur? 0 (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) Alvin S. Thurston M. D.
(Address) Cambridge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

FEB 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107631

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 2

(No. 558 North Grant)
(If death occurred in a hospital or institution, give its name instead of street and number)

93(C)

2. FULL NAME Florence Rose Gladwin

(a) Residence. No. 558 North Grant St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William Gladwin

6. DATE OF BIRTH (month, day, and year) September 22, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London
(State or country) England

FATHER

13. NAME Thomas Golsby

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Sarah Kiff

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT William Gladwin
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Jan 5, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello Idaho

20. FILED 1-4, 1938 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/2/38

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1935, to 1-2, 1938

I last saw him alive on 1-1, 1938, death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis 2 years	
arteriosclerosis	

Other contributory causes of importance:

Thrombosis right Lung	6 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D C Ray M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107632

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 3

FEB 3 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Lynn's Hospital)

2. FULL NAME Oscar La Mar Daniels

(a) Residence. No. 453 South 6th St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Myrtle McNally Daniels

6. DATE OF BIRTH (month, day, and year) October 13, 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME David M. Daniels

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Gertrude Grace Dives

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mert Eliason (Sister)
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Malad Date Jan 5, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 1-6, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1937, to Jan 4, 1938

I last saw h[illegible] alive on Jan 4, 1938: death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer ?	
Stomach ? Lung	
Septicaemia	

Other contributory causes of importance:

Poor Health for many years	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193....

Where did injury occur? Town
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Hospital Lynn Bros

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Lynn, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Po atello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107633

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. [redacted]

FEB 3 1938

(No.) St. Anthony Hospital Boc.

(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Danette Murdock

(a) Residence No. R. F. D. # 2 St. Blackfoot, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 26, 1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot,
(State or country) Idaho.

FATHER

13. NAME Daniel L. Murdock

14. BIRTHPLACE (city or town) Blackfoot,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Annie Pearl Jones

16. BIRTHPLACE (city or town) Dallis,
(State or country) Colorado

17. INFORMANT Daniel L. Murdock
(Address) Blackfoot R.2

18. BURIAL, CREMATION OR REMOVAL
Place Thomas-Riverside Date 1/9, 1938

19. UNDERTAKER E. J. Peck
(Address) Blackfoot, Idaho.

20. FILED 1-10, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 5 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 5, 1938

I last saw her alive on Jan 5 1938: death is said to have occurred on the date stated above, at 4:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 2 1938

Other **contributory causes** of importance:

Acute Nephritis.	Jan 2 1938
Acute Mitral Stenosis	Jan 28 1937

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury, 193.....

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury None

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. McDougall, M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107634

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. [illegible]
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Catherine A. Carr

(a) Residence. No. 812 S. 4th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Emery

6. DATE OF BIRTH (month, day, and year) Apr. 14, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Braemberg
(State or country) Ire. Canada

FATHER
13. NAME — Dalson
14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Emery P. Carr
(Address) 812 S. 4th

18. BURIAL, CREMATION OR REMOVAL
Place Mount Mariah Date Jan. 7, 1937

19. UNDERTAKER Downard's General Mort.
(Address) Pocatello Idaho

20. FILED 1-6, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1938, to 1-6, 1938
I last saw h[illegible] alive on 1-5, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ ~~fill in also the following:~~
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was ~~disease or injury in any way related to occupation of~~ deceased? ..... If so, specify .....
(Signed) [signature] M.D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107635

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 6[illegible]

FEB 3 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George A. Killian

181

(a) Residence No. Russell St. Kansas
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Dec 8, 1919

7. AGE: Years 18 | Months 1 | Days 5 | If LESS than 1 day .... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: C.C.C enrolle
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal Creek Camp
10. Date deceased last worked at this occupation (mo. and yr.): Jan 1938
11. Total time (years) spent in this occupation: Idaho

12. BIRTHPLACE (city or town) (State or country): Russell Kansas.

FATHER
13. NAME: Geo. A. Killian
14. BIRTHPLACE (city or town) (State or country): Russell Kansas

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): C.C.C. Headquarters Pocatello, Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Russell Date: Jan. 8, 1938
19. UNDERTAKER (Address): L. A. McFarland Pocatello, Ida
20. FILED: Jan 8, 1938 D. C. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1:00 A.M., 1938, to Jan 7, 1938
I last saw h. alive on 5:19 P.M. Jan 7, 1938: death is said to have occurred on the date stated above, at 5:20 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Burns 3rd degree both legs	Jan 4, 1938
cause Thrombosis	Jan 7, 1938
Toxic nephritis	Jan 4, 1938
Shock	

Other **contributory causes** of importance:

Name of operation: None Date of: —
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 7, 1938.
Where did injury occur? Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**: Public place
Manner of injury: Splashed w burning gasoline
Nature of injury: Burns

24 Was disease or injury in any way related to occupation of deceased? No If so, specify: —

(Signed) Sherman R Hawley, M. D.
(Address) 341 North 7th Ave Pocatello.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of [illegible]
City of Lava Hot Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107636

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 7 [redacted]
(No. Home Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gust of Swanson
(a) Residence. No. [illegible] St. Lava Hot Springs, Id. Butte Mont.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of no

6. DATE OF BIRTH (month, day, and year) Oct 29 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P.R.R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Kagonas (State or country) Sweden

FATHER
13. NAME Swanson
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Harry Bergren (Address) 1320 Mckinley Ave Ogden
18. BURIAL, CREMATION OR REMOVAL Buried
Place Pocatello Date Jan 8, 1938
19. UNDERTAKER Downards Funeral Home (Address) Pocatello
20. FILED Jan 10, 1938 D R Kay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 7 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937 to Jan 7, 1938
I last saw her alive on Jan 7, 1938: death is said to have occurred on the date stated above, at 11:55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac - Valvular Heart Disease	
Other contributory causes of importance: Asthma	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?
(Signed) C. J. Rich, M. D.
(Address) Lava Hot Springs

Fort Hall, Reserv.
Fort Hall, Idaho

On R.

STANDARD CERTIFICATE OF DEATH

107637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH:
County Bannock State Idaho Registered No. [redacted]
Township ____ or Village ____ or
City Tyhee No. ____ St., ____ Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ days. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ days.

2. FULL NAME Waterhouse, Arahoveah
Residence: No. Tyhee, Idaho St., ____ Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	Sho.4/4	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Waterhouse

6. DATE OF BIRTH (month, day, and year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day,
	59			____ hrs. or ____ mins.

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Dec. 1937

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town and State or country):
Tyhee, Idaho

FATHER

13. NAME: Jim Jackson

14. BIRTHPLACE (city or town and State or country):
Unknown

MOTHER

15. MAIDEN NAME: Hacago

16. BIRTHPLACE (city or town and State or country):
Unknown

17. INFORMANT (name and address):
John Waterhouse, Tyhee, Idaho

18. BURIAL, CREMATION, OR REMOVAL:
Place Mission Cedar Cemetery Date Jan. 13, 1938

19. UNDERTAKER (name and address):
Deward's, Pocatello, Idaho

20. FILED Jan. 10, 1938 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from ____, 193 , to ____, 193

I last saw h____ alive on ____, 193 ; death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown	
No M. D. attending	

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (**violence**), fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**:

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Dr. R. W. Rogers (24.)

(Address) Fort Hall, Ida.

8—209g

U. S. GOVERNMENT PRINTING OFFICE 1933 o11—3184

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107638

FEB 3 1938

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 10

(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Martin Stark

(a) Residence No. Temple Hotel St. Pocatello, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Athley Wilcox

6. DATE OF BIRTH (month, day, and year): May 11, 1905

7. AGE: Years 32 | Months 8 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Meat Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montpelier, Idaho

FATHER

13. NAME: Martin Stark

14. BIRTHPLACE (city or town) (State or country): Omaha, Nebraska

MOTHER

15. MAIDEN NAME: Vina Kelsey

16. BIRTHPLACE (city or town) (State or country): Paris, Idaho

17. INFORMANT: Stephen Stark Brother

(Address): Soda Springs

18. BURIAL, CREMATION OR REMOVAL

Place: Soda Springs Date: , 193

19. UNDERTAKER: Arthur J. Hall

(Address): Pocatello, Idaho

20. FILED: Jan 13, 193 8 L. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 1/12/1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 193 7, to Jan 12, 193 8

I last saw h~~im~~ alive on Jan 12 1938: death is said to have occurred on the date stated above, at 1:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pylophlebitis	Dec 23
Other contributory causes of importance: Ruptured Gastric Ulcer	Nov. 24

Name of operation Exploration Date of Jan 7

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William E. Howard, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107639

FEB 3 1938

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 11

(No. St. Anthony)
(If death occurred in a hospital or institution, give its name instead of street and number)

82(a)

2. FULL NAME Charles E. Leal

(a) Residence. No. Keystone Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P.R.R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Edison (State or country) Texas.

FATHER
13. NAME Geo. Leal
14. BIRTHPLACE (city or town) (State or country) Texas.

MOTHER
15. MAIDEN NAME Sally Edison
16. BIRTHPLACE (city or town) (State or country) Texas.

17. INFORMANT James Brown (Address) Keystone Hotel

18. BURIAL, CREMATION OR REMOVAL
Place Rogersville, Tex. Date Jan. 19 193..

19. UNDERTAKER Edwards Funeral Home (Address) Pocatello Idaho

20. FILED Jan 18, 193.8 D. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 193.8, to Jan. 17, 193.8
That I last saw him alive on Jan. 17, 193.8: death is said to have occurred on the date stated above, at 12:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 10 '38
Other contributory causes of importance:	
Bulbar paralysis	1-14-38
Bronchopneumonia	1-16-38

Name of operation none Date of
What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N/O If so, specify
(Signed) Ben C. Eisenberg, M. D.
(Address) Pocatello

PLACE OF DEATH
County of Pocatello
City of Bannock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107640

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 1[redacted]

FEB 3 1938

(No.) (If death occurred in a hospital or institution give its name instead of street and number)

95(+)

2. FULL NAME James Allen Stoddard

(a) Residence No. Mackey Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 21, 1933

7. AGE: Years 5 | Months 10 | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mackey Idaho

FATHER

13. NAME Frank Stoddard

14. BIRTHPLACE (city or town) (State or country) Mackey Idaho

MOTHER

15. MAIDEN NAME Grace Gilbert

16. BIRTHPLACE (city or town) (State or country) Grantsville Utah

17. INFORMANT (Address) Frank Stoddard Mackey Idaho

18. BURIAL, CREMATION OR REMOVAL Place Mackey Date Jan 22, 1938

19. UNDERTAKER (Address) [illegible] Pocatello Ida

20. FILED Jan 21, 1938 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 21 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/1/37, to 1/21/38

I last saw him alive on Jan 1, 1938: death is said to have occurred on the date stated above, at 12:25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of heart.	

Other contributory causes of importance:

Chronic Nephritis

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph Clayton M. D.

(Address) Pocatello, Idaho

6.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107641

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. #138

(No. 426 So 4th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy Louise Martin

(a) Residence No. 426 So 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): January 29, 1927

7. AGE: Years 10 | Months 10 | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: grade School
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER

13. NAME: M. J. Martin
14. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

MOTHER

15. MAIDEN NAME: Selma Nelson
16. BIRTHPLACE (city or town) (State or country): Wells Nevada

17. INFORMANT (Address): M. J. Martin Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: Jan 25 1938

19. UNDERTAKER (Address): Dod McHaw Pocatello Idaho

20. FILED: Jan 24 1938 S C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): January 22 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1938, to Jan 22, 1938
I last saw her alive on Jan 22 1938: death is said to have occurred on the date stated above, at 7:35 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute Peritonitis	Jan 18
Other **contributory causes** of importance:	
acute appendicitis	Jan 15

Name of operation None Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..... None
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury None
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W Winquist, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107642

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 14

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

82(a)

2. FULL NAME Mrs. Jermia Burrell Williams
(a) Residence. No. 204 S. Johnson St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 16 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Uxbridge Ont.
(State or country) Canada

FATHER
13. NAME — Miller
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) ....
(State or country)

17. INFORMANT regards
(Address) 204 S. Johnson
18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Jan. 27 1938
19. UNDERTAKER Dawsard Funeral Home
(Address) Pocatello Idaho
20. FILED Jan 28, 1938 D C Rees
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1938, to Jan 22 1938
Last saw her alive on Jan 22, 1938; death is said to have occurred on the date stated above, at 11:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Jan 22 38 4:30 P.M.
Other contributory causes of importance: Arteriosclerosis	Chronic
In my practice since 1/28/33	

Name of operation .... Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 19....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) William F Howard M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107643

FEB 3 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 15
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Glenn Davis

(a) Residence No. L37 Wayne Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Davis

6. DATE OF BIRTH (month, day, and year) Sept. 25 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Shops
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER
13. NAME Heber Davis
14. BIRTHPLACE (city or town) Preston
(State or country) Idaho

MOTHER
15. MAIDEN NAME Laura Jenson
16. BIRTHPLACE (city or town) Preston
(State or country) Idaho

17. INFORMANT Lillian Davis
(Address) Pocatello Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Preston Date 1-26, 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED 1-25, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 24 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1937, to Jan. 24, 1938
I last saw him alive on Jan. 24 1938: death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	unknown.
Other contributory causes of importance:	
Chronic cholecystitis	2 yrs.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No - refused.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. H. Hurghart, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107644

FEB 3 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 16

(No.) 97
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Louisa Corbridge

(a) Residence No. 428 N 14th St. St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JGeorge A Corbridge

6. DATE OF BIRTH (month, day, and year) Dec 12 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kaysville Ut
(State or country)

FATHER
13. NAME Thomas Bennett
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Marie Driggs
16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT George A Corbridge
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date Jan 29, 38

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED 1-28, 1938 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-25 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 193 8, to Jany, 1938
I last saw her alive on 1-25 1938 & death is said to have occurred on the date stated above, at 11 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteris Sclerosis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D C Ray M. D.
(Address) Pocatello Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107645

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 17

FEB 3 1938

(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Nicholas Muccini

(a) Residence No. St Anthony Hosp. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1850

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
about 78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired R.R.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country) Italy

FATHER

13. NAME unknown Muccini
14. BIRTHPLACE (city or town) unknown
(State or country) unknown

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country) unknown

17. INFORMANT St. Anthony Hosp.,
(Address) Pocatello Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mountainview Date Jan. 29, 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello ~~Hos~~ Idaho

20. FILED Jan 28, 1938 D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 27 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937, to Jan 27, 1938.
I last saw him alive on Jan 27 1938: death is said to have occurred on the date stated above, at 10:30 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal & Chronic nephritis	Aug 1937
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. M. Hunton, M. D.
(Address Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107646

1938 Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 18

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sarah E. Kenney

(a) Residence. No. 230 S. Seventh St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Mansfield

6. DATE OF BIRTH (month, day, and year) Oct. 3, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	3	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nova Scotia Canada

FATHER
13. NAME Arthur N. Fillmore
14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER
15. MAIDEN NAME Patience Halliday
16. BIRTHPLACE (city or town) (State or country) Nova Scotia Canada

17. INFORMANT (Address) Mrs. M. C. McNichols 330 S. Seventh

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Jan. 30 1938

19. UNDERTAKER (Address) Downard Funeral Home Pocatello Idaho

20. FILED 1-28, 1938 D. Riley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1938, to 1-28, 1938
I last saw h[illegible] alive on 1-28, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107647

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 19
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)
FEB 3 1938
18

2. FULL NAME Grace Sorensen
(a) Residence No. Bancroft, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Neils Sorensen

6. DATE OF BIRTH (month, day, and year) ~~Feb 4, 1914~~

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	23	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grace, Idaho
(State or country)

FATHER
13. NAME Charlie Hamp
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Mary Lofthouse
16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Neils Sorensen
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date 1/29/38 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 2-7, 193 8 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/28/1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 27, 193 8, to Jan 28, 193 8
I last saw her alive on Jan 28 193 8.: death is said to have occurred on the date stated above, at 3:45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
meningococcus meningitis	Jan 25
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) RP Howard M. D.
(Address Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107648

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 20

(No. North of City)

(If death occurred in a hospital or institution, give its name instead of street and number)

34

2. FULL NAME Vernon J. Davis

(a) Residence No. North of City (Usual place of abode) Ranch St. Pocatello, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Viola Daniels Davis

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 43 | Months 11 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lakeshore (State or country) Utah

FATHER

13. NAME Hersy J. Davis

14. BIRTHPLACE (city or town) Provo, Utah (State or country)

MOTHER

15. MAIDEN NAME Margaret H. Bennel

16. BIRTHPLACE (city or town) Centre Yard (State or country) Utah

17. INFORMANT Hersy J. Davis (Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Mountainview Date Jan 30, 1938

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho

20. FILED 1-30, 1938 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/28/1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1938 to Jan. 28, 1938. I last saw him alive on Jan. 27 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal syphilis	Unknown.
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Wassermann Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Hoyhurst, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107649

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 21
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlotte Judy Parker

(a) Residence No. 117a St. Rexburg, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 24 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Lee Parker
6. DATE OF BIRTH (month, day and year): Sept. 21, 1888
7. AGE: Years 49 | Months 4 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salem, Idaho.

FATHER
13. NAME: William A. Judy.
14. BIRTHPLACE (city or town) (State or country): Pottawatamie, Iowa.

MOTHER
15. MAIDEN NAME: Alsicown Smith
16. BIRTHPLACE (city or town) (State or country): Vermont.

17. INFORMANT (Address): Wm. A. Judy R#3 Idaho Falls.
18. BURIAL, CREMATION OR REMOVAL. Place: Rexburg, Ida. Date: Feb. 3, 1938
19. UNDERTAKER (Address): John C. Sandberg Blackfoot Ida.
20. FILED 2-1, 1938 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 29 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1938, to Jan 29, 1938
I last saw her alive on Jan 29 1938; death is said to have occurred on the date stated above, at 10:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric hemorrhage	
from ulcer of	
Duodenal stomach	
Other **contributory causes** of importance:	
Operation and	
shock	

Name of operation Gastrostomy Date of 1/29/38
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ✓, 193.....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Neal, M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107650

Registration District No. 28
Primary Registration District No. 2/61
Local Registrar's No. 22

FEB 3 1938

(No. 1226 East Lander Pocatello
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gustaf Albert Johnson

(a) Residence No. 1226 East Lander, St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Amanda Peterson

6. DATE OF BIRTH (month, day, and year) Nov. 29. 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Olaf Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Brita Behrson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Amanda Peterson Johnson
(Address) Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Lund, Idaho Date 2/2/38, 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 1-31, 1938 D Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/30/1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1938, to Jan. 30, 1938, I last saw h[illegible] alive on Jan 30 1938: death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan. 11, '38

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. J. Hughart, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

RECEIVED FEB 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 107651

Local Registrar's No. 35 1/2 154

2. FULL NAME Belle Wakley

(a) Residence No. Downey, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9, 1912

7. AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	25	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Downey
(State or country) Idaho

FATHER

13. NAME George N. Wakley

14. BIRTHPLACE (city or town) Downey, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Ellen Barnes

16. BIRTHPLACE (city or town) Kaysville
(State or country) Utah

17. INFORMANT George N. Wakley
(Address) Downey, Ida, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Downey Date , 193

19. UNDERTAKER Arthur J. Hall
(Address) Pocatello, Idaho

20. FILED 2-12, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/31/38

22 I HEREBY CERTIFY, That I attended deceased from Jan, 193 7, to Jan 30, 1938

I last saw her alive on Jan 30 1938: death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of Skull	April 1937
Other contributory causes of importance:	
Malnutrition	Jan 1937

Operation Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Downey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107653

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 2
FEB 4 1938
(No. Rich Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agatha Hatch

(a) Residence. No. St. Bancroft Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Nov. 8, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) [illegible] Idaho.
(State or country)

FATHER

13. NAME Ansel Wilder Hatch

14. BIRTHPLACE (city or town) Hatch Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Agatha Ratt VanOrden

16. BIRTHPLACE (city or town) Lewiston Utah
(State or country)

17. INFORMENT Copy from Birth certificate
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bancroft Ida Date Jan 13, 1938

19. UNDERTAKER Had none
(Address)

20. FILED Jan 13, 1938 Mrs G. G Fet
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to Jan 13, 1938.
I last saw her alive on Jan 11, 1938; death is said to have occurred on the date stated above, at 12.15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
W Looping Cough	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) C. A. Rich, M.D.
(Address) Lava Hot Springs Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107655

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

RECEIVED FEB 16 1938

2. FULL NAME William Ernest Coyyen

(a) Residence No. [illegible] St. Border Wyoming
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Ally Woods
6. DATE OF BIRTH (month, day, and year): June 19 1876
7. AGE: Years 61 | Months 6 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

FATHER
13. NAME: John Coyyen
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Emily A. Jewell
16. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

17. INFORMANT (Address): Mrs W. E. Coyyen Border Wyo
18. BURIAL, CREMATION OR REMOVAL Place: Salt Lake City Date: Jan 16, 1938
19. UNDERTAKER (Address): H. Holden Montpelier Idaho
20. FILED Jan 16 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 14 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1938 to Jan. 14, 1938
I last saw h[illegible] alive on Jan. 14 1938: death is said to have occurred on the date stated above, at 4:45 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis	1-5-38
Pneumonia	

Other **contributory causes** of importance: Myocardial failure

Name of operation: none Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. P. Lindsay, M. D.
(Address) Montpelier, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Bloomington

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 107656

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Samuel Payne

(a) Residence No. St. Bloomington Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Emily Fellers - Lydia Kelsey

6. DATE OF BIRTH (month, day, and year): Jan 6. 1848

7. AGE: Years 89 | Months 9 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (mo. and yr.): 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER

13. NAME: Samuel Payne
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME: Mary Bourne
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Jesse Payne
(Address) Bloomington Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Bloomington Ida. Date: Feb 4., 1938

19. UNDERTAKER: J. M. Wilkinson
(Address) Montpelier Idaho

20. FILED Feb 4th., 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Feb 1- 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 3., 1936., to Feb. 1, 1938
I last saw h[illegible] alive on Feb 1 1938: death is said to have occurred on the date stated above, at 10:45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Diabetes	

Other **contributory causes** of importance:

Gangrene	
Leg	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Fanark

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107657

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)

FEB 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Colyn Orron Bunn

(a) Residence No. Fanark, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

93 d.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Francis Sleight

6. DATE OF BIRTH (month, day, and year) Oct 9 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER FATHER

13. NAME George Bunn
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Susan Summons
16. BIRTHPLACE (city or town) (State or country) England
17. INFORMANT Mrs John A. Bunn
(Address) Fanark Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Fanark Date Jan 14, 1938
19. UNDERTAKER F. M. Thompson
(Address) Montpelier Idaho
20. FILED Jan 14th, 1938 O. N. Mecham
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 11 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 11, 1938
I last saw h..... alive on ..... 193..: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial failure	
(Dropsy)	12-1-37
Senility	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. N. Merrill M. D.
(Address) Montpelier Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107658

FEB 16 1938

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rollow Rohmer Frye

(a) Residence No. (Usual place of abode) Paris St. Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 5/18/1922
7. AGE: Years 15 | Months 3 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Paris Idaho

FATHER
13. NAME: Rollo Jr. Frye
14. BIRTHPLACE (city or town) (State or country): Peterboro Utah

MOTHER
15. MAIDEN NAME: Pauline Rohmer
16. BIRTHPLACE (city or town) (State or country): Paris Idaho

17. INFORMANT (Address): Rollo Jr. Frye Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place: Paris Idaho Date: Jan 15, 1938

19. UNDERTAKER (Address): Thos. McKean Montpelier Idaho

20. FILED Jan 15 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1930 to Jan 13, 1938
I last saw him alive on Jan 13 1938: death is said to have occurred on the date stated above, at 7:30 A m.

The **principal cause of death** and related causes of importance were as follows: Epilepsy — Grand Mal — Suffocated during epileptic attack. Found dead with face down on soft bed.

Date of onset: Unknown

Other **contributory causes** of importance: Grand Mal.

Name of operation: None. Date of:
What test confirmed diagnosis? Was there an autopsy? No — Witnessed by Coroner

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Paris Idaho

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

52

DO NOT WRITE IN THIS SPACE
State File No. 107659

Registration District No.
Primary Registration District No. 2136
Local Registrar's No.

(No. Bear Lake Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Leona Hodges

(a) Residence No. St. Garden City Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 27-1938

7. AGE Years	Months	Days	If LESS than 1 day 17 hrs. or ..... min.
—	—	1 0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

FATHER

13. NAME Jay P. Hodges

14. BIRTHPLACE (city or town) (State or country) Garden City Utah

MOTHER

15. MAIDEN NAME Margaret Fuller

16. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

17. INFORMANT Carlyle Hodges
(Address) Garden City Utah

18. BURIAL, CREMATION OR REMOVAL
Place Garden City Utah Date Jan 29, 1938

19. UNDERTAKER
(Address) Montpelier Idaho

20. FILED Jan 28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 27 1938

22. I HEREBY CERTIFY, That I attended deceased from January 27 1938 to January 28 1938
I last saw h[illegible] alive on Jan 28 1938: death is said to have occurred on the date stated above, at 12:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis of Lungs	Jan 27/38

Other contributory causes of importance:
Late presentation of Breech

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Spencer Welch M.D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107660

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

FEB 16 1938

105C

2. FULL NAME Faye Derricott

(a) Residence No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Mar 20 - 1935

7. AGE: Years 2 | Months 9 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

FATHER

13. NAME: Rolla Derricott
14. BIRTHPLACE (city or town) (State or country): Liberty Idaho

MOTHER

15. MAIDEN NAME: Vera Dimick
16. BIRTHPLACE (city or town) (State or country): Hightown Idaho

17. INFORMANT (Address): Rolla Derricott Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lindon Date Jan 13, 1938

19. UNDERTAKER: F. M. Williams
(Address) Montpelier Idaho

20. FILED Jan 12th 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 9 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1938, to Jan 13, 1938

I last saw he alive on Jan 13 1938: death is said to have occurred on the date stated above, at 10:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Larynx	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Gaffner, M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107661

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William E. Gardner

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3, 1873

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	64	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .... (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .... (State or country) Unknown

17. INFORMANT .. Relief Office
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place .... Woodlawn .... Date 1/5 ..., 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Feb. 9, 1938 E. Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 2 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 ..., 193.35, to Jan. 2 ....., 193.8..
I last saw him alive on Jan. 1., 193.8.: death is said to have occurred on the date stated above, at 11...Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
....	....
Suicide by Shooting	....
with Jack Knife	....
Throat & Heart	....
....	....

Other **contributory causes** of importance:

....	....
....	....
....	....

Name of operation .... none clinical Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, (suicide) or homicide? ..... Date of injury .., 193. 12-31-37
Where did injury occur? St. Maries Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Jail
Manner of injury Knife cuts
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) .... H. H. Patton ....., M. D.
(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 2

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 107662

173

2. FULL NAME Dorothea Charlotte McCully

(a) Residence. No. 2nd & Main St. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 7

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Fred McCully

6. DATE OF BIRTH (month, day, and year): Jan. 11 - 1912

7. AGE — Years: 25 | Months: 11 | Days: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None

10. Date deceased last worked at this occupation (mo. and yr.): 1-4-37

11. Total time (years) spent in this occupation: 5 yrs.

12. BIRTHPLACE (city or town) (State or country): Emida Idaho

FATHER

13. NAME: Wm Dawson

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Martha Jane Griffith

16. BIRTHPLACE (city or town) (State or country): Charlesville Missouri

17. INFORMANT (Address): Mrs. D. B. Howe St. Maries

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Emida Ida. Date 1-8-, 1938

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED Feb. 9, 1938 W. Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-4 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wounds - 3 in number 1 - Nose - 1 throat 1 thru chest from left side to right -	
Other **contributory causes** of importance: Murder at hands of Henry W. Youngblood. No inquest	

Name of operation ..... Date of ....

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 1-4-, 193.
Where did injury occur? St. Maries Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury. Gunshot
Nature of injury. Gunshot wounds

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. S. Stapish - Coroner

(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2044

DO NOT WRITE IN THIS SPACE
State File No. 107663

Local Registrar's No. 3

FEB 1 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Fred Benjamin McCully

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothea McCully

6. DATE OF BIRTH (month, day, and year): Mar. 6 - 1909

7. AGE — Years: 28 — Months: 9 — Days: 28 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Logging
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Woods
10. Date deceased last worked at this occupation (mo. and yr.): 1-4-37
11. Total time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (city or town) (State or country): Meadows Idaho

MOTHER FATHER

13. NAME: J. B. McCully
14. BIRTHPLACE (city or town) (State or country): Albany Ore.
15. MAIDEN NAME: Emma Johnson
16. BIRTHPLACE (city or town) (State or country): Calif
17. INFORMANT (Address): Mrs. Marie Taylor Emida Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Emida Ida. Date: Jan. 8 1938
19. UNDERTAKER (Address): STAPISH & SON ST. MARIES, IDAHO
20. FILED Feb. 9, 1938. Walter Babcock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-4 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h... alive on ....., 193... death is said to have occurred on the date stated above, at 7½ P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wounds - 4 in number 1 left abdomen - 2 left breast 1 back 1 head	
Other **contributory causes** of importance: Murder at hands of Henry W Youngblood No inquest	

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Homocide Date of injury 1-4 1938
Where did injury occur? St. Maries Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury. gunshot
Nature of injury. gunshot wounds.

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....
(Signed) C. S. Stapish - Coroner
(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 107664

Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry M. Youngblood

(a) Residence. No. ..... St. St. Regis Montana
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Sept. 26 - 1900

7. AGE — Years: 37 | Months: 3 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Packer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Forest service
10. Date deceased last worked at this occupation (mo. and yr.): 10-37
11. Total time (years) spent in this occupation: 8 yrs.

12. BIRTHPLACE (city or town) (State or country): Oklahoma

MOTHER FATHER

13. NAME: James S. Youngblood
14. BIRTHPLACE (city or town) (State or country): Kenkphill Texas
15. MAIDEN NAME: Willie A. Hogan
16. BIRTHPLACE (city or town) (State or country): Hemphill Texas

17. INFORMANT (Address): James W. Youngblood 1627 S. Wright St. Los Angeles

18. BURIAL, CREMATION OR REMOVAL
Burial Place: St. Maries Ida Date: Jan. 10, 1938

STAPISH FUNERAL HOME
ST. MARIES, IDAHO

19. UNDERTAKER (Address)

20. FILED Feb. 9, 1938 E. Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1 - 4 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193... death is said to have occurred on the date stated above, at 7.15 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide	
gunshot wound to head from right side to left side	
Other **contributory causes** of importance:	
No inquest	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1, 193.
Where did injury occur? St. Maries Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home of the McCullys
Manner of injury gunshot
Nature of injury gunshot wound

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. S. Stapish Coroner M. D.
(Address) St. Maries Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bennett

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107665

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 5

FEB 11 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Wellington Carlson

(a) Residence. No. 338 - 3rd St. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mrs. Lida Carlson

6. DATE OF BIRTH (month, day, and year): Nov. 1 - 1894

7. AGE: Years 43 | Months 2 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Garageman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Garage

10. Date deceased last worked at this occupation (mo and yr.): .....

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER

13. NAME: A. W. Carlson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Augusta S. Johnson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Norman Carlson 358-3rd St. St. Maries Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place St. Maries Ida. Date 1-18..., 1938

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED Feb. 9., 1938 W. Walter Coleary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-13 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at 2:30 P...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured skull	
Explosion of gasoline barrel while welding	
Other **contributory causes** of importance:	
No request	

Name of operation None Date of.....

What test confirmed diagnosis?. Was there an autopsy?.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 1-13 1938

Where did injury occur? St. Maries Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry

Manner of injury... Explosion of gas barrel

Nature of injury... Crushing, Head injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Hazard of occupation

(Signed) C. S. Stapish Coroner

(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107666

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 6
(No. St. Maries Hospital)
(If death occurred in a hospital or Institution, give its name instead of street and number)

2. FULL NAME Frank Foster Loudon

(a) Residence. No. Plummer Idaho St. RFD 710
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Blanche Allen

6. DATE OF BIRTH (month, day, and year) April 1 - 1878

7. AGE — Years: 59 | Months: 9 | Days: 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) 1-19-38
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): East Waterford Penn

FATHER

13. NAME: James Loudon
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Susan Daugherty
16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): Mrs Frank Loudon Plummer Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place St Maries Ida. Date 1-24 1938

19. UNDERTAKER (Address): [illegible]

20. FILED Feb. 9, 1938 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1937, to 1-21, 1938.
I last saw him alive on 1-21, 1938.: death is said to have occurred on the date stated above, at 9:32 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	About 1935
Other **contributory causes** of importance: Hypertension moderate	1928

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? No (Specify city or town, county and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C A Robins M. D.
(Address) St. Maries Ida Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2044 Local Registrar's No. 7

(No. 2 Platt Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 107667

2. FULL NAME Mary Lula Pentland

(a) Residence. No. ..... St. St. Joe, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. H. Pentland

6. DATE OF BIRTH (month, day, and year) June 19, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1/38

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Ensign Mich.

FATHER

13. NAME Gust A. Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Mary Olson

16. BIRTHPLACE (city or town) (State or country) Escanaba Mich.

17. INFORMANT (Address) Geo. H. Pentland St. Joe, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Woodlawn Date 1/27, 1938 St. Maries

19. UNDERTAKER (Address) Mitchell & Wessa St. Maries, Idaho

20. FILED Feb. 9, 1938 S. Walter Doberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 24, 1938 193

22. I HEREBY CERTIFY That I attended deceased from 1-17, 1938, to 1-24, 1938

I last saw him alive on 1-24, 1938; death is said to have occurred on the date stated above, at 9:P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	
Cardiac - Cachexia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury ..... —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ....., M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Renewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107668

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 8

(No. 175)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ullie Z. (Jack) Ellis

(a) Residence. No. St. Maries Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Doris Ellis

6. DATE OF BIRTH (month, day, and year) April 20 - 1897

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
40	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Scaler
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Logging
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1937
11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) Kendrick (State or country) Idaho

FATHER

13. NAME ~~—~~ unknown
14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. ~~MAIDEN~~ NAME Ridda Jane Ellis
16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Ridda Jane Ellis (Address) Kendrick Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place. St. Maries Ida Date. 1-29, 1938

19. UNDERTAKER STAPISH FUNERAL HOME (Address) ST. MARIES, IDAHO

20. FILED Feb. 9, 1938. Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-25 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at 8:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

struck on head with club	

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury, 1-25, 1938
Where did injury occur? St. Maries Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place
Manner of injury. Struck on head by club
Nature of injury. Fractured skull & Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. S. Stapish Coroner

(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Aberdeen

FEB 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107669

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 1

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME William Monroe Estes

(a) Residence. No. .... St. Aberdeen, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Roberta McElya Estes

6. DATE OF BIRTH (month, day, and year) Oct. 30, 1873

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
64	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) St. Claire Co. Missouri

FATHER

13. NAME George Estes

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Mary Lasater

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. W. M. Estes
(Address) Aberdeen, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Idaho Date Jan. 28, 1938

19. UNDERTAKER Winfield Marvel.
(Address) Arco, Idaho.

20. FILED Jan. 27, 1938 Mrs. E. Kunna
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938, to Jan. 26, 1938

I last saw him alive on Jan. 26, 1938: death is said to have occurred on the date stated above, at 2:00PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-15-38
Other contributory causes of importance:	
Myocarditis	3 yrs. ago

Name of operation None Date of --

What test confirmed diagnosis? -- Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 19....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Mrs. E. Kunna, M. D.
(Address) Aberdeen Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Springfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107670

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Blackburn

(a) Residence. No. St. Springfield, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Juliette Maxfield Blackburn

6. DATE OF BIRTH (month, day, and year) July 18, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Provo, Utah.

FATHER

13. NAME Blackburn

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ora B. Seable
(Address) Sprinfield, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Springfield, Ida. Date 1-31, 1938

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho.

20. FILED 1-29, 1938 M. C. Merrill (Common)
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1938, to Jan. 28, 1938
I last saw him alive on Jan. 28, 1938: death is said to have occurred on the date stated above, at 9:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1935
Coronary Thrombosis	1935
Other contributory causes of importance: Fractured rib.	1-24-38

Name of operation None Date of --
What test confirmed diagnosis? -- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-24-33
Where did injury occur? Springfield, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall in bath tub.
Nature of injury Broken rib.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. C. Merrill (Common) M. D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10767

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

95c

2. FULL NAME Peter Morley Rasmussen

(a) Residence No. #104 South Adams St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	maaried

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margarite Lee Rasmussen

6. DATE OF BIRTH (month, day, and year) Sept 8. 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Soda Springs
(State or country) Idaho

FATHER
13. NAME Hans Peter Rasmussen
14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER
15. MAIDEN NAME Josephine E Riorn
16. BIRTHPLACE (city or town) Mink Creek
(State or country) Idaho.

17. INFORMANT Orlan W Clark
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Iron City Cem Date Jan 7, 1938

19. UNDERTAKER W. T. Beck
(Address) Blackfoot, Ida.

20. FILED Jan 7, 1938 Mabel Lewis
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 5 1938

22 I HEREBY CERTIFY, That I attended deceased from September, 1937, to Jan 5, 1938
I last saw him alive on Jan 5 1938: death is said to have occurred on the date stated above, at 12 Noon

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic pericarditis with effusion	Aug. 1937
Hypostatic pneumonia	

Other **contributory causes** of importance:

Passive congestion of kidneys & albuminuria	Oct. 1937

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. T. Beck M. D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 10767?

Local Registrar's No. 2

2. FULL NAME Leonard Paul Bingham

(a) Residence No. ____ St. Declo, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. -- ds. How long in U. S., if of foreign birth? yrs. 16 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mary Bingham, Burley (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/24/1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pima (State or country) Arizona

FATHER

13. NAME Warner Bingham

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15 MAIDEN NAME Sarah A. Smith

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Records State Hospital, So. (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Burley, Ida. Date ____, 193

19. UNDERTAKER Jos. P. Payne (Address) Rupert, Idaho

20. FILED Jan 8, 1937 M. D. Kaler Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/8/1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1937, to Jan. 7, 1938

I last saw him alive on Jan. 7 1938: death is said to have occurred on the date stated above, at 12:15 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Cerebro-spinal syphillis, meningo-vascular type	Indefinite

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury none

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joe Cornwell, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107673

FEB 8 1938

Registration District No. 121
Primary Registration District No. [illegible]
Local Registrar's No. 3
(No. Beck Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Young, Melvin Monroe

(a) Residence No. Beck Hospital Blackfoot Ida St.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 7-10-1870

7. AGE: Years 67 | Months 5 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agriculture
10. Date deceased last worked at this occupation (mo. and yr.): 11/1937
11. Total time (years) spent in this occupation: 30 Yrs.

12. BIRTHPLACE (city or town) (State or country): West Sunbury, Penn.

FATHER

13. NAME: ✓
14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER

15. MAIDEN NAME: ✓
16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMANT (Address): Legrande Stewart Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ferris Cem. Date Jan. 15, 1938

19. UNDERTAKER (Address): E. T. Rule Blackfoot Ida

20. FILED Jan. 12, 1938 Wm. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 1-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1938, to 1-9, 1938
I last saw h— alive on 1-9 1938: death is said to have occurred on the date stated above, at 10:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with nephritis	3 yrs

Other **contributory causes** of importance:

Senile Infarction	& dec

Name of operation ——— Date of ———
What test confirmed diagnosis? Clinical Was there an autopsy? no

If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. O. Humbles M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107674

Registration District No. 121

Primary Registration District No. 2-91

Local Registrar's No. 4

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katherine Kendall Carpenter

(a) Residence No. 1109 N. 15 St. St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. 5 ds. 19 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E. B. Carpenter

6. DATE OF BIRTH (month, day, and year) 6/29/88

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Galisburg
(State or country) Illinois

FATHER

13. NAME No data

14. BIRTHPLACE (city or town)
(State or country) no data

MOTHER

15. MAIDEN NAME Carrie Mae West

16. BIRTHPLACE (city or town) No data
(State or country)

17. INFORMANT Records, State Hospital, South
(Address)

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place Portland, Ore. Date Jan. 21, 1938

19. UNDERTAKER E & S Fleck
(Address) Blackfoot, Idaho

20. FILED Jan 20, 1938 M. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/19 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Jan. 19, 1938

I last saw her alive on Jan. 18 1938: death is said to have occurred on the date stated above, at 5:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Syphillis, tertiary	indefinite

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury none

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Mueller, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107675

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 9

(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1070

2. FULL NAME Carmaline Broncho

(a) Residence No. Fort Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho. 3/4	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) Oct. 22, 37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	I6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

FATHER
13. NAME Charles Broncho
14. BIRTHPLACE (city or town) (State or country) Fort Hall Ida

MOTHER
15. MAIDEN NAME Irene Aguilar
16. BIRTHPLACE (city or town) (State or country) San Francisco Cal.

17. INFORMANT Hospital Records
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morgan Co. Date Jan 10, 1938

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho

20. FILED Jan 10, 1938 Mrs. Helen C. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 8 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1938, to Jan. 8, 1938.
I last saw her alive on Jan. 8 1938: death is said to have occurred on the date stated above, at 7:55P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia- Brinchial	Jan. 5
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Phys. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. P. V. Rogers, M. D.
(Address) Fort Hall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Ft. Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107676

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 6

JAN 24 1938

(No. 2168)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Ninnevoo

(a) Residence No. ..... St. Ft. Hall, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Bannock 4/4
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Birdie Blackhawk
6. DATE OF BIRTH (month, day, and year): 1893
7. AGE: Years 45 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ft Hall Idaho.

FATHER
13. NAME: Jon Ninnevoo
14. BIRTHPLACE (city or town) (State or country): Ft Hall Idaho

MOTHER
15. MAIDEN NAME: Kate Farmer
16. BIRTHPLACE (city or town) (State or country): Ft Hall Idaho.

17. INFORMANT (Address): Agency Records Ft Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Ft. Hall, Ida. Date: Jan 24, 1938

19. UNDERTAKER (Address): J. C. Sandberg Aberdeen, Ida

20. FILED: Jan 27, 1938 Helen E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): June 19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 6:25 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broken neck, chest crushed multiple injuries.	
Killed when train struck auto at crossing.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 19, 1938
Where did injury occur? Ft Hall Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place
Manner of injury Riding in auto struck by train
Nature of injury Broke neck, chest crushed etc.

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. C. Sandberg coroner M. D.
(Address) Blackfoot, Ida.

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Ft. Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107677

Registration District No.
Primary Registration District No. Local Registrar's No. 7
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 2[illegible]

2069

2. FULL NAME Daisy Blackhawk Dawes Thomas

(a) Residence No. St. Ft Hall
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone 4/4	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roy Thomas

6. DATE OF BIRTH (month, day, and year) 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft Hall
(State or country) Idaho.

FATHER
13. NAME Joseph Blackhawk
14. BIRTHPLACE (city or town) Ft. Hall
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Yecharitz
16. BIRTHPLACE (city or town) Ft Hall,
(State or country) Idaho

17. INFORMANT Agency Records.
(Address) Ft Hall Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Ft Hall, Ida. Date Jan 24, 1938

19. UNDERTAKER J. C. Sandberg
(Address) Blackfoot Ida.

20. FILED Jan. 22, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 6:25 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chest Crushed	
Right Leg Broken in thigh	
and skin. Multiple injuries	
Killed when train struck	
auto at crossing.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan. 19 193 8
Where did injury occur? Ft. Hall, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Riding in auto struck by train
Nature of injury Chest Crushed etc.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. C. Sandberg Coroner. M. D.
(Address) Blackfoot Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Ft. Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107678

Registration District No.
Primary Registration District No. Local Registrar's No. 8
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther Ninnevoo Queeps

(a) Residence No. St. Ft. Hall, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone 4/4	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Queeps

6. DATE OF BIRTH (month, day, and year) 1915

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	23			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft Hall
(State or country) Idaho.

MOTHER FATHER
13. NAME Ira Ninnevoo
14. BIRTHPLACE (city or town) Ft Hall
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Birdie Blackhawk
16. BIRTHPLACE (city or town) Ft Hall
(State or country) Idaho.

17. INFORMANT Agency Records
(Address) Ft Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ft Hall Idaho Date Jan 24, 1938

19. UNDERTAKER J. C. Landsberg
(Address) Blackfoot Idaho

20. FILED Jan 22, 1938 Wm. Valentine
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 6:25 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull fracture, gr. right ear	
Chest crushed, left leg broken	
at thigh. multiple injuries	
Killed in auto train struck auto at crossing	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 19, 1938
Where did injury occur? Ft. Hall, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place.
Manner of injury Riding in auto struck by train
Nature of injury Skull fracture - crushed chest.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. C. Landsberg Coroner M.D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
FEB. 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107679

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 9
(No. Commercial Hotel N Main
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Elmer Anderson

(a) Residence No. Commercial Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Anderson

6. DATE OF BIRTH (month, day, and year): Aug 23, 1884

7. AGE: Years 53 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Chef
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER
13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT: Katherine Anderson
(Address) Blackfoot Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Ida. Date Jan 23, 1938

19. UNDERTAKER: J. C. Sandberg
(Address) Blackfoot Idaho

20. FILED Jan 22, 1938 W. S. Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 20 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-16, 1938, to 1-21, 1938
I last saw h... alive on 1-17 1938: death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular, both lungs	5 days
Arteriosclerosis	6 yrs
Other contributory causes of importance:	
Chronic Nephritis	1 yr.
Uremia supervened	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Rimrock

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107680

Registration District No. 121
Primary Registration District No. 2190
Local Registrar's No. 10
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marva Turpin

(a) Residence No. R.F.D. #2 Blackfoot St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12 - 1928

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in school

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER

13. NAME E. R. Turpin

14. BIRTHPLACE (city or town) Salt Lake County
(State or country) Utah

MOTHER

15. MAIDEN NAME Dora Nook

16. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

17. INFORMANT E R Turpin
(Address) Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Thomas-Rwerside Date 1-26, 1938

19. UNDERTAKER E J Peck
(Address) Blackfoot Idaho

20. FILED Jan 25, 1938 Mrs Wallace E Palmer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1938, to Jan. 24, 1938
I last saw h[illegible] alive on Jan. 23 1938: death is said to have occurred on the date stated above, at 5:20A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Bronchs Pneumonia	Jan. 19, 1938
Other **contributory causes** of importance:	
Pernicious Anemia	2 yrs.

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, Specify

(Signed) [illegible], M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Patie

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 12

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number) 94

DO NOT WRITE IN THIS SPACE

State File No. 107681

2. FULL NAME Rex D. Rush

(a) Residence No. St. Rupert, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. -- mos. -- ds. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) --/--/12

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert (State or country) Idaho

FATHER

13. NAME Grover Monroe Rush

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Hallie Bell West

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Records, St. Hospital, South (Address)

18. BURIAL, CREMATION OR REMOVAL Place Rupert Ida Date 1-28, 1938

19. UNDERTAKER Rodney Goodman (Address) Rupert Idaho

20. FILED Jan 26, 1938 W. McValen Eddie Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/25 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1938, to Jan. 25, 1938

I last saw him alive on Jan. 25 1938: death is said to have occurred on the date stated above, at 11:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Mania	
Other **contributory causes** of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury none

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Stevenson, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City Blackfoot RFD#2

RECEIVED

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107682

Registration District No. 121

Primary Registration District No. 2191

Local Registrar's No. 13

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susie Parsons

(a) Residence No. R. R. D. #2 Blackfoot St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

97

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert M. Parsons

6. DATE OF BIRTH (month, day, and year) Nov 21-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Penn.

FATHER

13. NAME Patrick Murphy

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hassen

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT John Murphy
(Address) Route 2 Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Date Feb 3rd, 1938

19. UNDERTAKER E T Peck
(Address) Blackfoot, Ida.

20. FILED Feb 2, 1938 Mrs Walter Lewis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 30 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to Jan 31, 1938

I last saw her alive on Jan 30 1938: death is said to have occurred on the date stated above, at 9.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other **contributory causes** of importance:	
Rheumatism	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. D. Mylar, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107684

Registration District No. 12I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie Marie Wheeler
(a) Residence No. ..... St. Fort Hall Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho-Ban 7/8	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, and year) Nov. 5, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	I	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ft. Hall Idaho
(State or country)

FATHER
13. NAME Shoshone Wheeler
14. BIRTHPLACE (city or town) Ft. Hall, Idaho
(State or country)

MOTHER
15. MAIDEN NAME Serena Edmo
16. BIRTHPLACE (city or town) Ft. Hall Idaho
(State or country)

17. INFORMANT Fort Hall Idaho
(Address) Records Agency Hospital

18. BURIAL, CREMATION OR REMOVAL
Place Mission Cem Date I-5-, 1938

19. UNDERTAKER Brown-Eldredge
(Address) Blackfoot, Idaho

20. FILED Feb. 5, 1938 Mrs Malene Lamie
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1938, to Jan. 3, 1938
I last saw her alive on Jan. 2 1938: death is said to have occurred on the date stated above, at 7:A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Unknown

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. V. Rogers, M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho
RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107685

Registration District No. I2I-R
Primary Registration District No. 2I94- R
Local Registrar's No. 16
(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey Pahvitse.
(a) Residence No. ..... St. Fort Hall Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Sho. 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of - - - -
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Hall Idaho
(State or country)

FATHER
13. NAME Victor Pahvitse Ft. Hall Ida.
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Martha St. Clair.
16. BIRTHPLACE (city or town) Ft. Hall, Ida.
(State or country)

17. INFORMANT Victor Pahvitse
(Address) Ft. Hall Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Cedars Cem Date Jan. 5, 1938

19. UNDERTAKER G. C. Anderson
(Address) Ft. Hall Idaho

20. FILED Feb 3, 1938 Fred Hales Registrar. Idaho

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 2 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown	
No M.D. attending	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) R. V. Rogers, M. D.
(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107686

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 17
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sandra Jean Eagle

(a) Residence No. Fort Hall Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho. 5/4	Single

5a. If married, widowed, or divorced
HUSBAND of - - - -
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. I7, 37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	I	2I	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - - -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER
13. NAME Walter Eagle
14. BIRTHPLACE (city or town) Salmon, Idaho
(State or country)

MOTHER
15. MAIDEN NAME Rosetta Evans
16. BIRTHPLACE (city or town) Nampa, Idaho
(State or country)

17. INFORMANT Walter Eagle.
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Mission Cem. Date Jan I0, 1938

19. UNDERTAKER Mc. Han, Locatell Ida
(Address)

20. FILED Feb. 3, 1938 Wm. Nalen E. Fannie
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 8 193 8

22 I HEREBY CERTIFY, That I attended deceased from - - -, 193..., to ..., 193...
I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at - - m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown	
No M.D. attending	

Other **contributory causes** of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. V. Rogers M. D.
(Address Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107687

Registration District No. 12I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93

2. FULL NAME Andrew Livensaw

(a) Residence No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Sho. 4/4
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Ida Bear

6. DATE OF BIRTH (month, day, and year): 1878

7. AGE: Years: 59 | Months: | Days: | If LESS than 1 day ..... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fort Hall, Idaho

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Willie Jim
(Address): Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Cedar Cem. Date: Jan. 23 1938

19. UNDERTAKER: G. C. Anderson
(Address): Fort Hall Idaho

20. FILED: Feb. 3, 1938 Mrs Hazel E Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1937, to Nov. 12, 1937
I last saw him alive on Nov. 12 1937: death is said to have occurred on the date stated above, at 6: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Milliary, Chronic.	Unknown

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. B. Rogers, M. D.
(Address) Fort Hall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107688

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 1

FEB 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

46c

2. FULL NAME Emma E Bohna

(a) Residence. No. Clarkston, Wash St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William F Bohna

6. DATE OF BIRTH (month, day, and year) Jan 21 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1 yr
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Lookout, Modock County, Calif.

FATHER
13. NAME Wesley Miller
14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER
15. MAIDEN NAME Emma Hamilton
16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMANT Florence Glenn (Address) Hailey Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hailey Idaho Date Jan 23, 1938

19. UNDERTAKER L. Harris (Address) Hailey Idaho

20. FILED 2-2, 1938 Robt H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-21-1938

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1937, to 1/21, 1938
I last saw h.im alive on 1/21, 1938: death is said to have occurred on the date stated above, at 2:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	1yr
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. W. Fox M. D.
(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Carey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107689

Registration District No. 57
Primary Registration District No. 2025 Local Registrar's No. 2

FEB 4 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nettie Eldredge

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Irvin Eldredge

6. DATE OF BIRTH (month, day, and year) Aug 26 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) 4 yrs.
11. Total time (years) spent in this occupation 29 yrs

12. BIRTHPLACE (city or town) New Harmony
(State or country) Utah

MOTHER FATHER
13. NAME Wilson D. Pace
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Lee
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Myrtle Kirkland
(Address) Carey - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Carey Ida Date 1-27, 1938

19. UNDERTAKER Ray McGoldrick
(Address) Hailey Ida

20. FILED 2-2, 1938 Herbert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1938, to 1/26, 1938
I last saw her alive on 1/26, 1938; death is said to have occurred on the date stated above, at 3:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Lesion	12/26/38
Other contributory causes of importance:	
Pneumonia Bronchial	5 days

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Carey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107690

Registration District No. 57

FEB 4 1938

Primary Registration District No. 2025

Local Registrar's No. 3

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora Lee Kirkland

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 19, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carey, Ida

FATHER

13. NAME Mathew E. Kirkland

14. BIRTHPLACE (city or town) (State or country) Lake City, Florida

MOTHER

15. MAIDEN NAME Myrtle Eldredge

16. BIRTHPLACE (city or town) (State or country) Carey Ida

17. INFORMANT (Address) Myrtle Kirkland

18. BURIAL, CREMATION OR REMOVAL
Place Carey Ida Date Jan. 27, 1938

19. UNDERTAKER Ray McGoldrick
(Address) Bailey, Idaho

20. FILED 2-2, 1938 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-25 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1938, to 1/25 1938

I last saw her alive on 1/25, 1938; death is said to have occurred on the date stated above, at 3:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/1 1937
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Jones M. D.

(Address) Hailey, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 85

Primary Registration District No. 2185

DO NOT WRITE IN THIS SPACE

State File No. 107693

Local Registrar's No. 1-38

(No. .....)

1. (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Meegan

(a) Residence. No. ..... St. .....

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If married, widowed, or divorced (write the word): unknown

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): October 13, 1856

7. AGE: Years 81 Months 2 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Woods Worker

10. If deceased lost work, at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation: 25 yrs

12. BIRTHPLACE (city or town) (State or country): Winneabego Wisconsin

MOTHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

FATHER

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Sheriff Priest River, Idaho

18. BURIAL, CREMATION OR REMOVAL: Woodman Com.
Place Priest River, Ida. Date Jan. 10, 1938

19. UNDERTAKER: Lawrence & Mason
(Address) Sandpoint Idaho

20. FILED Jan. 12, 1938. D. E. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Hypostatis	
2. Broncho Pneumonia	

Other contributory causes of importance:

1. Prostatetism	

Name of operation: None Date of.....

What test confirmed diagnosis?... Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public** place. .....

Manner of injury.....

Nature of injury.....

Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Edward D. Bond M. D.

(Address) Priest River Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107694

PLACE OF DEATH
County of Bonner Co.
City of Blanchard
RECEIVED FEB 9 1938
Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 2-38
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

145a

2. FULL NAME Ima Katherine Edgar Hardt

(a) Residence. No. ... Blanchard, Idaho ... St. ...
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur Hardt

6. DATE OF BIRTH (month, day and year) Dec. 2, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	1	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Own Home
(c) Name of employer

9. BIRTHPLACE (city or town) Polk Co
(State or country) Nebraska

PARENTS

10. NAME OF FATHER A.C.Edgar
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Nebraska
12. MAIDEN NAME OF MOTHER Susan Piper
13. BIRTHPLACE OF MOTHER (city or town) York Co. (State or County) Negraska

14. Informant (Address) Arthur Hardt Blanchard, Idaho

15. Filed Jan. 14, 1938 D.G.Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 10-1938
Jan (Month) 10 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1938, to Jan 10, 1938, that I last saw her alive on Jan 10, 1938, and that death occurred, on the date stated above, at 9:00 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Septicemia (Hemolytic)
Premature Labor Jan 9-1938
(duration) ... yrs. ... mos. 5 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) ... yrs. ... mos. 14 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? None.
(Signed) Forrest Tomlinson, M. D.
Jan 10, 1938 (Address) Spirit Lake

19. Place of Burial, Cremation, or Removal	Date of Burial
Newport, Wash.	Jan 13 1938
20. Undertaker Sherman & Davis	Newport Wash.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 107695

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of Priest River Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 3-38
(No. 159)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Janet Lee Neal
(a) Residence. No. Priest River, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 16, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min:
—	—	—	35

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Priest River, Idaho

PARENTS

10. NAME OF FATHER John Anton Neil
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bernidgi Minn.
12. MAIDEN NAME OF MOTHER Sylvia Mae Byers
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Moscow Idaho

14. Informant (Address) John Anton Neil, Priest River

15. Filed Jan. 18, 1938 D. G. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 17, 1938 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1938 to Jan. 17, 1938
that I last saw her alive on Jan. 16, 1938
and that death occurred, on the date stated above, at 9:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Premature birth at 7½ months. Weighed 3 pounds.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) None known
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) A. D. Scholthauer M. D.
Jan. 17, 1938 (Address) Newport, Wash.

19. Place of Burial, Cremation, or Removal	Date of Burial
Priest River Idaho	Jan. 18 1938
20. Undertaker	Address
John A Neal (father)	Priest River Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107696

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 5-38
(No. C.C.C. Camp No. F164)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Barnes

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 4, 1918

7. AGE: Years 19 | Months 6 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Enrollee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Civilian Conservation Corp.
10. Date deceased last worked at this occupation (mo. and yr.): Jan. 24, 1938
11. Total time (years) spent in this occupation: 3 mo

12. BIRTHPLACE (city or town) New Philadelphia (State or country) Ohio

FATHER
13. NAME: John Barnes
14. BIRTHPLACE (city or town) Alabama (State or country)

MOTHER
15. MAIDEN NAME: Mildred Ann Adkins
16. BIRTHPLACE (city or town) ..... (State or country) Alabama

17. INFORMANT: Elbert Barnes, (Address) C.C.C. Camp F164 Priest River Ida.
18. BURIAL, CREMATION OR REMOVAL: Place Spokane Wn. Date Jan 26, 1938
19. UNDERTAKER: L. G. Moon (Address) Sandpoint Idaho,
20. FILED Jan 25, 1938 D. G. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan. 22, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Justifiable	

Other contributory causes of importance: Skull Fracture

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Jan 22, 1938
Where did injury occur? C.C.C. Camp F164 (Specify city or town, county, and state) Priest River Idaho.
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Struck by Blunt Instrument
Nature of injury Skull Fracture

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) L. G. Moon Coroner, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107697

Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 7-38

RECEIVED FEB 9 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Albert Voight

(a) Residence No. Edward Nathan Residence St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods Worker

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward Nathan
(Address) Priest River, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Priest River Date Feb 1, 193 8

19. UNDERTAKER Lawrence G. Mann
(Address) Sandpoint Idaho

20. FILED 2-1, 193 8 D E Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-30 193 8

22 I HEREBY CERTIFY, That I attended deceased from 9/23, 193 7, to 10/8, 193 7.
I last saw h... alive on Oct 8 193 7: death is said to have occurred on the date stated above, at 7 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Pneumonia	
2. Bronchitis Chronic	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward A. Bond, M. D.
(Address) Priest River, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 107698

Local Registrar's No. [illegible]

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leatha Ostbloom

(a) Residence No. Apt. over J. and L. Bldg. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eric Ostbloom

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Denver
(State or country) Colorado

FATHER

13. NAME John Tyler

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Mary Hem

16. BIRTHPLACE (city or town) .....
(State or country) Ill.

17. INFORMANT Eric Ostbloom
(Address) Sandpoint, Ida.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date Jan. 11, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED Feb 6, 1938 Virgie C. Lindsay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 7th 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to Jan 7, 1938
I last saw her alive on Jan 6 1938: death is said to have occurred on the date stated above, at 4:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal carcinoma	1929
Other **contributory causes** of importance:	

Name of operation Colostomy Date of 1930
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm F. Tyler, M. D.
(Address Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 107699

Local Registrar's No. 2472

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

143

2. FULL NAME Victor Hibbard

(a) Residence No. Sandpoint R.F.D.1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 3, 1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eighth Grade
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 8yrs

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

FATHER

13. NAME Frank H. Hibard
14. BIRTHPLACE (city or town) Dancy
(State or country) Wis,

MOTHER

15. MAIDEN NAME Verlie Sarah Hanson
16. BIRTHPLACE (city or town) Dancy
(State or country) Wis.

17. INFORMANT Frank H. Hibard
(Address) Sandpoint, Ida

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint Date Jan 12, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Ida

20. FILED Jan 14, 1938 Virgil A. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/7 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at about 7:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental - Capsized Row boat - Exhaustion and exposure -	
Other **contributory causes** of importance: Freezing Temperture	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Jan 7, 1938
Where did injury occur? Lake Pend d'Oreille Bonner County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Exposure + Exhaustion
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. G. Moon Coroner, M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107700

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. ~~25~~ 3
(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

71a

2. FULL NAME Ida Virginia Hartman

(a) Residence No. ..... St. Hope, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph L. Hartman

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Jacksonville
(State or country) Ill.

FATHER

13. NAME David Cowen
14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER

15. MAIDEN NAME Caroline Harney
16. BIRTHPLACE (city or town) .....
(State or country) Kentucky

17. INFORMANT J.L. Hartman
(Address) Hope, Ida.

18. BURIAL, CREMATION OR REMOVAL Hope Cem.
Place Hope, Ida Date Jan 9, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED Jan 6, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/6 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 17, 1937, to Jan 6, 1938
I last saw her alive on Jan 5 1938: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Anemia	Apr 17, 37
Other contributory causes of importance:	
Senility	

Name of operation None Date of .....
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E C Kindle M. D.
(Address) Sandpoint Idaho

PLACE OF DEATH

County of Bonner

City of Ponderay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

State File No. 107702

Local Registrar's No. 4

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Marie Kernnitz De Lys

(a) Residence No. N.P. Boarding House at Ponderay St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isak Johan De Lys

6. DATE OF BIRTH (month, day, and year) Apr. 22, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
82	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wildwise, Prussen Germany

MOTHER FATHER

13. NAME ---Kernnitz

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jack De Lys
(Address) Ponderay, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wn Date Jan 28, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED 1/28, 1938 Virgil C. Mauss
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938, to Jan 27, 1938.
I last saw her alive on Jan 20 1938: death is said to have occurred on the date stated above, at 10.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Malignancy of pancreas, probable	

Name of operation None Date of -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Floyd G. Waddle M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107703

Registration District No. 13
Primary Registration District No. 2 V-9
Local Registrar's No. I 95
(No. L. H. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Saker

(a) Residence No. * St. Juliaette, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Samuel S. Saker

6. DATE OF BIRTH (month, day, and year): Oct 19 1885

7. AGE: Years 52 | Months 2 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Redruth England

FATHER
13. NAME: R. C. Davies
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Miss Thelma Davis
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Juliaette Ida Date Jan , 193 8

19. UNDERTAKER: Jack P. Hood
(Address) Idaho Falls

20. FILED 2/V, 193 8
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/5 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 23, 193 7, to Jan 5, 1938
I last saw her alive on Jan 5 193 8: death is said to have occurred on the date stated above, at 3-30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Embolism	1/5/38
Ruptured Ovarian Cyst & hemorrhage	12/23/37

Other **contributory causes** of importance: Chronic Bilateral Pyelo-Nephritis Chronic Appendicitis & Arteriosclerosis Chronic Rheumatism & Early Cardiac Decompensation

Name of operation: Exploratory Laparotomy Date of 12/27/37
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No
(Signed) W. C. Hall, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107704

Registration District No. 3
Primary Registration District No. 2170
Local Registrar's No. II
(No. LDS Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

13'1

2. FULL NAME Albert Christopherson

(a) Residence No. Wisper Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	0	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Pleasant
(State or country) Utah

FATHER
13. NAME Walter Christopherson
14. BIRTHPLACE (city or town) St Louis
(State or country) Mo

MOTHER
15. MAIDEN NAME Alice Day
16. BIRTHPLACE (city or town) Coonbylon
(State or country) Iowa

17. INFORMANT Roy Christopherson
(Address) Rigby Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Annis Mo Date Jan 5, 1938

19. UNDERTAKER Jean A Keller
(Address) Rigby Idaho

20. FILED 1/7, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-2 1938

22 I HEREBY CERTIFY, That I attended deceased from 12.30.37, 193..., to 1-2, 1938
I last saw him alive on 1-2 1938: death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia following transurethral resection of prostate	1-1-38

Other contributory causes of importance:

Hypertrophy of Prostate with Obstruction	Gradual for last 10 yrs.

Name of operation Transurethral Date of 12.31.37
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Wilson M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107705

Registration District No. 13
Primary Registration District No. 2170 Local Registrar's No. 3
(N Idaho Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Valoy Dabell.

(a) Residence No. [illegible] St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/2/1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	9	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

FATHER
13. NAME Harvey Julian Babell.
14. BIRTHPLACE (city or town) Grant, Idaho.
(State or country)

MOTHER
15. MAIDEN NAME Connie Chloine Harmon
16. BIRTHPLACE (city or town) Wyoming
(State or country)

17. INFORMANT Curtis Dabell
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Ida. Date 1/5, 193[illegible]

19. UNDERTAKER A B Eckersell
(Address) Rigby, Idaho.

20. FILED Jan. 10, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/5 1938

22 I HEREBY CERTIFY, That I attended deceased from night of 1/2, 193[illegible], to to 1/3, 193[illegible]
I last saw her alive on 1/2 193[illegible]: death is said to have occurred on the date stated above, at 1.45a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetic Coma	1/1/38
Rt. Broncho Pneumonia	12/30/38
Other **contributory causes** of importance:	
Diabetes Mellitus	1935

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193[illegible]
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Nelson M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107706

Registration District No. 13
Primary Registration District No. 2110
Local Registrar's No. 4

(No. RFD # 5)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August F Schewadissen

(a) Residence No. RFD # 5 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 29 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Munich
(State or country) Germany

FATHER

13. NAME Fred Schewadessen

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know.

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Fred Schewadessen
(Address) Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL
Place New Sweden Cem Date Jan 6, 1938

19. UNDERTAKER Cliff Hayes
(Address) Idaho Falls Ida

20. FILED 1/10, 1938 Geo Kinnard
Registrar.

Dr. Kinnard.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937, to Jan 3, 1938

I last saw him alive on Jan 2 1938: death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction due to complete incarcerated Hernia	?
Other contributory causes of importance: Uremia - Prostatism Cystitis	?

Name of operation None Date of
What test confirmed diagnosis? Exam: Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo Kinnard, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107709

FEB 8 1938

Registration District No. 3
Primary Registration District No. 2107
Local Registrar's No. 7

(No. L.L.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Estell C. Jensen

(a) Residence No. 347 Basalt Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mose Jensen

6. DATE OF BIRTH (month, day, and year) Oct. 13

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	49			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greensboro
(State or country) North Carolina

FATHER
13. NAME John Allen
14. BIRTHPLACE (city or town)
(State or country) Tennessee

MOTHER
15. MAIDEN NAME Eliza Wells
16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Mose Jensen
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date Jan 10, 1938

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED 1/13, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937 to Jan 7, 1938
I last saw her alive on Jan 7 1938: death is said to have occurred on the date stated above, at 6 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs (History dating back to 1918)	11/29/37

Other **contributory causes** of importance:

none	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Bennett M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13
Primary Registration District No. 214-0

Hotel

DO NOT WRITE IN THIS SPACE
State File No. 107710

Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 97

2. FULL NAME Sarah Ann Spiers

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Spiers

6. DATE OF BIRTH (month, day, and year): May 1, 1853

7. AGE: Years 84 | Months 10 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: Charles Treadwell
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Sarah Ann Hudson
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs. Jennie Lovell
(Address) Rigby #2

18. BURIAL, CREMATION, OR REMOVAL
Place Shelton Idaho Date Jan 5, 1938

19. UNDERTAKER: Jack A. Ward
(Address) Idaho Falls, Idaho

20. FILED 1/11, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h-er alive on Nov 14 1937.: death is said to have occurred on the date stated above, at 2-45 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other **contributory causes** of importance:	
old age	

Name of operation ~~None~~ Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ~~Yes~~ No If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls, Idaho

Wet.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7 3
Primary Registration District No. 2 1 7 2
(No. ____)

DO NOT WRITE IN THIS SPACE
State File No. 107711
Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Nephi Southwick

(a) Residence No. Idaho Falls Rt #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Matilda Southwick

6. DATE OF BIRTH (month, day, and year): May 29

7. AGE: Years 83 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Roy Southwick Idaho Falls Rt #3

18. BURIAL, CREMATION OR REMOVAL
✓ Place: Rose Hill Idaho Date: Jan 5, 1938

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED 1/11, 1938. (Jay Truman) Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 1/2 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Jan 2, 1938

I last saw him alive on Dec 31, 1937: death is said to have occurred on the date stated above, at 2a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia Coma	Dec 31/37
Erysipelas face	Dec 12/37

Other **contributory causes** of importance:

Chr Nephritis	Dec/37
Fracture Femur	Dec 1/37

Name of operation: Frost Set Date of: 12/1/37
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Wells, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107712

FEB 8 1938

Registration District No. 7-3
Primary Registration District No. 2-1-12
Local Registrar's No. 10
(No. I. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Dudley Kintner

(a) Residence No. ... St. Shelley, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Olive Meppen Kintner

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	11	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy Employed
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1937
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Conyden
(State or country) Okla.

FATHER
13. NAME J. W. Kintner
14. BIRTHPLACE (city or town) Conyden
(State or country) Oklahoma

MOTHER
15. MAIDEN NAME Davis
16. BIRTHPLACE (city or town) Conyden
(State or country) Oklahoma

17. INFORMANT Olive Kintner
(Address) Shelley, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date Jan. 15, 1938

19. UNDERTAKER A. Bruce
(Address) Ida. Falls

20. FILED 1/17, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1937, to Jan 13, 1938.
I last saw him alive on Jan 13 1938: death is said to have occurred on the date stated above, at 12 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	12-26-37
Pelvic hemorrhage	12-26-37
Intestinal Torpedia	12-30-37

Other **contributory causes** of importance:

Acute suppurative appendix	12-10-37
Localized peritonitis	12-10-37

Name of operation Appendectomy Date of Dec 11-1937
What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. B. Woolley, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107713

RECEIVED
FEB 8 1938

Registration District No. 13
Primary Registration District No. 2105
Local Registrar's No. 11
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roberta Andrus

(a) Residence No. ..... St. Ucon, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17 1937

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho.

FATHER
13. NAME Grant M. Andrus
14. BIRTHPLACE (city or town) Ucon (State or country) Idaho.

MOTHER
15. MAIDEN NAME May Walker.
16. BIRTHPLACE (city or town) Syracuse (State or country) Utah

17. INFORMANT Grant M. Andrus (Address) Ucon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Ucon Date Jan. 15, 1938

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls Idaho

20. FILED 2/1/38, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/12 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938 to Jan 12, 1938
I last saw h[illegible] alive on Jan 12 1938: death is said to have occurred on the date stated above, at 4:35 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Jan 9

Other **contributory causes** of importance:

Influenza	Jan 7

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107714

County of Bonneville
City RECEIVED Idaho Falls

FEB 8 1938

Registration District No. 73
Primary Registration District No. 2 V-D a Local Registrar's No. 12
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nedi Clarke

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) May 22, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Public Schools

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 38

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Rigby Idaho

FATHER

13. NAME Wm. D. Clarke

14. BIRTHPLACE (city or town) (State or country) Rigby Idaho

MOTHER

15. MAIDEN NAME Irene Lawson

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Wm. D. Clarke
(Address) Idaho Falls, Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Rigby, Ida. Date Jan. 17 1938

19. UNDERTAKER O. Buck
(Address) Ida. Falls, Ida.

20. FILED 1/17, 193 8
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 193 8, to Jan. 15, 193 8.
I last saw him alive on Jan. 14, 193 8; death is said to have occurred on the date stated above, at 5:44 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Rheumatism	
Fever	Jan. 8, 1938
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) C. C. Clarence Carlson M. D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

RECEIVED

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107715

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 13

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lundgreen

(a) Residence No. 3 miles E. of Idaho Falls St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Apr. 26, 1851

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER

13. NAME Lundgreen

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Carlson

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMANT Arthur Lundgren (Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL Place New Sweden Date Jan 18, 1938

19. UNDERTAKER Geo. H. Hodges (Address) Idaho Falls. Ida.

20. FILED 1/17, 1938 C. E. Summers Registrar.

per. Soderquist.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 14 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935, to Jan 14, 1938

I last saw h. alive on Dec 8 1937: death is said to have occurred on the date stated above, at 12 M. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Hypocanditis	1 year

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. R. Soderquist M. D.

(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn.
City of Ida. Falls.

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107716

Registration District No. 13
Primary Registration District No. 2107
Local Registrar's No. 14
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Lee Holt

(a) Residence No. R. 4 S. #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) Tenbrown
(State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Sheriff's records
(Address) Ida. Falls Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date Jan. 23, 1938

19. UNDERTAKER [illegible]
(Address) Ida. Falls Ida.

20. FILED 1/22, 193[illegible] [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) January 17 1938

22 I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at 5 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis -	
no medical attendance	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) [signature], M. D.
(Address) [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonn

City of Ida. Falls

RECEIVED

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107717

Registration District No. 7

Primary Registration District No. 21 7

Local Registrar's No. 15

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Theo Clarence Allen

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 20, 1938

7. AGE — Years | Months | Days | If LESS than 1 day 12 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Ida. Falls
(State or country) Ida.

FATHER

13. NAME James Allen

14. BIRTHPLACE (city or town) Iowa
(State or country) Idaho

MOTHER

15. MAIDEN NAME Etta Yates

16. BIRTHPLACE (city or town) Ida. Falls
(State or country) Ida.

17. INFORMANT James Allen
(Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sunset Cem. Date Jan 23, 1938

19. UNDERTAKER O. Shaw
(Address) Ida. Falls, Ida.

20. FILED 1/27, 193 8 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) January 21 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 20, 193 8, to Jan 21, 1938

I last saw him alive on Jan 21 1938: death is said to have occurred on the date stated above, at 10 40 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
7 1/4 m Births	

Other **contributory causes** of importance:

Influenza 10	
Mother	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. Shaw, M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

RECEIVED

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107718

Registration District No. 13

Primary Registration District No. 1310 Local Registrar's No. 16

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Molina Jeffs

(a) Residence No. ..... St. .....

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 10 mos. ds. (If nonresident give city or town and state) How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bill Jeffs

6. DATE OF BIRTH (month, day, and year): Mar 15 1913

7. AGE — Years: 24 — Months: 10 — Days: 6 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (mo. and yr.): Jan 1938

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town): Bonneville Co.

(State or country): Idaho

FATHER

13. NAME: J. E. McGowan

14. BIRTHPLACE (city or town): Council Bluffs

(State or country): Iowa

MOTHER

15. MAIDEN NAME: Priscilla Hayes

16. BIRTHPLACE (city or town): .....

(State or country): England

17. INFORMANT: Mrs. A. O. Kendall

(Address): Ida. Falls Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place: Evergreen Date: Jan 24, 1938

19. UNDERTAKER: [illegible]

(Address): Idaho Falls Ida

20. FILED 1/24, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): January 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1938 to Jan 21 1938

I last saw h.er alive on Jan 21 1938; death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation of small intestine with gangrene and peritonitis	Jan 18-38
Other contributory causes of importance:	

Name of operation: Resection of intestine Date of Jan 19-38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abbott M. D.

(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10771

Registration District No. 13
Primary Registration District No. 214-0
Local Registrar's No. 17

(No. L D S Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Fredrick Lee Nichols

(a) Residence No. Shelley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ~

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ill.
(State or country)

FATHER

13. NAME Nichols -
14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER

15. MAIDEN NAME ~ "
16. BIRTHPLACE (city or town) ~ "
(State or country)

17. INFORMANT Mrs Jess Fowler
(Address) Shelley Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Ida. Date Jan 25, 1938

19. UNDERTAKER Clyde Evans
(Address) Idaho Falls Ida

20. FILED Jan 27, 1938 C. J. Hammond
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 21 1938

22 I HEREBY CERTIFY, That I attended deceased from December 18, 1937, to January 21, 1938
I last saw him alive on Jan 21 1938: death is said to have occurred on the date stated above, at 12:10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lung abscess, left	Jan. 8/38
Lobar pneumonia, left	Jan. 21/38
Other contributory causes of importance.	
acute & chronic alcoholism	1910

Name of operation Rib - resection Date of Jan 20/38
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. Lloyd Schiess, M. D.
(Address Shelley, Idaho

Mr Heath - Shelley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City Idaho Falls

RECEIVED

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 21-2 Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 107720

130

2. FULL NAME Alice Cunningham

(a) Residence. No. 237-6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Cunningham

6. DATE OF BIRTH (month, day, and year): Feb. 7, 1851

7. AGE: Years 86 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home
10. Date deceased last worked at this occupation (mo. and yr.): Jan. 1938
11. Total time (years) spent in this occupation: 66

12. BIRTHPLACE (city or town) (State or country): St. Augustine Illinois

MOTHER

13. NAME: Alexander McKiernan
14. BIRTHPLACE (city or town) (State or country): Louisville Kentucky

MOTHER

15. MAIDEN NAME: Emily Hagan
16. BIRTHPLACE (city or town) (State or country): Louisville Kentucky

17. INFORMANT (Address): Florence Cunningham Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Rosedale Date: Feb. 3, 1938

19. UNDERTAKER: McEARS FUNERAL HOME
(Address) 543 - E Street - Idaho Falls, Idaho

20. FILED Jan 31, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (~~month, day and year~~) Jan 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938, to Jan 29, 1938.
I last saw h~~e~~r alive on Jan 11, 1938; death is said to have occurred on the date stated above, at 3:35 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other **contributory causes** of importance:	
Acute Nephritis	1938

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107721

Registration District No. 13
Primary Registration District No. 21-10
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Arelea Simmons

(a) Residence. No. Idaho Falls Rt #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin Clayson Simmons

6. DATE OF BIRTH (month, day, and year) Feb 20

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nephi Utah

FATHER
13. NAME Albert Colson
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Emma Rowberry
16. BIRTHPLACE (city or town) (State or country) S. England

17. INFORMANT J. C. Simmons (Address) Idaho Falls Rt #3

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Jan 27 1938

19. UNDERTAKER Jack D. Gordon (Address) Idaho Falls Idaho

20. FILED Jan 2 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1938, to Jan 23, 1938
I last saw her alive on Jan 23, 1938: death is said to have occurred on the date stated above, at 11-45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 22/38

Other contributory causes of importance:

Chronic Myocarditis	1935
Chronic Glomerulo Nephritis	1936
Varicosis Disquisitis	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Claycomb, M. D.
(Address) Ashley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107722

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 20

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1. FULL NAME Melba Cecilia Peterson

(a) Residence No. St. Terreton, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fe.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Floyd Peterson

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	5	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rexburg, Idaho
(State or country)

FATHER
13. NAME John A. Pierson
14. BIRTHPLACE (city or town) Malmo,
(State or country) Sweden

MOTHER
15. MAIDEN NAME Margaret Ricks
16. BIRTHPLACE (city or town) Logan,
(State or country) Utah

17. INFORMANT Floyd Peterson
(Address) Terreton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg, Date 2/2, 193 8

19. UNDERTAKER Russell Hamm
(Address) Rexburg, Idaho

20. FILED 2/4, 193 8 Lyle Linnaird
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/30 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938, to Jan 30, 1938
I last saw her alive on Jan 30 1938: death is said to have occurred on the date stated above, at 5:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Failure	Jan 30-38
Other **contributory causes** of importance:	
Ectopic pregnancy	Dec 11-1937
Lowered vitality	Dec 11-1937

Name of operation Laparotomy Date of Jan 28-38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Woolley M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
FEB 8 1938

DO NOT WRITE IN THIS SPACE

State File No. 107723

Registration District No. 13

Primary Registration District No. 2164-0

Local Registrar's No. 21

(No. I.F.A. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1192

2. FULL NAME Clayton Keller

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Retta B. Keller

6. DATE OF BIRTH (month, day and year) April 4, 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar Store

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 36

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Vandalia
(State or country) Missouri

FATHER

13. NAME Jos. Keller

14. BIRTHPLACE (city or town) Louisville
(State or country) Ky.

MOTHER

15. MAIDEN NAME Nancy Evelyn Lovlace

16. BIRTHPLACE (city or town) Pike Co.
(State or country) Missouri

17. INFORMANT Fred Keller
(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date Feb. 6, 1938

19. UNDERTAKER O. P. Buck
(Address) Ida. Falls, Ida.

20. FILED 2/7, 193 8 (Signature)
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) February 6 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1938, to Feb. 6, 1938

I last saw him alive on Feb. 6 1938: death is said to have occurred on the date stated above, at 1:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Poisoning with Bichloride of mercury - accidental	Jan 29, 1938
Other **contributory causes** of importance:	
Tubular nephritis	Jan 30, 1938

Name of operation none Date of .....

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury Jan. 29 1938

Where did injury occur? Idaho Falls, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Home

Manner of injury Took Bichloride mercury

Nature of injury by mistake

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. C. Cameron Ericksen, M. D.

(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Ida Falls

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107724

Registration District No. 73
Primary Registration District No. 2170 / Local Registrar's No. 22
(No. Ida Falls 2nd Ward)
(If death occurred in a hospital or institution, give its name instead of street and number) 46 C

2. FULL NAME David Henry Shively

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day and year) Sept 9, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed
10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) Farrogordo
(State or country) Illinois

FATHER
13. NAME Solomon C. Shively
14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER
15. MAIDEN NAME Hendrickson
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT W. O. Shively
(Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida Falls Date Feb. 6, 1938

19. UNDERTAKER Dyer
(Address) Ida. Falls, Ida.

20. FILED Feb 7, 1938 (Signature)
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) February 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to Feb. 4, 1938
I last saw h. alive on Feb 4 1938: death is said to have occurred on the date stated above, at 10:15 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	?

Other **contributory causes** of importance:

Intestinal Resection Feb 2

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Clews, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13
Primary Registration District No. 2 & D

DO NOT WRITE IN THIS SPACE
State File No. 107725

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Mrs Ada Woods

(a) Residence No. Water ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 6 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home wife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Charles Wright
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Johanna Kinnie
16. BIRTHPLACE (city or town) Antero (State or country) Canada

17. INFORMANT Willington Wood (Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Feb 3, 1938

19. UNDERTAKER Shiffelbauer (Address) Idaho Falls Ida

20. FILED Feb 2, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 30 1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to Jan 30, 1938
I last saw her alive on Jan 30 1938: death is said to have occurred on the date stated above, at 8:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
Carcinoma of breast.	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. K. Abbott M. D.
(Address) Idaho Falls Ida.

per abbott

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107726

FEB 12 1938

Registration District No. 73
Primary Registration District No. 2 1 7 Local Registrar's No. 24
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maudie Leavitt Oakden

(a) Residence. No. 327 - 8th street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Oakden

6. DATE OF BIRTH (month, day and year) Oct 14 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moreland
(State or country) Idaho

FATHER
13. NAME Alvin Leavitt
14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER
15. MAIDEN NAME Mettie Christensen
16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Robert L. Oakden
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Idaho Date Feb 1 1938

19. UNDERTAKER Jack G. Wood
(Address) Idaho Falls, Idaho

20. FILED Feb 1, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937, to Jan 28, 1938
I last saw h.r alive on Jan 28, 1938: death is said to have occurred on the date stated above, at 6-30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Acute Septicemia)	4 yrs. 6

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Butte
City of Arco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 59
Primary Registration District No. 2129
(No. FE) (If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 107727
Local Registrar's No. 1

93d 1

2. FULL NAME Simon Miller

(a) Residence. No. Howe Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 12/25/1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner & farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine & farm

10. Date deceased last worked at this occupation (month and year) 1/1/35

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Peoria Ill.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Public administrator Butte County - Arco

18. BURIAL, CREMATION, OR REMOVAL Place Arco Date 1/11, 1938

19. UNDERTAKER W. L. Marvel (Address) Arco

20. FILED Feb 7, 1938 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1936, to Jan. 8, 1938
last saw h[illegible] alive on Jan. 8, 1938: death is said to have occurred on the date stated above, at 7 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1935

Other contributory causes of importance:
Hypertention

Name of operation None Date of
What test confirmed diagnosis? Physical Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Gehrt, M. D.
(Address) Arco Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10772

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Franklin Hudson

(a) Residence No. 304 Gate St. (Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Nov 21-37
7. AGE: Years — Months 1 — Days 14 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

FATHER
13. NAME Charles Hudson
14. BIRTHPLACE (city or town) Medford (State or country) Oregon

MOTHER
15. MAIDEN NAME Violet Neal
16. BIRTHPLACE (city or town) Big Bend (State or country) Oregon

17. INFORMANT (Name) Charles Franklin Hudson (Address) 304 Gate St.

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date 1-4, 1938

19. UNDERTAKER E. V. Peckham (Address) Caldwell Idaho

20. FILED 1-6, 1938 M Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-3 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-3-, 1938, to 1-3-, 1938

I last saw h[illegible] alive on 1-3 1938: death is said to have occurred on the date stated above, at 9:20 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-2-38

Other **contributory causes** of importance:

Congenital weak heart	11-8-37

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Earl Warner M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107730

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 5

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carolyn Diane Groome

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11 1929

7. AGE — Years: 8 — Months: 1 — Days: 22. — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho.

FATHER
13. NAME Cleve Groome
14. BIRTHPLACE (city or town) Middleton (State or country) Idaho

MOTHER
15. MAIDEN NAME Grace Potter
16. BIRTHPLACE (city or town) Providence (State or country) R. I.

17. INFORMANT Cleve Groome
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Jan - 6, 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 1-6, 1938 M. Brandon Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-3-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 193.., to Jan 2, 1938
I last saw h.. alive on Jan 3, 193..: death is said to have occurred on the date stated above, at 9:30 A. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	12/29/37
Other contributory causes of importance: Bronchio Pneumonia	12/28/37

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) A. A. Reuter, M.D.
(Address) Caldwell Idy

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107731

REC'D FEB 7 1938

Registration District No. 1

Primary Registration District No. 2002

Local Registrar's No. 4

(No. 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cathey Leonard Robertson.

(a) Residence No. 1 St. Caldwell

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): 11-1903

7. AGE: Years 34 | Months 11 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canyon County Idaho

FATHER

13. NAME: Richard Robertson

14. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

MOTHER

15. MAIDEN NAME: Minnie Jensen

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Minnie Robertson Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL: Canyon Hill Cem. Date 1-11, 1938

19. UNDERTAKER (Address): D. Buckham Caldwell Ida

20. FILED 1-11, 1938 Jas. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1937 to Jan 9, 1938

I last saw him alive on Jan 9, 1938; death is said to have occurred on the date stated above, at 12 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 28-37
	Jan 9-38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193...

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Kelly, M. D.

(Address) Caldwell Idaho

Newberry

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

RECEIVED
JAN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107732

Registration District No. /
Primary Registration District No. 1005
Local Registrar's No. 5

(No. Louise Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Allen McIntyre

(a) Residence No. Melba Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise Co
(State or country) Canada

FATHER

13. NAME Alexander McIntyre

14. BIRTHPLACE (city or town) Glengarry
(State or country) Scotland

MOTHER

15. MAIDEN NAME Mary J. Morden

16. BIRTHPLACE (city or town) St Marie
(State or country) Canada

17. INFORMANT Georgia B Hixson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 1-18, 1938

19. UNDERTAKER E. J. Beckham
(Address) Caldwell Ida

20. FILED 1-10, 1938 Thomas Jennings
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to Jan 15, 1938

I last saw h..... alive on Jan 14 1938: death is said to have occurred on the date stated above, at 10a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/1/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. B. Newberry, M.D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107733

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Albert Fisk
(a) Residence No. 920 Blaine (Usual place of abode) Caldwell Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ollie E. Fisk.

6. DATE OF BIRTH (month, day, and year) 12-15-1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber & Tinsmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chenoa (State or country) Ill.

FATHER
13. NAME William Burnham Fisk
14. BIRTHPLACE (city or town) Contocook (State or country) New Hampshire

MOTHER
15. MAIDEN NAME Sarah Farrar
16. BIRTHPLACE (city or town) Buck Field (State or country) Maine

17. INFORMANT C. E. Fisk (Address) Milton Ore

18. BURIAL, CREMATION OR REMOVAL
Place Parma Date 1-18, 1938

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 1-20, 1938 W. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-16 1938

22 I HEREBY CERTIFY, That I attended deceased from December 29 1937 to Jan. 16, 1938
I last saw h alive on Jan 15 1938: death is said to have occurred on the date stated above, at 2:15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis with degeneration	
Coronary thrombosis	
Progressive [illegible] about four years	
Other contributory causes of importance:	
never had physical recovery from Prostatectomy four years ago.	

Name of operation Prostatectomy Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Whittenberger M.D.
(Address Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107734

RECEIVED FEB 7 1938

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Lemmon's Nursing Home)

2. FULL NAME Charles Wesley Berry

(a) Residence No. Wilder Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Dr. Newberry 107(a)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. ~~Single, Married, Widowed~~ or Divorced (write the word)

5a. ~~If married, widowed, or~~ divorced
HUSBAND of (or) ~~WIFE of~~ Mrs Glenn Kerby

6. DATE OF BIRTH (month, day, and year) Jan 19 1856

7. AGE: Years 82 | Months 0 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 6
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Washington Ind.

FATHER
13. NAME David Berry
14. BIRTHPLACE (city or town) Unknown (State or country) Ind.

MOTHER
15. MAIDEN NAME America Blevins
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Elsie Berry Fruitland (Address) Wilder Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Jan 21, 1938

19. UNDERTAKER C V Peckham (Address) Caldwell Idaho

20. FILED 1-25, 1938 M Mansfield County Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-19 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1938 to Jan 19, 1938
I last saw him alive on Jan 19 1938: death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio Vascular.	?
Other **contributory causes** of importance:	
Broncho Pneumonia	1/8/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. G. Newberry M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107735

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 8

(No. Caldwell Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Lessie Stevens

(a) Residence No. Weiser # 1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lillie Stevens

6. DATE OF BIRTH (month, day and year) 7-17-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fredericksburg, (State or country) Virginia

FATHER

13. NAME Lewis Stevens

14. BIRTHPLACE (city or town) Alexandria (State or country) Virginia

MOTHER

15. MAIDEN NAME Ella Asbury

16. BIRTHPLACE (city or town) Fredericksburg (State or country) Virginia

17. INFORMANT Mrs. Lillie Stevens
(Address) Weiser # 1

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Cem. Date 1-27, 1938

19. UNDERTAKER E. L. Tuckness
(Address) Caldwell Ida

20. FILED 1/29, 1938 W. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) January 29 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 2 1938, to Jan. 28, 1938

I last saw him alive on Jan. 23. 1938.: death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1928
Angina Pectoris	June 1933
Other contributory causes of importance:	
Chronic Nephritis	1928

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Talbot M. D.

(Address) Weiser Ida

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107736

Registration District No. /
Primary Registration District No. 1003
Local Registrar's No. 10

FEB 1938

(No.)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Jean St Clayre McFarlane

(a) Residence No. 622 - 8 - 7th Ave. Caldwell
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 22 1863

7. AGE — Years: 54 | Months: 9 | Days: 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Thomas St Clare
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Martine McClare
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs P. E. McClure
(Address) Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Cem. Date 1-26 1938

19. UNDERTAKER Pilcher & Son
(Address) Caldwell Ida

20. FILED 1-27, 1938 H. E. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1938, to Jan 23, 1938
I last saw her alive on Jan 19 1938: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu	Jan 18-38
Acute Pneumonia	Jan 23-38
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Bailey M. D.
(Address) Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107739

JAN 3 1938

Registration District No. 8
Primary Registration District No. 1007 Local Registrar's No. 103

(No. 82 (a))
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles H. Gardiner

(a) Residence. No. Parma Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 18-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Des Moines Iowa

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Matilda Beckett
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT C. H. Gardiner (Address) Parma Idaho

18. BURIAL, CREMATION OR REMOVAL Place Parma Cem. Date 1-10, 1938

19. UNDERTAKER Vaughan (Address) Caldwell Ida

20. FILED 1-19-, 1938 Mrs. Alva Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/8 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1938, to 1/8, 1938.
I last saw h.... alive on 1-8-, 1938; death is said to have occurred on the date stated above, at 12:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance: Hypertension and Age.	

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. M. Mitchell, M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107740

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 1

FILED JAN 23 1938

(No. State School & Colony)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jeannine Draney

(a) Residence No. Burley, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 1 11

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-16-29

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley,
(State or country) Idaho.

MOTHER FATHER

13. NAME Harold Draney

14. BIRTHPLACE (city or town) Ogedn
(State or country) Utah

15. MAIDEN NAME Ilea ...mpey

16. BIRTHPLACE (city or town) Albion
(State or country) Idaho

17. INFORMANT Records of State School
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Idaho Date 1-23, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida.

20. FILED Jan 23, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/22 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/11/1937, 193..., to 1/22/1938, 193...

I last saw h...er alive on 1/22/38 193...: death is said to have occurred on the date stated above, at 12:40 m. P.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other **contributory causes** of importance:	
one	

Name of operation ...one Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 193...

Where did injury occur? No injury
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** No injury

Manner of injury one

Nature of injury one

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Callaway, M. D.

(Address) State ...chool, ...pa, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon.

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107741

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 2

(No. Ernie Sc. Nampa So. Side Blvd.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Narcesses Averill Moor 93(D.)

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of James Moor

6. DATE OF BIRTH (month, day, and year) March 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country) Illinois

FATHER

13. NAME Benoish H. Walker

14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Mrs. Bruce Harrold
(Address) Nampa

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Alexandria Nebr. Date Jan 30 1938

19. UNDERTAKER W. D. Talley
(Address) Nampa Ida

20. FILED Jan 29, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 29 1938

22. I HEREBY CERTIFY, That I attended deceased from on 1-29, 193 8, to ....., 193....

I last saw h alive on 1-29, 193 8; death is said to have occurred on the date stated above, at 7-A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 yrs
Other contributory causes of importance:	
Bronchitis Chronic	10 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. J. Carlton, M. D.

(Address) Nampa

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10774

FEB 9 1938

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 3
(No. 307 9th Ave S)
(If death occurred in a hospital or institution, give its name instead of street and number)

10/107

2. FULL NAME Mary B. Mollohan
(a) Residence No. 307 - 9th Ave S St.
(Usual place of abode) Kansas (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): May 13 1859
7. AGE: Years 78 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

FATHER
12. BIRTHPLACE (city or town) (State or country): Warsaw Indiana
13. NAME: Barnet Bitner
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Mary Randolph Pyle
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Mrs Myron Sadler
(Address) Nampa Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Strong City, Kan. Date 1-30, 1938
19. UNDERTAKER: F. K. Robinson
(Address) Nampa, Idaho
20. FILED Jan 30, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 1-28 1938
22 I HEREBY CERTIFY, That I attended deceased from 1-23, 1938, to 1-28, 1938
I last saw h[illegible] alive on 1-29 1938: death is said to have occurred on the date stated above, at 8:15 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
	1-23-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No, If so, specify .....
(Signed) C. [illegible] Gordon M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107743

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 4
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura Egli

(a) Residence No. 923 - 10th Ave N St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Egli

6. DATE OF BIRTH (month, day, and year) 9-20-83

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	4	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penn
(State or country)

FATHER
13. NAME John Brunk
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Fred Egli
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Penn Date 1-31, 1928
Ed Steadman Funeral Dir.

19. UNDERTAKER F. M. Robinson
(Address) Nampa Ida

20. FILED Jan 30, 1928 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/29 1928

22 I HEREBY CERTIFY, That I attended deceased from Jan 1-28, 1928, to ....., 193.....
I last saw her alive on 1-28 1928: death is said to have occurred on the date stated above, at 10:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-27-28
Other **contributory causes** of importance:	
Diabetis Mellitus	10 Yr.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury ..... S
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Norton M. D.
(Address) Nampa Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

74

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107744

FEB 5 1938

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Angela MacJackson

(a) Residence No. 311-4th So. So., Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lincoln, Nebr.

MOTHER FATHER

13. NAME J. S. Beem
14. BIRTHPLACE (city or town) (State or country) Kas.
15. MAIDEN NAME Ball
16. BIRTHPLACE (city or town) (State or country) Nebraska
17. INFORMANT C. E. Jackson
(Address) Nampa Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cem. Date 1-17, 1938
19. UNDERTAKER F. K. Peluman
(Address) Nampa Idaho
20. FILED Feb. 1, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-14 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to Jan 14, 1938
I last saw her alive on Jan 14 1938; death is said to have occurred on the date stated above, at 7-15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Other contributory causes of importance:	

Name of operation Appendectomy Date of 1-9 38
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A. Swayne M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107745

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 6
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

4-6 C

2. FULL NAME Rosella Hamilton

(a) Residence No. Sunny Slope, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND of (or) WIFE of~~ Wife of William Hamilton

6. DATE OF BIRTH (month, day, and year) 12/20-1879

7. AGE: Years 58 | Months 0 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Oregon

FATHER
13. NAME Dickman
14. BIRTHPLACE (city or town) .... (State or country) Ohio

MOTHER
15. MAIDEN NAME Miller
16. BIRTHPLACE (city or town) .... (State or country) Switzerland

17. INFORMANT Wm Hamilton
(Address) Huston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Nampa Date Jan. 21, 1938

19. UNDERTAKER F. K. Robison
(Address) Nampa, Idaho

20. FILED Feb. 1, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to 1-17, 1938
I last saw h[illegible] alive on 1-, 1938: death is said to have occurred on the date stated above, at 12 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal cancer	1 year

Other **contributory causes** of importance: None

Name of operation No Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) C. C. Bellman, M. D.
(Address) Nampa, Ida.

B-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107746

FEB 9 1938
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 8
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Clayton Stickler

93(C)

(a) Residence No. 1003 - 5th ave S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Annie M

6. DATE OF BIRTH (month, day, and year) 9-6-63

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME James E. Stickley
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Miller
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Annie Stickler
(Address) 1003 - 5th ave S

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 1-28, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Feb. 1, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/25 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-21-, 1938, to 1-25-, 1938
I last saw him alive on 1-25 1938. death is said to have occurred on the date stated above, at 11 17 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Loss of Compensation	
Enlargement of heart	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. F. Murray M. D.
(Address) Nampa Ida

M

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107747

FEB 9 1938

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 9

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Wesley Coleman

(a) Residence No. Nampa Idaho Rt #5 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 7-31-87

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.R. employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bloomfield Mo
(State or country)

FATHER

13. NAME Robert Coleman
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Norman
16. BIRTHPLACE (city or town) Mo
(State or country)

17. INFORMANT Mrs. W. W. Coleman
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 2-2, 1938

19. UNDERTAKER T. K. Robinson
(Address) Nampa Idaho

20. FILED Feb. 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/30 1938

22 I HEREBY CERTIFY, That I attended deceased from ~, 193..., to ~, 193...

I last saw him alive on ~ 1938; death is said to have occurred on the date stated above, at 4:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun Shot wound through Heart	
Self Inflicted	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? History. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? X. Date of injury 1/30/38
Where did injury occur? ¼ mile from Round House
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury Gun Shot wound
Nature of injury " " " "

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Wm D Calley Coroner M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107748

Registration District No. 7
FEB 9 1938
Primary Registration District No. 2006 Local Registrar's No. 10
(No. Carlen Nursing Home 186a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William McCoy
(a) Residence. No. ... Silver City - Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prospector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL Place Nampa Cemetery Date 2/4, 1938

19. UNDERTAKER Tom Galley (Address) Nampa

20. FILED Feb. 2, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1 — 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Fract. hip	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel Swayne, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107749

1938
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Ellen Goodman
(a) Residence. No. 7 mi South Nampa-Id Ave H Rd
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of W. J. Goodman

6. DATE OF BIRTH (month, day, and year) Jan 2 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cooper Co. Mo.

FATHER
13. NAME J. C. Hall
14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER
15. MAIDEN NAME Moore
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. J. Goodman
(Address) Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cemetery Date 1/27, 1938

19. UNDERTAKER W. M. Talley
(Address) Nampa, Ida

20. FILED Feb. 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/2 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1937, to ....., 193..
I last saw h[illegible] alive on 12 30, 1937: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	early 1937

Other contributory causes of importance:

Name of operation Colostomy Date of 5-22-37
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Robert L. Toquell, M. D.
(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107750

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Lee Campbell

(a) Residence. No. 615-2nd. Ave. North. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 21st 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brandts Dairy

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Moscow Ida.

FATHER

13. NAME N. E. Campbell

14. BIRTHPLACE (city or town) (State or country) Sprague Wash.

MOTHER

15. MAIDEN NAME Clara Nelson

16. BIRTHPLACE (city or town) (State or country) Nez Perce Co. Ida.

17. INFORMANT (Address) Mrs. Clara Campbell Nampa Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Nampa Ida Date 1-10 Kahlerlain 193

19. UNDERTAKER (Address) Keith Talbot Nampa Ida

20. FILED Feb. 2 193 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-7- 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
accidently Drowned	
while Skating on	
Lake Lowell,	
Lay breaking through	
thin Ice.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ ..... Date of injury 1-7 193

Where did injury occur? Lake Lowell Nampa Ida
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Lake Lowell

Manner of injury as above stated

Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Callen Coroner

(Address) Nampa Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107751

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 13

FEB 9 1938

(No. State School)

(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Earnest Elmer Jacklin

(a) Residence No. #562 Second Ave., East, St. Twin Falls, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not married

6. DATE OF BIRTH (month, day, and year) 9-17-'06

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	31	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Epileptic patient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (mo. and yr.) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Utah (State or country)

FATHER

13. NAME Wm. James Jacklin

14. BIRTHPLACE (city or town) American Fork (State or country) Utah

MOTHER

15. MAIDEN NAME Emma BlancheBeckstead

16. BIRTHPLACE (city or town) Snyderville (State or country) Utah

17. INFORMANT State School Records (Address) Nampa Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL Place Burley Ida. Date Jan 7, 1938

19. UNDERTAKER Fern Gallup (Address) Nampa Ida.

20. FILED Feb. 2, 1938 Lida Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-9-1938

22 I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to 1-9-38,

I last saw him alive on 1-8-'38 1938: death is said to have occurred on the date stated above, at 4:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epilepsy	1920

Other **contributory causes of importance:**

Name of operation None Date of ----

What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: ----- Accident, suicide, or homicide? No Date of injury ....., 193.....

Where did injury occur? No (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** No injury

Manner of injury None

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) M. Calloway M. D.

(Address State School, Nampa, Idaho)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107752

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 14
(No. Mercy Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 5

2. FULL NAME Ole G. Larson
(a) Residence. No. 704 - So. 17th Boise Ida., St. Boise Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Cordelia Larson
6. DATE OF BIRTH (month, day, and year): Jan 5-1874
7. AGE: Years 64 | Months 0 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: Ret.

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER
13. NAME: Martin Larson
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Anna Malmen
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Mrs. Cordelia Larson Boise Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Lonkenaw Nampa Date 1/17, 1938
19. UNDERTAKER (Address): Keith Tabler Nampa Ida.
20. FILED Feb. 2, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/12 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-31-, 1937, to 1-12-, 1938
I last saw him alive on 1-11-, 1938: death is said to have occurred on the date stated above, at 2:11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction of pylorus from old adhesions.	12-27-37.
Other contributory causes of importance: gastro-enterostomy and suppression of urine.	1-10-38.

Name of operation Gastro-enterostomy Date of 1-7-38.
What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Geo. R. Kinnaman, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa,

FEB 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107753

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 15

(No. Emi Crest Nampa-Caldwell Boulevard.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Mallard Drummond.

(a) Residence. No. 603-14 Ave. So. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Drummond.

6. DATE OF BIRTH (month, day, and year) Feb. 19 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cheyenne Colo.

FATHER

13. NAME Robert Drummond.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizebeth Boothe

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Lillie Drummond 603-14th Ave. So. Nampa.

18. ~~BURIAL, CREMATION OR REMOVAL~~

Morning Mtt. Boise Idaho Date Jan 21, 1938

19. UNDERTAKER Keith Caldwell

(Address) Nampa Idaho

20. FILED Feb. 2, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-18-1938.

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to Post Mortem Exam., 193...

I last saw h.im. alive on July, 1937: death is said to have occurred on the date stated above, at about 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Death was instantaneous and undoubtedly due to Coronary accident. Had evidently been dead about 14 hours.	1-18-38.
Other contributory causes of importance: Has apparently been in perfect health.	

Name of operation —— Date of ——

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. Quail Lucas M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107754

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 16

(No. Mercy Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Pavelka

(a) Residence. No. 3 miles North Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

47

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Chas. Pavelka.

6. DATE OF BIRTH (month, day, and year) April 8-1892.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brenham (State or country) Tex

FATHER
13. NAME Valentine Pavelka
14. BIRTHPLACE (city or town) Czyssky (State or country) Poland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT (Address) John A. Pavelka Nampa Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Calvary
Place Nampa Date Feb. 1, 1938

19. UNDERTAKER Keith Gaddis
(Address) Nampa Ida

20. FILED Feb. 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/29 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20-, 1938, to Jan 29-, 1938
I last saw her alive on 1-29-, 1938: death is said to have occurred on the date stated above, at 5:47 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Edema of Lungs	
Carcinoma of rt. Pleura and Lung	
Other contributory causes of importance:	

Name of operation ✓ Date of ~~1-29-~~
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Samuel A. Swayne M. D.
(Address) Nampa, Idaho

107755

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

8—2001
V. S. No. 96

1. PLACE OF DEATH

County Canyon State IDAHO Registered No. 17

Township ____ or Village ____ or

City Nampa FEB 9 1938 No. Samaritan Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 3 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Bennett - 07 (Registration Dis No - 7 Primary " " " 2006)

(a) Residence: No. Cascade Idaho St., ____ Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
about 60	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ____
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) ____
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ____
(State or country)

No information available

17. INFORMANT ____
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cascade Ida. Date Jan. 21, 1938

19. UNDERTAKER C. D. Robb
(Address) Cascade Idaho

20. FILED Feb. 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938, to Jan 21, 1938

Last saw him alive on Jan 2, 1938; death is said to have occurred on the date stated above, at 1 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute alcoholism	One year

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) W. C. Wolfe M.D., M. D.

(Address) ____

c11—3184

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

V. C.

DO NOT WRITE IN THIS SPACE
State File No. 107756

Registration District No. 7
Primary Registration District No. 2906
Local Registrar's No. 18

FEB 4 1938

(No. Mercy Hosp. (If death occurred in a hospital or institution, give its name instead of street and number))

2. FULL NAME Nellie Grace Elliott.

(a) Residence. No. Cambrcil Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maddison E Elliott

6. DATE OF BIRTH (month, day, and year) April 20. 1872

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
65	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrysville Kans

FATHER
13. NAME H. Camp.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME E. Rife
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Howard E. Elliott Council Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Council Ida Date Feb. 3, 1938

19. UNDERTAKER Keith Talley
(Address) Nampa Idaho

20. FILED Feb. 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/2 — 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-18 —, 1938, to 2-2 —, 1938
I last saw her alive on 2-2 —, 1938; death is said to have occurred on the date stated above, at 2.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Year
Uremic Coma	5 days
Other contributory causes of importance: Diabetes	4 Mos.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Bellamy M. D.
(Address)

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107757

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 19
(No Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edo Aaron Ommen

(a) Residence No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed or Divorced (write the word)~~: Married

5a. ~~If married, widowed, or divorced~~
HUSBAND of ~~(or) WIFE of~~ Clara M. Ommen

6. DATE OF BIRTH (month, day, and year): 1870/6/4

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Albeuch Ommen
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Nodle
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Clara M. Ommen
(Address) Nampa Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Nampa Date Feb. 4, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED Feb. 4, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/2/1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1938, to Feb. 2, 1938
I last saw him alive on Feb. 2 1938: death is said to have occurred on the date stated above, at 1:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemiplegia	Jan 29

Other **contributory causes** of importance: Hemiplegia for several years

	Date of onset

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. M. Proctor M. D.
(Address Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Swayne

DO NOT WRITE IN THIS SPACE
State File No. 107758

Registration District No. 7
Primary Registration District No. 1086
Local Registrar's No. 20

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Enos Curtis Carter

(a) Residence. No. 20-16 & Sus 20 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Viola Carter

6. DATE OF BIRTH (month, day, and year) March 28, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Provo Utah

FATHER
13. NAME Dominicus Carter
14. BIRTHPLACE (city or town) (State or country) Portland Maine

MOTHER
15. MAIDEN NAME Elizabeth Brown
16. BIRTHPLACE (city or town) (State or country) Nauvoo Ill.

17. INFORMANT (Address) Mrs. Laura Gordon Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date Feb 9, 1938

19. UNDERTAKER (Address) Kent Caldwell Ida

20. FILED Feb. 9, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-7-1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 2-7-, 1938
I last saw h... alive on 2-6-, 1938; death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of the Lungs	
Myocarditis	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) James A. Swayne M. D.
(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107759

FEB 9 1938

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 21

(No. Sunnyview Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maggie McNalley

(a) Residence. No. ..... St. Meridian Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jas. K. McNalley

6. DATE OF BIRTH (month, day, and year) Jan 26, 1880

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
57	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher 10 yrs.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Somerville Tenn.

FATHER

13. NAME Franklin B. Fulcher

14. BIRTHPLACE (city or town) (State or country) Somerville Tenn.

MOTHER

15. MAIDEN NAME Mary E. Burns

16. BIRTHPLACE (city or town) (State or country) Terre Haute Indiana

17. INFORMANT B. Fulcher (Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 2-10, 1938

19. UNDERTAKER B A Robinson (Address) Meridian Ida.

20. FILED Feb. 9, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1938, to Feb 7, 1938

I last saw her alive on Feb 7, 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Wells M. D.

(Address) Nampa Idaho

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107760

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Waigand

(a) Residence No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widower

6. DATE OF BIRTH (month, day, and year) 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher (retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Germany

FATHER

13. NAME John F. Waigand
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Hoffin
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Ben Waigand
(Address) Nampa Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Nampa Date Jan 20, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED Feb 1, 1938 Ryal Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 18 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1938, to Jan. 18, 1938
I last saw h.~~im~~ alive on Jan. 16 1938; death is said to have occurred on the date stated above, at about 4 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Indigestion	Jan 14
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. R. Proctor M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107761

RECEIVED FEB 9 1938

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 2
(If death occurred in a hospital or institution, give its name instead of street and number) (No. Caribou Co. Hospital)

2. FULL NAME Millard McGilvey Blackburn

(a) Residence. No. Soda Springs (Usual place of abode) Ida St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth M. Beattie Blackburn

6. DATE OF BIRTH (month, day, and year) July 21- 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	5	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dragline Oper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 37
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Florence Kansas

FATHER
13. NAME Joseph P. Blackburn
14. BIRTHPLACE (city or town) (State or country) Falls City Neb.

MOTHER
15. MAIDEN NAME Nellie V. Russell
16. BIRTHPLACE (city or town) (State or country) Lost Nation Clinton Co Iowa

17. INFORMANT Homer Blackburn (Address) Soda Springs Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Soda Springs Ida Date 1-16- 1938

19. UNDERTAKER C. D. Putnam (Address) Soda Springs Ida

20. FILED 1-16- 1938 D. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-13- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-4-, 1938, to 1-13-, 1938

I last saw him alive on 1-13-, 1938: death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute, general, peritonitis	1-5-38
Other contributory causes of importance:	
Acute appendicitis	1-1-38

Name of operation Appendectomy Date of 1-6-38
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. Russell Tigert, M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107762

FEB 9 1938

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 3
(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Findlay.
(a) Residence No. Caribou Hospital St. Paris, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Findlay.
6. DATE OF BIRTH (month, day and year) Aug. 29 1869
7. AGE Years 68 Months 4 Days 25 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) July 1937.
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER
13. NAME Hugh Findlay
14. BIRTHPLACE (city or town)
(State or country) Scotland.

MOTHER
15. MAIDEN NAME Mary Ellen Smith
16. BIRTHPLACE (city or town)
(State or country) England.

17. INFORMANT Mrs. Walter Findlay
(Address) Paris, Idaho

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Paris Cemetery Date Jan 25, 1938

19. UNDERTAKER J. M. McLean
(Address) Paris, Idaho

20. FILED 1-25, 1938 D. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 23 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937, to Jan 23, 1938.
I last saw h~~im~~ alive on Jan 23 1938: death is said to have occurred on the date stated above, at 4:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Other **contributory causes** of importance:	

Name of operation Cystotomy Date of Jan 18, 1938
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Elbs Nackley M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Boise Ward 2

FEB 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107763

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 4
(No. Canyon Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Elizabeth Crawford
(a) Residence. No. Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bedford England.

FATHER
13. NAME John Peters
14. BIRTHPLACE (city or town) (State or country) Norwich England

MOTHER
15. MAIDEN NAME Mary Ann Mansfield
16. BIRTHPLACE (city or town) (State or country) Norwich England

17. INFORMANT C. E. Pettyjohn
(Address) Boise Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Boise Masonic Cem. Date 1-29- 1938

19. UNDERTAKER C. E. Pettyjohn
(Address) Boise Ida

20. FILED 1-28- 1938 B. Russell Lynch
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-27- 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/17/37, 193..., to 1-27-, 1938
I last saw ~~her~~ alive on 1-27-, 1938. death is said to have occurred on the date stated above, at 5:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Decay	
Other contributory causes of importance: 0	

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) Ellis Lackley M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

FEB

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10776

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 1

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsa Helen Johnson

(a) Residence. No. ____ Burley St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov. 8th 193[illegible]

7. AGE — Years: ____ Months: 1 Days: 26 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (mo. and yr.): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Burley Ida

FATHER

13. NAME: Axel Raymond Johnson

14. BIRTHPLACE (city or town) (State or country): Gill-Hede Sweden

MOTHER

15. MAIDEN NAME: Elsa Julia Ekman

16. BIRTHPLACE (city or town) (State or country): Skellefteå Sweden

17. INFORMANT (Address): Axel Raymond Johnson Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date Jan 7, 193[illegible]

19. UNDERTAKER (Address): Jas. L. Temple Burley

20. FILED Jan 4, 193[illegible] Laura G. Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 3 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 193[illegible], to Jan 6, 193[illegible]

I last saw him alive on Jan 3, 193[illegible]: death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193[illegible]

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) F. H. Curtis, M. D.

(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley
FEB 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107766

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 4
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matilda Susen Sanderson

(a) Residence No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F. | 4. Color or Race: W | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of A. P. Anderson

6. DATE OF BIRTH (month, day, and year) Nov. 20 1864

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Lars Bastian Larsen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Hansena Hansen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs. A. P. Anderson Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 1-11, 1938

19. UNDERTAKER Lois E. Pauper
(Address) Burley

20. FILED Jan 10, 1938 Laura E. Brocher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-8 1938

22 I HEREBY CERTIFY, That I attended deceased from June 27, 1937, to January 8, 1938
I last saw h[illegible] alive on 1-7 1937: death is said to have occurred on the date stated above, at 7 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
& Metastasis	
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Patterson M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107767

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Philip D. Hauschler

(a) Residence No. (Usual place of abode) Burley St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 21, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	3	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Instructor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Wells Co. Ind. Ransom

FATHER
13. NAME J. D. Hauschler
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Alice Kelley
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT A. J. Hauschler
(Address) Blackfoot

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date Jan 21, 1938

19. UNDERTAKER L. A. Taylor
(Address) Burley

20. FILED Jan 20, 1938 Vera D. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937 to Jan 18, 1938
I last saw h.wm. alive on Jan 18 1938.: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec 25.

Other contributory causes of importance:

Acute Dilatation	
Cerebral embolism (Syph.)	Jan 14.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Kelly, M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107768

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 6

FEB 4 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 97

2. FULL NAME Julia B Collett Simons

(a) Residence. No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J B Simons

6. DATE OF BIRTH (month, day, and year) Feb 10 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Jasper (State or country) Ut

FATHER
13. NAME Robert Collett
14. BIRTHPLACE (city or town) Isle of Man (State or country)

MOTHER
15. MAIDEN NAME Caroline Pickle
16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mrs E L Pearson (Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Jasper Ut Date 1-25 1938

19. UNDERTAKER O R Taylor (Address) Burley

20. FILED Jan 22, 1938 Laura G Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-12-36, 193..., to 1-21, 1938
I last saw her alive on 1-20, 1938; death is said to have occurred on the date stated above, at 3 50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	Year
	Years

Other contributory causes of importance:

Arteriosclerosis	Years
Hypostatic Pneumonia	5 days

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Otis R Taylor M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
107763
State File No.

FEB 9 1938

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 8

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine Workman Brouwer

(a) Residence No. 412 N. Burton St. Burley Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Nodata Brouwer.

6. DATE OF BIRTH (month, day, and year) Sept. 26 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	3	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Farmington Utah
(State or country)

FATHER
13. NAME James Thomas Workman
14. BIRTHPLACE (city or town) Texas
(State or country)

MOTHER
15. MAIDEN NAME Lucy Price
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs. Frank McGehon
(Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Anthony Ida. Date 1-25-, 1938

19. UNDERTAKER Perry B. McCullough
(Address) Burley Idaho

20. FILED 1-22-, 1938 Laura H. Schacher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-22 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to Jan 22, 1938
I last saw her alive on Jan 22, 1938: death is said to have occurred on the date stated above, at 8:00 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Fred J. Dean, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

FEB

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107770

Registration District No. 7
Primary Registration District No. 2196 Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Ida L. Moon

(a) Residence. No. 412 N. Yale Ave St. Burley Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Joseph R. Moon

6. DATE OF BIRTH (month, day, and year) Nov. 4- 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	2	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (mo. and yr.) Aug. 37
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER
13. NAME August Albrecht
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME No. Data
16. BIRTHPLACE (city or town) (State or country) No. Data

17. INFORMANT Mrs. Joseph R. Moon
(Address) 412 N. Yale

18. BURIAL, CREMATION OR REMOVAL
Place Burley- Ida. Date 1- 23- 1938

19. UNDERTAKER Johnson Mortuary
(Address) Vern McCulloch

20. FILED 1-22-, 1938 Laura D. Spraeker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-20 1938

22. I HEREBY CERTIFY, That I attended deceased from 1- 14-, 1938, to 1- 20-, 1938
I last saw her alive on 1- 19-, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No specific
(Signed) G. Hoskins, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
107771
State File No.

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 10

(No. 6) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Lamar Nelson

(a) Residence. No. Burley St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas

6. DATE OF BIRTH (month, day, and year) 12-17 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

FATHER
13. NAME Melvin J. Nelson
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Anna Simonson
16. BIRTHPLACE (city or town) Murray
(State or country) Utah

17. INFORMANT Mrs Anna Simonson
(Address) Burley

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley Date 2 3, 1938

19. UNDERTAKER Chas A Squires
(Address) Burley Ida

20. FILED Feb 1, 1938 Laura E Thrasher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1938, to 1-31, 1938

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 6 15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Dry Cyanosis	
Congenital Defect	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

Signed Coroner Chas A Squires M.D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107777

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 3
(If death occurred in a hospital or institution, give its name instead of street and number) (No. State Hospital North)

2. FULL NAME Jesse Hutler

(a) Residence. No. St. Orofino - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	11	9.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner & Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME Elam Hutler
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Adeline Oral
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. Cemetery Date 1 - 8 1938

19. UNDERTAKER Fred A. Billberg, Hosp. Attd.
(Address) State Hospital, Orofino, Ida.

20. FILED 1-10 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8 1937, to January 7 1938
I last saw him alive on January 6, 1938: death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance: Psychosis with other somatic diseases	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Thomas McKelway, M. D.
(Address) Orofino - Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107778

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 4
(No. Burns Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Eugene Gerhart

(a) Residence No. St. Orofino Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-7-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino Idaho
(State or country)

FATHER

13. NAME Raymond Carl Gerhart
14. BIRTHPLACE (city or town) La Grande Oregon
(State or country)

MOTHER

15. MAIDEN NAME Ida Dowthy Rompel
16. BIRTHPLACE (city or town) Pasco Washington
(State or country)

17. INFORMANT Mother
(Address) Weippe Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Weippe Ida Date 1-11, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 1-11, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-10 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-7, 1938, to 1-10, 1938

I last saw him alive on 1-10 1938.: death is said to have occurred on the date stated above, at 7 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature about 6 mo.	1-7-38
Other **contributory causes** of importance: Breech, difficult birth	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Stetson M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Ahsahka

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 107779

FEB 4 1938

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 5

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Lamont

(a) Residence. No. St. Ahsahka
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Effie Lamont

6. DATE OF BIRTH (month, day, and year) June 12 1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wise
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Effie Lamont
(Address) Ahsahka

18. BURIAL, CREMATION OR REMOVAL
Place Southwick Date Jan 20, 1938

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 1-19, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 18 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to Jan 18, 1938
I last saw h[illegible] alive on 1-18, 1938: death is said to have occurred on the date stated above, at 5 15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	1-16-38
arteriosclerosis	[redacted] 1930
Other contributory causes of importance: Chronic Myocarditis	1925

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. B. Carpenter M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107780

1938
Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 6
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Linnell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 9 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nezperce Ida
(State or country)

FATHER
13. NAME Hugh Linnell
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Enid J Crofut
16. BIRTHPLACE (city or town) Neb
(State or country)

17. INFORMANT Hugh Linnell
(Address) Nezperce

18. BURIAL, CREMATION OR REMOVAL
Place Nezperce Date 1-19, 1937

19. UNDERTAKER Albert Thomas
(Address) Nezperce

20. FILED 1-24, 1938 V. A. Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1938, to 1-17, 1938
I last saw h... alive on 1-17, 1938: death is said to have occurred on the date stated above, at 11.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. B. Coffinberger, M. D.
(Address) Orofino

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107781

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 7
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mike Baum

(a) Residence. No. ..... St. Orofino - Idaho.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 75 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unascertained

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records, State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Jan. 22, 1938

19. UNDERTAKER F. A. Billberg, Hosp. Attd. (Address) Orofino - Idaho.

20. FILED 1-24, 1938 H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to January 22, 1938
I last saw him alive on January 21, 1938: death is said to have occurred on the date stated above, at 1:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	
Other contributory causes of importance: Psychosis with Cerebral arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John Howe McKinney, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Weippe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107782

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 5

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emery White

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Ruby White

6. DATE OF BIRTH (month, day, and year) Sept 6-1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods work
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Boon
(State or country) N. C.

FATHER
13. NAME William B. White
14. BIRTHPLACE (city or town) Pattison
(State or country) N. C

MOTHER
15. MAIDEN NAME Mary L. Cornwell
16. BIRTHPLACE (city or town) Boon
(State or country) N. C.

17. INFORMANT Gerald McCall
(Address) Weippe Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pat cemetery Date 1-3 ..., 193 7

19. UNDERTAKER Custer Mortuary
(Address) Custer Idaho

20. FILED 1-20 ..., 1938 H A Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1937, to Jan 23 1938
I last saw h.... alive on 1/23 193..: death is said to have occurred on the date stated above, at 10:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Embolism of brain	1/23/38

Other **contributory causes** of importance:

Cardiac valvular disease	Unknown

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) P J Hopkins, M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10778

FEB 4 1938

Registration District No. 90
Primary Registration District No. 257
Local Registrar's No. 9
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John B. Moran

(a) Residence. No. ..... St. Kendrick, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unascertained

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Abt. 80			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unascertained
(State or country)

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records State Hospital North
(Address) Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida. Date 1-25, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 1-25-, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to Jan. 23, 1938
I last saw him alive on Jan. 22, 1938: death is said to have occurred on the date stated above, at 8 40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Psychosis with cerebral arteriosclerosis	

Name of operation None Date of .....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Lewis Holloway, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of CUSTER
City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107784

Registration District No. 76
Primary Registration District No. 2-153
Local Registrar's No. 223

JAN 6 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

107(a)

2. FULL NAME Sophie Amelia Aune

(a) Residence. No. Gold Berg. St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles P.

6. DATE OF BIRTH (month, day, and year) Feb 23. 1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER
13. NAME Olaf Christenson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Carrie Christenson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Ora Swanger.
(Address) Salmon Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Ogden Utah Date 2-3, 1938

19. UNDERTAKER John N. Lee
(Address) Salmon Ida. Mackay

20. FILED Jan. 4, 1938 Rose N. Shibrocken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/2 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/1/38, 193..., to 1/2/38, 193...
I last saw her alive on 1/2/38, 193...: death is said to have occurred on the date stated above, at 8:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Primary)	12/24/37
Other contributory causes of importance:	
Senility	

Name of operation - Date of -
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. O. Richards, M. D.
(Address) Mackay Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elnore
City of King Hill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107785

Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Marion Myrtle Eikler 48

(a) Residence No. King Hill St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew Eikler

6. DATE OF BIRTH (month, day, and year) March 31, 1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	51	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Jan 1933
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Indiana
(State or country)

FATHER
13. NAME Williams
14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Andrew Eiklor
(Address) King Hill

18. BURIAL, CREMATION OR REMOVAL
Place Glenn Ferry Date Jan. 23 193 8

19. UNDERTAKER Glenn Ferry Funeral Home
(Address) Glenn Ferry Idaho

20. FILED Jan 23, 193 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/20 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 193 7, to Jan 20, 193 8
I last saw h er alive on Jan 20 193 8: death is said to have occurred on the date stated above, at 6 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	Jan 1937
Thrombo-phlebitis of right Femoral Vein	Nov 9 1937
Edema Coma, embolism	Jan 20 1938

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Davis, M. D.
(Address) Glenns Ferry, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107786

PLACE OF DEATH
County of Fremont
City of Dayton

Registration District No.
Primary Registration District No.
Local Registrar's No. 1

FEB (No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Merna Francis Young

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 2-38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc — Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Frank Hyde Young

14. BIRTHPLACE (city or town) (State or country) Clark yard Idaho

MOTHER

15. MAIDEN NAME Elizabeth Shanholtzer

16. BIRTHPLACE (city or town) (State or country) Manida Montana

17. INFORMENT (Address) Frank Young Dayton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Dayton Date Jan 2, 1938

19. UNDERTAKER (Address) Rehal Jackson Preston Idaho

20. FILED 2-8, 1938 G. W. Stoltz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1938, to 1-1, 1938
I last saw h alive on 1-1, 1938 death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-1-38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? P M Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. L. Cushing, M.D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107787

FEB 11 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ezra Taft Campbell

(a) Residence No. Preston Idaho St.
(Usual place of abode) 9 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

95 a

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy Campbell

6. DATE OF BIRTH (month, day, and year) Nov 12 79

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker in sugar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. factory
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Providence Ut
(State or country)

FATHER
13. NAME Joseph H campbell
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Mathews
16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMANT Lucy Campbell
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Providence Ut. Date Jan 6 1938, 193

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED 2-8, 193 8 G. W. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-3 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 4, 193 7 to Jan 3, 193 8
I last saw him alive on Dec 25 193 7: death is said to have occurred on the date stated above, at 8:00 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1-3-38

Other **contributory causes** of importance:

hypertension	7-10-37
arterial Hypertension	7-10-37

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A B Barnes M. D.
(Address) Preston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

FEB 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107788

Registration District No.
Primary Registration District No. Local Registrar's No. 3
(No. Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1170

2. FULL NAME Kenneth William Mansfield

(a) Residence No. Preston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Edith K. Mansfield
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 11, 1902

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	35	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Decorator

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 24, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Samaria Idaho

FATHER

13. NAME Brigham Y. Mansfield

14. BIRTHPLACE (city or town) (State or country) Shefield England

MOTHER

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Edith K. Mansfield
(Address) Preston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston, Idaho Date Jan. 4, 1938

19. UNDERTAKER O. Sherwin Webb
(Address) Preston, Idaho

20. FILED 2-8, 1938 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 1, 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 23-, 193 7 to Jan 1, 193 8

I last saw h[illegible] alive on Jan 1 193 8: death is said to have occurred on the date stated above, at 8 AM. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	12-23-37
Peritonitis	12-24-37

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 12-23-37

What test confirmed diagnosis? Op. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) O. M. Webb, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107783

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No.
Primary Registration District No. Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Haws Anderson.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 68 yrs. mos. 24 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John C Anderson

6. DATE OF BIRTH (month, day, and year) Dec 27-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mona Utah

FATHER
13. NAME George W. Haws.
14. BIRTHPLACE (city or town) (State or country) Provo Utah

MOTHER
15. MAIDEN NAME Elizabeth Ann Worsley
16. BIRTHPLACE (city or town) (State or country) Provo Utah

17. INFORMENT (Address) Mark Anderson. Provo Utah

18. BURIAL, CREMATION, OR REMOVAL
Place Provo Utah Date , 193

19. UNDERTAKER Royal P. Johnson
(Address) Preston Idaho

20. FILED , 193 G. W. Yates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21 193 8

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 193 8, to 1-21, 193 8.
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 4.10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture	1-21-38
Brain Left Lower	1-21-38
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? X. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-21, 193 8
Where did injury occur? Highway 91 about 13 miles North of Preston Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Auto Motor Collision
Nature of injury Skull Fracture - Brain Lacerations

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. B. Castle, M. D.
(Address) Preston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107792

FEB 1 1938
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 8

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Waldemer Marion Martin

(a) Residence No. Clifton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chleo C Martin

6. DATE OF BIRTH (month, day, and year) June 29 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	7		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Clifton Id.
(State or country)

FATHER
13. NAME Marion Martin
14. BIRTHPLACE (city or town) Richmond Va.
(State or country)

MOTHER
15. MAIDEN NAME Josephine Jensen
16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMANT Chleo C. Martin
(Address) Clifton Id.

18. BURIAL, CREMATION OR REMOVAL
Place Clifton Id. Date Feb 2 1938

19. UNDERTAKER M. A. Hendricks
(Address) Preston

20. FILED 2-8, 1938 G. W. State
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-29 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1-, 193[illegible], to Jan 29, 193[illegible]
I last saw h[illegible] alive on Jan 29 193[illegible]: death, as said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-25-38
Other contributory causes of importance:	
Bronchial Pneumonia Paralysis	Jan 18 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) A. R. Wells, M. D.
(Address .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Franklin

City of Preston

DEPA[illegible] OF IDAHO
BUR[illegible] F PUBLIC WELFARE
[illegible]ITAL STATISTICS

CERT[illegible]TE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107793

FEB 1 1938

Registration Dis[illegible]t No. 27

Primary Registration District No. 2119

Local Registrar's No. 9

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

91

2. FULL NAME Valantus Key Logan

(a) Residence No. Rockland Idaho St.

(Usual place of abode) 2 monyhs (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 27 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nancy Kentucky

FATHER

13. NAME William Logan

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Nancy Lester

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Verl Logan
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rockland Id Date Feb 3 1938

19. UNDERTAKER M. Hendricks
(Address) Preston Idaho

20. FILED 2-8, 1938 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/31 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec-15, 1937, to Jan 31, 1938

I last saw h[illegible] alive on Jan 30 1938; death is said to have occurred on the date stated above, at 10 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Many	years —
Other contributory causes of importance:	
Senility —	—

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193[illegible]

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. W. States, M. D.

(Address Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107794

PLACE OF DEATH
County of Fremont
City of St. Anthony
Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 342
(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED JAN 12 1938

157

2. FULL NAME Infant Jacobs

(a) Residence. No. ..... St. St. Anthony Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 7 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.
	—	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ..... None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Anthony Ida.
(State or country)

FATHER
13. NAME Roy Jacobs
14. BIRTHPLACE (city or town) St. Anthony Ida
(State or country)

MOTHER
15. MAIDEN NAME Ethel Humphreys
16. BIRTHPLACE (city or town) Parker Ida
(State or country)

17. INFORMENT Roy Jacobs
(Address) St. Anthony Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Parker Date Jan 8, 1938

19. UNDERTAKER None
(Address)

20. FILED 1-8, 1938 Sarah B. Musick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 7 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to Jan 7, 1938, to only, 1938
I last saw her alive on Jan 7, 1938; death is said to have occurred on the date stated above, at 11:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Period of gestation 5 mos.	
Other contributory causes of importance: Cause of premature birth not known	

Name of operation None Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) St. Anthony Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Teton

City of Fremont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107796

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 376

(No. ..... (Death occurred in a hospital or institution give its name instead of street and number)

159

2. FULL NAME William Wade Stake

(a) Residence. No. Teton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 10-1938

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	—	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME William Ira Stake

14. BIRTHPLACE (city or town) Butlerville
(State or country) Utah

MOTHER

15. MAIDEN NAME Alice Annie Cooke

16. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Teton Cemetery Date Jan. 18., 1938.

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 1-18., 1938. Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10., 1938., to 1-16., 1938.

I last saw him alive on 1-15., 1938.; death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Greenwell M. D.

(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont / Teton

City of Parkdale / Teton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107797

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 387

(No.) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Fyle Delbert Davis

(a) Residence. No. Teton St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 30, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Wilford Ida.
(State or country)

FATHER

13. NAME Walter Henry Davis

14. BIRTHPLACE (city or town) Wilford Idaho
(State or country)

MOTHER

15. MAIDEN NAME Leona Nelson

16. BIRTHPLACE (city or town) Teton Ida.
(State or country)

17. INFORMANT Walter Henry Davis
(Address) Teton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilford Idaho Date Feb. 2, 1938

19. UNDERTAKER J M Hansen
(Address) St Anthony, "

20. FILED Feb 10 1938 Sarah B Hunt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-31 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1938, to 1-31, 1938

I last saw him alive on 1-31, 1938: death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia	
Edema Lungs	
Tonsilectomy	1/29/38

Other contributory causes of importance:

Name of operation Tonsilectomy Date of 1-29/38

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Christensen, M. D.
(Address) Parkdale Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10779

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 348

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Theadore Larsen

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of Husband of Mary Larsen

6. DATE OF BIRTH (month, day, and year) Jan. 10-1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Downey Idaho
(State or country)

FATHER

13. NAME Edwin L. Larsen
14. BIRTHPLACE (city or town) Murray Utah
(State or country)

MOTHER

15. MAIDEN NAME Hannah K. Hoddard
16. BIRTHPLACE (city or town) Richmond Utah
(State or country)

17. INFORMANT Mary J. Larsen
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 2/1, 1938

19. UNDERTAKER W. M. Downey
(Address) St. Anthony Idaho

20. FILED Feb. 10, 1938 Sarah B. Marsh
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/29 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1937, to Jan. 29, 1938

I last saw him alive on Jan 29 1938; death is said to have occurred on the date stated above, at 10:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Carcinomatous lesion of trachea secondary to Carcinoma of lip.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. Allyson M. D.
(Address St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107799

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Pratt Whitsell

(a) Residence No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Whitsell

6. DATE OF BIRTH (month, day, and year) 5/22/1872

7. AGE: Years 65 | Months 7 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 2 yrs
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Centerville
(State or country) Iowa

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Fred P. Whitsell
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 1/7, 1938

19. UNDERTAKER C. O. Buckmeem
(Address) Emmett Idaho

20. FILED 1/6, 1938 J. E. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/5 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-[illegible]-, 193[illegible], to 1-5-, 1938
I last saw h[illegible] alive on 1/5- 193[illegible]: death is said to have occurred on the date stated above, at 2 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other **contributory causes** of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. E. Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS S
State File No. 107806

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hiram Louis Burkam

(a) Residence No. Emmett Idaho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 37 yrs. mos. ds. (If nonresident give city or town and s
How long in U. S., if of foreign birt

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Burkam

6. DATE OF BIRTH (month, day, and year) Oct 5-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 2/25/37
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Marion Co
(State or country)

FATHER
13. NAME Charles K. Burkam
14. BIRTHPLACE (city or town) Maine
(State or country)

MOTHER
15. MAIDEN NAME Julia A. Cooper
16. BIRTHPLACE (city or town) Mass Knox Co
(State or country)

17. INFORMANT George D Burkam
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 1/16, 1938

19. UNDERTAKER O D Buckmaster
(Address) Emmett Ida

20. FILED 1/15, 1938 J L Reynolds
Registrar.

MEDICAL CERTIFICATE OF D

21. DATE OF DEATH (month, day and

22 I HEREBY CERTIFY, That I attend
10-6, 193[illegible], to Jan
I last saw h[illegible] alive on Jan 12 19
to have occurred on the date stated abo

The principal cause of death and rel
portance were as follows:

Arteriosclerotic
Heart disease

Other contributory causes of impo
Pulmonary edema

Name of operation .....
What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to exter'l c[illegible] fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H K Burkam, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

County of [illegible]

City of [illegible]

RECEIVED

FEB 8 1938

...FARE
...ICS

...TE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Registration District No. 6

Primary Registration District No. ... Local Registrar's No. ...

(No. ...)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John W Liechty

(a) Residence No. Emmett Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Liechty

6. DATE OF BIRTH (month, day, and year): 12/7/1867

7. AGE: Years 70 | Months — | Days 26 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (mo. and yr.): 12/31/36

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town): Provo

(State or country): Utah

FATHER

13. NAME: John Liechty

14. BIRTHPLACE (city or town): Switzerland

(State or country)

MOTHER

15. MAIDEN NAME: Louisa Kunch

16. BIRTHPLACE (city or town): Zurich

(State or country): Switzerland

17. INFORMANT: Grant Liechty

(Address): Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Emmett Ida Date: 1/5, 1938

19. UNDERTAKER: C D Buckendorf

(Address): Emmett Ida

20. FILED 1/5, 1938 J R Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 1/3 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1937, to Jan 3, 1938

I last saw h[illegible] alive on Jan 2 1938: death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Dec 31, 1937
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 1938

Where did injury occur? ...

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. K. Ballentine, M. D.

(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elem
City of Emmett

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10780

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darrel Eugene Hall 157c

(a) Residence No. ..... Emmett St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/9/1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
New Born		a few hours	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER

13. NAME A. E. Hall

14. BIRTHPLACE (city or town) .....
(State or country) Idaho

MOTHER

15. MAIDEN NAME Edna B. Washburn

16. BIRTHPLACE (city or town) .....
(State or country) Washington

17. INFORMANT Herbert E. Hall
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Cem. Date 1/10, 1938

19. UNDERTAKER O. Buckendorf
(Address) Emmett Idaho

20. FILED 1/10, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/9 1938

22 I HEREBY CERTIFY, That I attended deceased from ..... to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
[illegible]	
[illegible]	
Congenital heart	1/9/8
Foramen ovale Patent ex Cloze	
Bene bag. Lived a few hours	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If Yes, specify .....

(Signed) [illegible] M. D.
(Address) Emmett

PLACE OF DEATH
County of Jerome
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107804

JAN 10 1938

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hayton Williams Hall

(a) Residence. No. Wendell Hotel St. 26
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Maude E Hall

6. DATE OF BIRTH (month, day, and year) Dec 12 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER
13. NAME unknown Hall
14. BIRTHPLACE (city or town) unknown
(State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Maude E Hall
(Address) Jerome Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 1-9, 1938

19. UNDERTAKER H. L. Harrison
(Address) Jerome Ida

20. FILED Jan 10, 1938 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-7 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1937, to Jan 7, 1938
I last saw him alive on Jan 6, 1938: death is said to have occurred on the date stated above, at 2:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	Jan 5, 1938
Other contributory causes of importance:	
Diabetis Mellitus	1937
Carbuncle Neck -	Nov. 19, 1937
Multiple abscesses	Dec 1937

Name of operation no Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Reuben C Watson M. D.
(Address) Jerome Idaho

TION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107805

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 758
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 1938

130

2. FULL NAME Mary Josephine Winans

(a) Residence. No. 335 California St, ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1865

7. AGE Years	Months	Days	If LESS than 1 day / hrs. or ____ min.
72		17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Lowden, Cedar County, Iowa

FATHER
13. NAME John William Walker
14. BIRTHPLACE (city or town) (State or country) ____

MOTHER
15. MAIDEN NAME Biantha Marks
16. BIRTHPLACE (city or town) (State or country) Dalton, Ohio

17. INFORMANT Mrs. C. C. Dunnitt (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date Jan. 7, 1938

19. UNDERTAKER A. E. Thompson (Address) Gooding, Idaho

20. FILED 1-31-, 1938 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3-, 1938, to 1-5-, 1938
I last saw her alive on 1-6-, 1938: death is said to have occurred on the date stated above, at 3:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	?
with uremia	
Other contributory causes of importance:	
Arthritis - generalized	?
Diabetes mellitus	?
Chronic myocarditis	?

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. H. Cromwell, M. D.
(Address) Gooding, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding

R. FEB 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107806

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 759

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Harlen Ellsworth Spangler

(a) Residence. No. 718 Montana St. Gooding Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Nellie Elizabeth Spangler

6. DATE OF BIRTH (month, day, and year) July 16, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Appenoose Co. Iowa

FATHER

13. NAME John Spangler

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME Martha Benge

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT Mrs Nellie E. Spangler
(Address) Gooding Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Ida. Date Jan 17, 1938 Burial

19. UNDERTAKER C. E. Thompson
(Address) Gooding Idaho

20. FILED 1-31, 1938 J. H. Cummuccel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-15 1938

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death	
Coronary disease	7
Other contributory causes of importance:	
Epilepsy	7

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193...

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. H. Cummuccel M. D.

(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107808

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 2

FEB 1 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Eric John Rogers

(a) Residence No. Cottonwood, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-15-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho.

FATHER

13. NAME James Mc Rogers

14. BIRTHPLACE (city or town) Madison
(State or country) Ind.

MOTHER

15. MAIDEN NAME Alice B Terhaar

16. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho.

17. INFORMANT James Mc Rogers
(Address) Cottonwood, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date Jan. 18, 1938

19. UNDERTAKER Fa Verhoeven
(Address) Cottonwood, Ida.

20. FILED 1-18, 1938 M. J. Orr
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/18 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1938, to Jan. 18, 1938
I last saw him alive on Jan 17 1938: death is said to have occurred on the date stated above, at 2:20A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
Sub dural Hemorrhage	at Birth

Other **contributory causes** of importance:

Name of operation None Date of -
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Healey F. Orr, M. D.
(Address Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107810

Registration District No.
Primary Registration District No. Local Registrar's No. 4
(No Our Lady of Cons. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maurice Eugene Dye
(a) Residence No. Cottonwood · Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice R Dye
6. DATE OF BIRTH (month, day, and year): Nov. 15 1856
7. AGE: Years 81 | Months 2 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (mo. and yr.): Nov. 1938
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER
13. NAME: Lonzo Dye
14. BIRTHPLACE (city or town) (State or country): New York State

MOTHER
15. MAIDEN NAME: Sarah Breed
16. BIRTHPLACE (city or town) (State or country): New York State

17. INFORMANT: P. W. Dye
(Address): Evergreen, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Rockford Wn Date: 1-28, 1938

19. UNDERTAKER
(Address)

20. FILED: 1-26, 1938 W. F. Orr
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 1-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1937 to Jan. 26, 1938
I last saw him alive on Jan. 26 1938: death is said to have occurred on the date stated above, at 11:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Chronic Nephritis	1930

Other **contributory causes** of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical and Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Wesley F. Orr M. D.
(Address) Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Ferdinand

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107811

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 5

FILED FEB 7 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93(C)

2. FULL NAME John Irvin Cochran.,

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or WIFE) of Stella M. Oglesby

6. DATE OF BIRTH (month, day, and year) Jan 19 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Amity,
(State or country) Oregon

FATHER
13. NAME William Clark Cochran
14. BIRTHPLACE (city or town) .....
(State or country) Illinois

MOTHER
15. MAIDEN NAME Mary Allen
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Stella M. Cochran
(Address) Ferdinand, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Juliaetta, Ida Date 1-29, 1938

19. UNDERTAKER O.E. Davis
(Address) Craigmont, Ida.

20. FILED 1-31, 1938 W. J. Carr per J.B.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 26 1938.

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Jan 26, 1938
I last saw him alive on Jan 2 1938: death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Arthritis Chronic	
prostatic hypertrophy	1934

Other contributory causes of importance:

Name of operation X Date of X
What test confirmed diagnosis usual Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 193..
Where did injury occur? X
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place X
Manner of injury X
Nature of injury X

24 Was disease or injury in any way related to occupation of deceased no If so, specify.....

(Signed) O.E. Davis M. D.
(Address) Craigmont, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107812

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 6

FEB

(No.) (if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Newton J. Williams

(a) Residence. No. Our Lady of Consolation Hospital (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Newton Williams

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
64 yrs.	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fleetwood N. C.

MOTHER FATHER

13. NAME Mr. William Williams

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Mary Souther

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT (Address) Mrs. A. Williams (brother) Cottonwood, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood, Idaho Date Jan. 18, 1938

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho.

20. FILED 1-18, 1938 W. F. Orr
per J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1938, to Jan. 16, 1938
I last saw him alive on Jan 16, 1938.: death is said to have occurred on the date stated above, at 11:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Perforative Appendicitis	Jan. 13-38
Diffuse Peritonitis	Jan. 14-38

Other **contributory causes** of importance:

Drainage Instituted only 1-16-38

Name of operation Appendectomy Date of 1-16-38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence) fill in also** the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Stanley F. Orr, M. D.
(Address) Cottonwood, Idaho.

MARGIN RESERVED FOR BINDING

B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107813

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 36

JAN 15 1938

(No. at Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

46 C

2. FULL NAME Mary Margaret Jones

(a) Residence. No. Cottonwood St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Asa Jones

6. DATE OF BIRTH (month, day, and year): Oct 27 1868

7. AGE: Years 69 | Months 2 | Days 6 | If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1937

11. Total time (years) spent in this occupation:

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): West Virginia

13. NAME: A. B. Rodkey

14. BIRTHPLACE (city or town) (State or country): West Virginia

15. MAIDEN NAME: Nannie Hamman

16. BIRTHPLACE (city or town) (State or country): West Virginia

17. INFORMANT (Address): John Rodkey Cottonwood Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Cottonwood Date: Jan 5, 1938

19. UNDERTAKER (Address): Sherman Bros Grangeville Ida.

20. FILED 1-3, 1938. W. F. Orr per J.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 Aug., 193 7, to Jan 3, 1938

I last saw her alive on 12/27, 193 7; death is said to have occurred on the date stated above, at 7 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diffuse Visceral Carcinoma originating in Sigmoid	
Other **contributory causes** of importance:	

Name of operation: Exploratory Date of: Aug 11-1937

What test confirmed diagnosis? Pathologic report Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanley F. Orr, M. D.
(Address) Cottonwood, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107814

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. I

1938

(No. 108)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Nannie A. Heath
(a) Residence. No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Geo. A. Heath

6. DATE OF BIRTH (month, day, and year) May 9-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) Jan - 38
11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (State or country) Washington Co. Mo.

FATHER
13. NAME Jotham B. Thompson
14. BIRTHPLACE (city or town) (State or country) not obt.

MOTHER
15. MAIDEN NAME Sarah M. Bryson
16. BIRTHPLACE (city or town) (State or country) not obt.

17. INFORMANT Husband Geo. A. Heath
(Address) Grangeville Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Prairie View cem Date Jan 18, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida

20. FILED Jan 31 1938 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1938, to 16th, 1938
I last saw h~~e~~r alive on Jan 16, 1938: death is said to have occurred on the date stated above, at 2:35 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-10-38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes ~~(violence)~~ ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) B Chipman, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho
City of Grangeville

FEB 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107815

Registration District No. 03
Primary Registration District No. 2181 Local Registrar's No. 2.

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Albert Webber

(a) Residence. No. .... Grangeville Ida St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Nellie Mae Webber

6. DATE OF BIRTH (month, day, and year) Aug 7-1857

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
80	4	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Fond du Lac (State or country) Wis.

FATHER
13. NAME John Webber
14. BIRTHPLACE (city or town) not ott. (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth not ott.
16. BIRTHPLACE (city or town) " (State or country) Germany

17. INFORMANT Wife (Address) Nellie Mae Webber Grangeville Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fairview Cemetery Date Jan 4, 1938

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville Ida.

20. FILED Jan 7 31 1938 W. C. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1937, to 1-1, 1938
I last saw ~~him~~ alive on 1-1, 1938; death is said to have occurred on the date stated above, at 12:27 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) John T. Keleen M. D.
(Address) Grangeville Idaho

107(a)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107816

Registration District No. 103
FEB 7 1938
Primary Registration District No. 1001
Local Registrar's No. 3
(No. Dysard Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)
9552

2. FULL NAME Lucy Weddle

(a) Residence. No. Riggins, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 18, 1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	6	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME John Reis
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Elizebeth Ellis
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Virgil Weddle, Riggins, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Prairie View Date 1/13, 1938

19. UNDERTAKER (Address) Glenn Ailor, Grangeville, Idaho

20. FILED Jan. 31, 1938 V. B. Chapman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/10 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1938, to 1/10, 1938.
I last saw h[illegible] alive on 1/10, 1938.; death is said to have occurred on the date stated above, at 11 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None. Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) L. A. Wheleuse, M. D.
(Address) Grangeville, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107817

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 4

FEB 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. County Hospital)

2. FULL NAME Joseph Schorer

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): November 18, 1858
7. AGE: Years 79 | Months 1 | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ill

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): ,,

MOTHER
15. MAIDEN NAME: ,,
16. BIRTHPLACE (city or town) (State or country): ,,

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place County Farm Date 1/4, 1938.

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED Jan. 31, 1938 P. B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 1 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 193.7, to Jan 1, 1938
I last saw h alive on Jan 1, 193.8; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 2-1937.

Other **contributory causes** of importance: Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) P. B. Chapman M. D.
(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 107818

Local Registrar's No. 2

JAN 18 1938

210

2. FULL NAME William Wilson.

(a) Residence No. St. Driggs, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Effie Wilson.

6. DATE OF BIRTH (month, day, and year) 8/21/1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (mo. and yr.) 1/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Thomas Wilson.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Charlott Love.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Jol. Taylor.
(Address) Rexburg, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Victor, Ida. Date 1-18, 1938.

19. UNDERTAKER A B Eckersell
(Address) Rigby, Idaho.

20. FILED 1/17, 1938 Mrs A B Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-15 1938

22 I HEREBY CERTIFY, That ~~I attended deceased~~ from ~~XXXXXXXX~~, 193..

I ~~last~~ saw ~~him~~ alive on 1-15 193.8.: death is said to have occurred on the date stated above, at 10:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured Skull.	1-15-38
Other contributory causes of importance: Automobile Accident.	1-15-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, s~~uicide or homicide~~? Date of injur 1-15, 193.8.
Where did injury occur? Jefferson Co. Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Highway.
Manner of injury Automobile Accident.
Nature of injury Fractured Skull.

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr. Jacobson Coroner.
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 107819

FEB 9 1938

Registration District No.
Primary Registration District No. 2176
Local Registrar's No. 3

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Mason Brower

(a) Residence No. Freedom, Wyo. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mirnen Brower

6. DATE OF BIRTH (month, day, and year) April 29, 1871

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Richmond
(State or country) Utah

FATHER
13. NAME Ariah C. Brower
14. BIRTHPLACE (city or town)
(State or country) New York, N.

MOTHER
15. MAIDEN NAME Betsy Mason
16. BIRTHPLACE (city or town) Birmingham
(State or country) England

17. INFORMANT Alden C. Brower
(Address) Freedom Wyo

18. BURIAL, CREMATION OR REMOVAL
Place Freedom, Wyo Date Jan. 27, 1938

19. UNDERTAKER R A Weiser
(Address) Rigby, Ida

20. FILED Jan. 22, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1938, to Jan 24, 1938
I last saw him alive on Jan 23 1938: death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1/23/38
Hypertension	unknown

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Harper Talley M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107820

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 4
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matilda B. Tall

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Tall

6. DATE OF BIRTH (month, day and year) Jan. 4, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75		30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sheffield
(State or country) England

FATHER
13. NAME Wm. Mitchell Ball
14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER
15. MAIDEN NAME Elizabeth England
16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT Edna Tall
(Address) Rigby, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho Date Feb. 6, 1938

19. UNDERTAKER Roland Weiser
(Address) Rigby, Idaho.

20. FILED Feb. 3, 1938 Mrs. A. B. Crandall
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to Feb. 3, 1938
I last saw her alive on Feb. 2, 1938: death is said to have occurred on the date stated above, at 2:20 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart failure.	June 1937
Coronite Cardio-Vascular-Renal disease	June 1937
Small Carcinoma Descending Colon Diagnosed by Dr. Early Nelson	June 1938

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Addon Tall, M. D.
(Address) Rigby Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107821

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. 107(a))
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frankie May Davis

(a) Residence No. Jerome Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 20-1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Wendell
(State or country) Idaho

FATHER

13. NAME Frank H Davis
14. BIRTHPLACE (city or town) ____
(State or country) Maine

MOTHER

15. MAIDEN NAME Mary Bell Hinton
16. BIRTHPLACE (city or town) ____
(State or country) North Dakota

17. INFORMANT Frank H Davis
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Jan 12, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED Jan 11, 1938 C. E. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/10/1938

22 I HEREBY CERTIFY, That I attended deceased from 1/7, 1938, to 1/10, 1938
I last saw her alive on 1/10/1938: death is said to have occurred on the date stated above, at 2 00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/9/38

Other **contributory causes** of importance:

undetermined congenital deformity of larynx	

Name of operation None Date of —
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Carlyle Small, M. D.
(Address) Jerome

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107822

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....
(No.) 1 mile east of Jerome - Twin Falls bridge.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Owen Hall Simons
(a) Residence No. Twin Falls, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of La Moine Simons

6. DATE OF BIRTH (month, day, and year) 2-16-1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) California

FATHER
13. NAME Fred Simons
14. BIRTHPLACE (city or town) San Jose
(State or country) Calif

MOTHER
15. MAIDEN NAME Ina Hall
16. BIRTHPLACE (city or town) Atlanta
(State or country) Idaho

17. INFORMANT Fred Simons
(Address) Ontario Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Star Ida. Date Jan 13 1938

19. UNDERTAKER Thompson Funeral Home
(Address) Boise Idaho

20. FILED Jan 12, 1938 C. T. Eble Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 8 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...; death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide — Carbon Monoxide Gas	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. R. Wiley (Coroner) M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107823

Registration District No. 18
JAN 13 1938
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Johnson

(a) Residence. No. ____ Jerome, Ida St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hyrom Johnson

6. DATE OF BIRTH (month, day, and year) Sept 20 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	3	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Mound Kans

FATHER
13. NAME C J Christiansen
14. BIRTHPLACE (city or town) (State or country) ____

MOTHER
15. MAIDEN NAME Caroline Mayer
16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT W G Johnson (Address) Jerome

18. BURIAL, CREMATION OR REMOVAL Place Jerome Date 1-8, 1938

19. UNDERTAKER Dodd & Garrison (Address) Jerome

20. FILED Jan 10, 1938 C. E. Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1937, to Jan 5, 1938
I last saw her alive on Jan 5, 1938: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uraemia	

Other contributory causes of importance:

Hypertension - arterial	
Myocarditis	

Name of operation None Date of —
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Carly Le Durand, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107824

Registration District No. 30
Primary Registration District No. 1057 Local Registrar's No. 1

FEB 7 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Ella Rauch

(a) Residence No. 309 Garden Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred 33-2 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-28-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher
10. Date deceased last worked at this occupation (mo. and yr.) 46 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virden
(State or country) Ill.

FATHER

13. NAME Andrew Rauch
14. BIRTHPLACE (city or town) Kentucky.
(State or country)

MOTHER

15. MAIDEN NAME Margaret E. Cassity
16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMANT A. L. Rauch
(Address) 309 Garden St.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date 2-13, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Idaho.

20. FILED 2-13-, 1938 L. C. Rathbun M.D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-11-1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Jan 11, 1938

I last saw her alive on Jan 11 1938: death is said to have occurred on the date stated above, at 5-25 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	1-10-38
Chronic rheumatism of endocardium	1928
(1) Chron. endocarditis	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hamilton P. Wellwood M. D.
(Address Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107825

FEB 1 1938

Registration District No. 30
Primary Registration District No. 1052 Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Doty

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE OF Edwin Doty

6. DATE OF BIRTH (month, day, and year) 9-1-1859

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	4	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 12-30-37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Davis Co. (State or country) Mo.

FATHER
13. NAME W = Thornberry
14. BIRTHPLACE (city or town) Don't Know (State or country)

MOTHER
15. MAIDEN NAME Saloma Cluster
16. BIRTHPLACE (city or town) Ind. (State or country)

17. INFORMANT Edwin Doty (Address) Post Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Post Falls Cem Date 1-9, 1938

19. UNDERTAKER Gassed Funeral Home (Address) Coeur d'Alene Ida

20. FILED Jan. 8, 1938 L. C. Knutson M.D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1937 to Jan 6, 1938
I last saw h.. alive on Jan 6 1938: death is said to have occurred on the date stated above, at 1 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec. 30. 37
Type ?.	

Other **contributory causes** of importance:

Name of operation ; Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John O'Neil M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Ind. P. 3.

PLACE OF DEATH
County of Kootenai
City of Athol, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107826

Registration District No. 3a
Primary Registration District No. 1051 Local Registrar's No. 3
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Murray Williams

(a) Residence No. Rathdrum, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~) Kathryn

6. DATE OF BIRTH (month, day, and year) 8-24-1877

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
60	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Worker
10. Date deceased last worked at this occupation (mo. and yr.) 1-4 38
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME George Williams
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Roseana Purdy
16. BIRTHPLACE (city or town) (State or country) On Board Ship Parents from Kentucky

17. INFORMANT Mrs. Kathryn Williams
(Address) Rathdrum, Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Spokane, Wn. Date 1-4, 1938

19. UNDERTAKER Hennessy & Calloway
(Address) Spokane, Wn

20. FILED 1-4-, 1938 L. C. Easton M.D. Registrar.
E.T.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-4 1938

22 I HEREBY CERTIFY, That I attended deceased from
1-4- 1938 to 1-4- 1938
I last saw him alive on 1-4- 1938: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_____
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in public place Highway 2½ mi W of Town of Athol Idaho
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) E. H. Reed, M. D.
(Address) Coeur d'Alene Ida

Greenwood.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107827

Registration District No. 30
Primary Registration District No. 1054 Local Registrar's No. 4

FEB 7 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Margaret Brown

(a) Residence No. 413 N. 4th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Robert Brown

6. DATE OF BIRTH (month, day, and year): 6-21-1888

7. AGE: Years 49 | Months 7 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bozeman, Montana

FATHER
13. NAME: Joseph Pease
14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER
15. MAIDEN NAME: Orvilla Kimpton
16. BIRTHPLACE (city or town) (State or country): Wisc.

17. INFORMANT (Address): Robert Brown, Cda.

18. BURIAL, CREMATION OR REMOVAL: Cda Place Forest Cem. Date 1-7, 193 8

19. UNDERTAKER (Address): Mooney Mortuary Cda

20. FILED 1-7, 193 8 L. C. Kretchen M.D. Registrar. F.J.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-5 193 8

22 I HEREBY CERTIFY, That I attended deceased from Feb., 193 7, to Jan 5, 193 8

I last saw h.er alive on Jan 5 193 8: death is said to have occurred on the date stated above, at 2:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-2-38
Hypertension	1925

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hamilton H. Brunner M.D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 38
Primary Registration District No. 1051
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

Hunted

DO NOT WRITE IN THIS SPACE
State File No. 107828
Local Registrar's No. 5

93 C

2. FULL NAME Miss Mary Coffey
(a) Residence No. 718 Indiana Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): 12-7-1860
7. AGE: Years 77 | Months 0 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (mo. and yr.): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: Tom Coffey
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Mary Whalen
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. Burzi Sister Elba.

18. BURIAL, ~~CREMATION OR REMOVAL~~
CM&A Place St. Thomas Cem. Date 1-7, 1938

19. UNDERTAKER (Address): Mooney Mortuary Coeur d'Alene

20. FILED 1-6, 1938 L. Erickson M. D. Registrar.
E.T.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-5 1938
22 I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to 1-5, 1938
I last saw her alive on 1-4 1938: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	15 years
Pulmonary edema	1 day

Other contributory causes of importance:

Name of operation No Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? O

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? O If so, specify .....
(Signed) O M Sheeled, M. D.
(Address) Coeur d'Alene Idaho

Sturges.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107829

Registration District No. 30
Primary Registration District No. 105 Local Registrar's No. 6
(No.)
FEB 7 1938
(If death occurred in a hospital or institution, give its name instead of street and number) 93C

2. FULL NAME Alex Morris
(a) Residence No. 954 - 5th St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, and year) 4-9-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) 1-1938
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Ontario
(State or country)

FATHER
13. NAME James Morris
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Emma Morris
(Address) Cda

18. BURIAL, CREMATION OR REMOVAL
Cda Place Forest Date 1-9, 1938

19. UNDERTAKER Mowry Mort.
(Address) Cda

20. FILED 1-9, 1938 L. C. Rockey M. D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-5 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193.. to ....., 193..
I last saw him alive on Jan 5 1938; death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Name of operation none Date
What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold Stuart, M. D.
(Address) Cda Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107830

Registration District No. 30
Primary Registration District No. 1065 Local Registrar's No. 7
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer R. Akley

(a) Residence No. 1102 Lacrosse Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/7/1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoist Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Winton Lumber Co
10. Date deceased last worked at this occupation (mo. and yr.) 12/1937
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Baker Ore.
(State or country)

FATHER
13. NAME Ransom Akley
14. BIRTHPLACE (city or town) U.S.
(State or country)

MOTHER
15. MAIDEN NAME Bermetty Reeves
16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT Mrs. Nettie Steele
(Address) Spokane, Wn

18. BURIAL, ~~CREMATION OR REMOVAL~~
C.D.A. Place Forest Cem. Date Jan 16, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene

20. FILED Jan 15, 1938 L. C. Kretchmer M.D.
F.T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-11 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-10 -, 1938, to 1-11 -, 1938
I last saw h— alive on — 193— death is said to have occurred on the date stated above, at 9 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	1-11-38 -
Cause unknown	
Duration Unknown	
Other contributory causes of importance Chronic.	
?	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. Vincent Faber, M.D.
(Address) Coeur D'Alene, Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
FEB 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1058 Local Registrar's No. 8
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 107831

95

2. FULL NAME W. Clayton Barnes

(a) Residence No. 1702 Ella Ave. St.
(Usual place of abode) 49 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of Lula
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/9/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Visalia, Calif

FATHER
13. NAME Alexandra Barnes
14. BIRTHPLACE (city or town) (State or country) Calif.

MOTHER
15. MAIDEN NAME Sarah Pillem
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Lula Barnes
(Address) Ella

18. BURIAL, CREMATION OR REMOVAL
Place Forest Date 1/16, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Ella

20. FILED 1/15, 1938 Kootenai Co.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/13 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938, to Jan 13, 1938
I last saw h. alive on 8 1938: death is said to have occurred on the date stated above, at 1130A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-3-38
Other contributory causes of importance:	
Hypertension	1918
Angina pectoris	1928

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hamilton H. Freeman M.D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH —
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107832

Registration District No. 30
Primary Registration District No. 1053 Local Registrar's No. 9
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Lune Dingman

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1-13-1935

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or 30 min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Ida.

FATHER
13. NAME Ross Dingman
14. BIRTHPLACE (city or town) Ringo Co.
(State or country) Neb.

MOTHER
15. MAIDEN NAME Nellie Chaffie
16. BIRTHPLACE (city or town)
(State or country) Wash.

17. INFORMANT Mrs. H. H. Brewer
(Address) Starbuck Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Latah Co. Date 1-15, 1935
Funeral

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 1-15, 1935 L. C. Knutson M. D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-13 1935

22 I HEREBY CERTIFY, That I attended deceased from 1/13, 1935, to 1/13, 1935
I last saw her alive on 1/13 1935; death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	
1 month premature	

Other contributory causes of importance:
weeks had been very cyanotic for a week before but has been from Cardiac decompensation and toxemia of pregnancy

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) L. C. Knutson M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107833

1938

Registration District No. 30
Primary Registration District No. 10 5
Local Registrar's No. 10

(No. home)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Archibald S. McDaniels

(a) Residence No. 1215 - N. 7th St.
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Carrie McDaniels

6. DATE OF BIRTH (month, day, and year) 12-4-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Samuel McDaniels
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Carrie Lundy
16. BIRTHPLACE (city or town) (State or country) Montreal Canada

17. INFORMANT L. McDaniels Ward Dene
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Date 1-18, 1938

19. UNDERTAKER Cored Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 1/18/38, 193? L. C. Knoblock M.D. Registrar.
F.T.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-16 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937, to Jan 16, 1938
I last saw h... alive on Jan 16 1938: death is said to have occurred on the date stated above, at 9.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arteriosclerosis	1935

Other contributory causes of importance?

Nephritis	

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? pending

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ted Denson, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107834

Registration District No. 30
Primary Registration District No. 1054
Local Registrar's No. 11

FEB 7 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93 (C)

2. FULL NAME Jose Ph. Provost

(a) Residence No. 1025 - N. 1st - St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Resa Provost

6. DATE OF BIRTH (month, day, and year) June 4 '64

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME — Provost

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT W G Turner
(Address) CdAlene Ida

18. BURIAL, CREMATION OR REMOVAL
Place CdAlene Ida Date 1-20, 193 8
St Thomas

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED Jan. 20, 193 8 L. C. Rhoades F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-17 193 8

22 I HEREBY CERTIFY, That I attended deceased from 1-17- 193 8, to 1-17-, 193 8
and last saw him alive on 1-17 193 8: death is said to have occurred on the date stated above, at 7.30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. H. Teed, Coroner, M. D.
(Address Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107835

Registration District No. 30
Primary Registration District No. 1052
Local Registrar's No. 13

FEB 7 1938

(No. Post Falls)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexius Bernard Lindberg

(a) Residence. No. Post Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25, 1860

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or min.
77	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. W. W. P. C.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 38 Years

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andrew Lindeberg

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Sarah Johanson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Nels Lindberg, Post Falls, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Spokane Date 1-22, 1938

19. UNDERTAKER Hazen & Jaeger
(Address) Spokane, Wash.

20. FILED 1/22, 1938 L. C. Knitch, M.D.
F. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938, to Jan 22, 1938
I last saw h[illegible] alive on Jan 21, 1938: death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) G. J. Jan Brooks, M.D.
(Address) Post Falls Ida

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107836

Registration District No. 30

Primary Registration District No. 105 b

Local Registrar's No. 15

FEB 7 1938

(No. Lakeside Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Chas. R. Carlson

(a) Residence No. ..... St. Fighting Creek Dist.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. — ds. How long in U. S., if of foreign birth? 29 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-28-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
69	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Sweden

FATHER

13. NAME Nels Carlson

14. BIRTHPLACE (city or town) ..... (State or country) Sweden

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) ..... (State or country) Sweden

17. INFORMANT Gust A. Carlson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Forest Place C D'Alene Ida. Date 1-28, 1938

19. UNDERTAKER Coeur d'Alene Ida.
(Address) Cassedy Funeral Home

20. FILED 1-28, 1938 L. C. Crutcher M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 193..., to 1/26/—, 1938
I last saw h— alive on 1/26 1938; death is said to have occurred on the date stated above, at 6— P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. Prostate	
Prostatectomy	Dec. 31, 1937
Ca. myocarditis	
Senility	

Other contributory causes of importance:

Name of operation Removal of Prostate Date of Dec. 31, 1937

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) O. F. Fleming M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107837

FEB 1 1938

Registration District No. 30
Primary Registration District No. 105 Local Registrar's No. 117
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Harrison Kindred

(a) Residence No. — St. Cataldo - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred — yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Edrie Kindred

6. DATE OF BIRTH (month, day, and year) 10-8-1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Page Mine
10. Date deceased last worked at this occupation (mo. and yr.) 193 1
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Princeton
(State or country) Mo.

FATHER
13. NAME Fielden Kindred
14. BIRTHPLACE (city or town) Don't Know
(State or country)

MOTHER
15. MAIDEN NAME Fredora Kindred
16. BIRTHPLACE (city or town) Don't Know
(State or country)

17. INFORMANT E. Kinnick
(Address) Lakeside, Idaho

18. BURIAL, CREMATION OR REMOVAL Forest Lawn Cem. Idaho
Place Forest Lawn Date 1-20, 193 8

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene

20. FILED Jan. 20, 193 8 L. C. Krotchen, M.D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-18 193 8

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 193 8, to Jan 18, 193 8
I last saw him alive on Jan 18 193 8: death is said to have occurred on the date stated above, at 9:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis from Duodenal ulcers	15 yrs duration
Post operative shock	
from Partial gastrectomy	
Ulcer of the Duodenum	
Other **contributory causes** of importance:	

Name of operation Partial gastrectomy Date of 1-11-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. P. Hamming, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107838

Registration District No. 30
Primary Registration District No. 1052 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Nickel

(a) Residence No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Gertrude Nickel
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 25, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town)
(State or country) Germany

FATHER

13. NAME Joseph Nickel
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. Josephine Nickel,
(Address) Post Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Holy Cross Date Jan 29, 1938

19. UNDERTAKER Hennessay & Calloway
(Address) Spokane, Wash.

20. FILED Jan. 29, 1938 L. C. Kolden M.D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/26 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov., 1934, to 1/26, 1938
I last saw him alive on Jan 10 1938: death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	4 years,
Ch. Nephritis	2 yrs.

Other contributory causes of importance: senility

Name of operation None Date of
What test confirmed diagnosis? Ps. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. T. Hennessay M. D.
(Address) Deindale Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107839

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert B. Fitch

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Augusta Fitch.

6. DATE OF BIRTH (month, day, and year) 10-16-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
61	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Nov 29 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago Ill.
(State or country)

FATHER

13. NAME Albert H. Fitch

14. BIRTHPLACE (city or town) Ill.
(State or country)

MOTHER

15. MAIDEN NAME Flora Berry

16. BIRTHPLACE (city or town) Don't Know
(State or country)

17. INFORMANT Augusta Fitch
(Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 2-1, 1938

Forest

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 2-1, 1938 E. Knutson Jr. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1937, to 1-27, 1938

I last saw him alive on 1-26 1938; death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
1- Arteriosclerosis	
Other **contributory causes** of importance:	
Arteriosclerosis & Hypertension	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Naturc of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) E. V. Leed, M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenay
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107840

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 19

(No. Pettibone Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Thomas Loe

(a) Residence No. / St. Worley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Cook Loe

6. DATE OF BIRTH (month, day, and year) June 6 - 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
80	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER FATHER
13. NAME John Loe
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Morgaret J. Woods
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs E. B. Pettibone
(Address) C'Dalene Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Worley Ida. Date 1-30, 1938

19. UNDERTAKER Degan Funeral Home
(Address) Kingston Idaho

20. FILED 1-30, 1938 R. A. Proctor M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-30 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1937, to Jan 30, 1938
I last saw him alive on Jan 29 1938; death is said to have occurred on the date stated above, at 4:20 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertensive Heart Disease	
Other **contributory causes** of importance:	
senility	

Name of operation None Date of
What test confirmed diagnosis? Pt Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Naturc of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify
(Signed) R. A. Proctor M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

S Tuyas.

DO NOT WRITE IN THIS SPACE
State File No. 107841

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlotte Elizabeth Hayes

(a) Residence No. 1126 – Mill St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
76	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

FATHER

13. NAME Lyman Anthony
14. BIRTHPLACE (city or town) Mich.
(State or country)

MOTHER

15. MAIDEN NAME Ann Brander
16. BIRTHPLACE (city or town) Prince Edward Island, Canada
(State or country)

17. INFORMANT George Hayes Gilles, Ida.
(Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Forest Cem. Date Jan. 4, 1938
C. D'A.

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene

20. FILED , 193
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. , 193 7 to Jan. , 193 8
I last saw her alive on Jan 1 193 8: death is said to have occurred on the date stated above, at 5 P -m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Lowell Stluyer, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene (Hayden Lake)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Sturges.

DO NOT WRITE IN THIS SPACE
State File No. 107842

Registration District No. 30
Primary Registration District No. 1052 Local Registrar's No. 23
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1938

2. FULL NAME Mr. Jesse Denison.

(a) Residence No. R.F.D. #1. Rathdrum, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

93(c)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, and year) 11/20/1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1/1938
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER
13. NAME Nathan Denison
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER
15. MAIDEN NAME Mary Jane Lusk
16. BIRTHPLACE (city or town) Penn
(State or country)

17. INFORMANT Mrs. Frances Denison
(Address) Hayden Lake

18. BURIAL, ~~CREMATION OR REMOVAL~~ U.C. Place St. Thomas Date 2/3, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED 2-2, 1938 E. C. Rutter D. F. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/31 1938

22 I HEREBY CERTIFY, That I attended deceased from Called at time of death, 193
I last saw h[im] alive on 193; death is said to have occurred on the date stated above, at 4:15P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Harold J. Sturges, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lo Lenas
City of Springston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107843

Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 27

(No. 108)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald Gene Hanks

(a) Residence No. St. Springston Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-9-1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrison
(State or country) Ida.

FATHER

13. NAME Delbert Hanks
14. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

MOTHER

15. MAIDEN NAME Angeline Lallada
16. BIRTHPLACE (city or town) Fort Dodge
(State or country) Iowa

17. INFORMANT Delbert Hanks
(Address) Springston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Harrison Ida. Date 1-4, 1937

19. UNDERTAKER Cassedy Funeral Home
(Address) Harrison Idaho

20. FILED Jan 14, 1938 R. Connelly
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-2, 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-2-, 1938, to 1-2-, 1938
I last saw him alive on 1-2 1938: death is said to have occurred on the date stated above, at 9.20 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. H. Reed Coroner, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107844

Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 28

JAN 25 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Silas E. Fick

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. .... mos .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Etta Fick
6. DATE OF BIRTH (month, day, and year): July 17 1876
7. AGE — Years: 61 — Months: 6 — Days: 00 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Merchant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Recent
11. Total time (years) spent in this occupation: 14 years

12. BIRTHPLACE (city or town) (State or country): Chippewa Falls Wis

MOTHER FATHER
13. NAME: William Fick
14. BIRTHPLACE (city or town) (State or country): Penn.
15. MAIDEN NAME: Susan Bastian
16. BIRTHPLACE (city or town) (State or country): Do not know

17. INFORMANT (Address): Etta Fick Harrison, Idaho
18. BURIAL, CREMATION OR REMOVAL: Harrison Cemetery
Place: Harrison Idaho Date: 1-18, 1938
19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene. Idaho
20. FILED 1-18, 1938 R. Connolly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-17 1938
22. I HEREBY CERTIFY, That I attended deceased from 1/16, 1938, to 1/17, 1938.
I last saw him alive on 1/16, 1938; death is said to have occurred on the date stated above, at 2 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/14/38
Other **contributory causes** of importance: Cerebral arteriosclerosis	?

Name of operation: None Date of: —
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) E. Stonewall M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107847

Registration District No. 61
Primary Registration District No. 1014 Local Registrar's No. 306
(No. Gritman Hospital)
FEB 9 1938
(If death occurred in a hospital or institution, give its name instead of street and number) 5 | C

2. FULL NAME David La Fond
(a) Residence No. Avon Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Army
6. DATE OF BIRTH (month, day, and year): June 5-1866
7. AGE: Years 71 | Months 6 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1935
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Green Bay Wis.

FATHER
13. NAME: Peter La Fond
14. BIRTHPLACE (city or town) (State or country): not obt.

MOTHER
15. MAIDEN NAME: Louise Bodeway
16. BIRTHPLACE (city or town) (State or country): not obt.

17. INFORMANT (Address): Miss Mary J. Baker (nurse) Kingston Wis.
18. BURIAL, CREMATION OR REMOVAL Place: Masonic Ida Date: Jan. 6-, 1938
19. UNDERTAKER (Address): Home Funeral Parlor Moscow Ida
20. FILED 2/2/, 1938 Henry Cochrane Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 1 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 193- to Jan 1, 1938
I last saw h- alive on Jan 1, 193-8: death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Ca	1935

Other contributory causes of importance:

Repeated Hemorrhages	throughout 1937
Secondary Anaemia	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193-
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) C. E. Magee M. D.
(Address) Moscow Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107848

Registration District No. 61

Primary Registration District No. 101

Local Registrar's No. 307

FEB 3 1938

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

157.

2. FULL NAME Frank Andrew Maxfield

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Goldia Maxfield

6. DATE OF BIRTH (month, day, and year) Apr. 14, 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
25	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1937

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Colville, Wash.

FATHER

13. NAME Wm. Maxfield

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Ethel Oaks

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Goldia Maxfield, Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date Jan. 4, 1938

19. UNDERTAKER (Address) H. R. Short, Moscow Idaho

20. FILED 1/4, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1937, to 1-2, 1938

I last saw h[illegible] alive on 1-2 1938: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Int. staphylococci abscess	
Other contributory causes of importance:	

Name of operation Draining abscess. Date of 12/23/37

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased No. If so, specify .....

(Signed) C. C. Lansbury, M. D.

(Address) Moscow Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107849

Registration District No. 6
Primary Registration District No. 1011
Local Registrar's No. 308

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Magnus Johnson

(a) Residence No. 826 S. Harrison St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth 56 yrs. ... mos. ... da.

51c

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 8, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
74	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1925
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Johnson
14. BIRTHPLACE (city or town) (State or country) ##### Sweden

MOTHER

15. MAIDEN NAME Martha Anderson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Emil Johnson
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Idaho Date Jan. 7, 1928

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 1/5, 1928 Stacy Lenhouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 5, 1928

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1927, to Jan 5, 1928
I last saw h alive on Jan 4 1928; death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia from	
Cancer of Prostate	
Causing obstruction	
Hypostatic Pneumonia 3 days ago	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Joseph R. Wilson M. D.
(Address) Moscow, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107850

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 309

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John L. Thompson

(a) Residence No. 505 East A Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Melissa Jane

6. DATE OF BIRTH (month, day, and year) 1/6/1864.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
74		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cortland County New York.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Melissa Jane Thompson
(Address) Moscow Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Potlatch Idaho. Date 1/18, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho.

20. FILED 1/16, 1938 J. Klingensmith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/15 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Never saw patient alive; probably died of coronary occlusion	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Naturc of injury.....

24. Was disease or injury in any way related to occupation of deceased ..... If so specify .....

(Signed) Doyle M. Evelt M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107851

Registration District No. 614

Primary Registration District No. 1011 Local Registrar's No. 310

(No. 115 So. Polk Street.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peder Christian Olesen

(a) Residence No. 115 So. Polk Street St. Moscow Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Margaret Elizabeth.

6. DATE OF BIRTH (month, day, and year) 5/29/1845

7. AGE — Years: 92 | Months: 7 | Days: 18 | If LESS than 1 day ..... hrs or ..... min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Realtor of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own business

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Esberg (State or country) Denmark.

FATHER

13. NAME Ole Christiansen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Ella L. Olesen (Address) Moscow Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Moscow, Ida. Date ....., 193...

19. UNDERTAKER H. B. Short (Address) Moscow Idaho.

20. FILED 1/17, 193[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/17 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 193[illegible], to Jan 16, 1938

I last saw h~~e~~r alive on Jan 16 193[illegible]: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	
Senility	
Calculus Pelvis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Naturc of injury

24. Was disease or injury in any way related to occupation of deceased If so, specify

(Signed) [signature] M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107852

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 311

FEB 9 1938

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

153

2. FULL NAME Kathryn Truitt

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warren Truitt

6. DATE OF BIRTH (month, day, and year) July 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
77	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Watertown, N.Y.

MOTHER FATHER

13. NAME Valentine Meyer

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Jack Mc Quade, Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida. Date Jan. 25, 1938

19. UNDERTAKER (Address) H. R. Short, Moscow, Idaho

20. FILED 1/24, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1938, to Jan 23, 1938

I last saw h[illegible] alive on Jan 22 1938: death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of left leg	Jan 22, 1938.
Other contributory causes of importance:	
Senility	

Name of operation None Date of .....

What test confirmed diagnosis? ~~Yes~~. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ~~Yes~~ Date of injury ....., 193...

Where did injury occur? ~~=~~
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury ~~=~~

Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Edward H. Dunn M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

FEB 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107853

Registration District No. 61

Primary Registration District No. 1041 Local Registrar's No. 312

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eddie Silas Severson

(a) Residence No. Garfield St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 24, 1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
36	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 9/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Genesee (State or country) Idaho

FATHER

13. NAME Sam Severson

14. BIRTHPLACE (city or town) (State or country) LaCrosse, Wis.

MOTHER

15. MAIDEN NAME Annie Nelson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Annie Severson
(Address) Moscow

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 1/31, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 1/31, 1938 Henry Embree
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/29 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 1/29/ 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Did not see patient until night he died; probably had a tuberculosis.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Naturc of injury.....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) Doyle M. Eccles M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107854

Registration District No. 6

Primary Registration District No. 1 Local Registrar's No. 3/3

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Loo

(a) Residence No. Latah County Home St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? not known yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year) Mar. 22, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
72	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) County Home Moscow

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 2/1, 1938

19. UNDERTAKER (Address) H.R. Short Moscow

20. FILED 2-3-, 1938 Harry Embree Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/30 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/25/, 1938, to 1/30/, 1938.
I last saw him alive on 1/30/ 1938; death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	1/25/38
Other contributory causes of importance: senility; syphilis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Naturc of injury

24. Was disease or injury in any way related to occupation of deceased If so, specify

(Signed) Conn J. Klaarus, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107855

Registration District No. 61

Primary Registration District No. 611 Local Registrar's No. 314

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

104.

2. FULL NAME Ronald Louis Pierce

(a) Residence No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 15, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

FATHER

13. NAME Martin Pierce

14. BIRTHPLACE (city or town) (State or country) Deary, Idaho

MOTHER

15. MAIDEN NAME Edna Posey

16. BIRTHPLACE (city or town) (State or country) Vale, Oregon

17. INFORMANT Martin Pierce
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Viola, Idaho Date 2/2, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 2/1, 1938 Harry Erickson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/24/, 1938, to 1/31/38, 1938

I last saw him alive on 1/31/ 1938; death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4 days
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1938

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased ... If so, specify ...

(Signed) Conan J. Kearns, M. D.

(Address) Moscow, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of N. Of Princeton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107856

Registration District No. 6

Primary Registration District No. 2145

Local Registrar's No. 3

F-3 10

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

46 18

2. FULL NAME Joseph Andrew Fahl

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 4 mos. .. ds How long in U. S., if of foreign birth 42 yrs. .. mos. .. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Effie Fahl

6. DATE OF BIRTH (month, day, and year) May 28, 1873

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	8	5 ~~25~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stock Raising

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Cattle Ind.

10. Date deceased last worked at this occupation (mo. and yr.) July 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) .... (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .... (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .... (State or country)

17. INFORMANT Harold Fahl (Address) Princeton, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Potlatch Idaho Date Feb. 6 1938

19. UNDERTAKER H. E. Kimball (Address) Palouse, Wash.

20. FILED Feb 7, 1938 S. H. Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1937, to Feb 3, 1938.

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 11:00 P M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other **contributory causes** of importance:

Name of operation Idaho Laboratory Date of Oct 5-37

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) F. C. Kelton M. D.

(Address) Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Juliaetta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107857

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JOHN GEORGE DENNLER

(a) Residence. No. JULIAETTA, IDAHO, R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine

6. DATE OF BIRTH (month, day, and year) June 6, 1841

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
97	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Retired
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Not known Germany

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT George Dennler
(Address) Juliaetta Ida

18. BURIAL, CREMATION OR REMOVAL
Place Fix Ridge cemetery Date Jan. 19, 1938

19. UNDERTAKER A. E. Alden
(Address) Troy, Ida

20. FILED Jan 19, 1938 B. A. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1938, to Jan. 13, 1938.
I last saw him alive on Jan. 13, 1938: death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age (Senility)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) D. A. Christensen, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAKING RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107858

Registration District No. 63

Primary Registration District No. 2163 Local Registrar's No.

FEB 1 1938

(No. Rural)

(If death occurred in a hospital or institution, give its name instead of street and number)

46 16

2. FULL NAME Ottes H. Forest

(a) Residence No. Rural Rt. K St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sigrid Forest

6. DATE OF BIRTH (month, day, and year) Jan. 25, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
80		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 10/36

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Manitowac Co.
(State or country) Wis.

FATHER

13. NAME Halsten

14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs. Sigrid Forest
(Address) Kendrick, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Bear Ridge Date 2/4, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED Feb 4, 1938 C.P. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/2 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1937, to Dec 1937

I last saw h alive on Dec 1937: death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric carcinoma	?
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Naturc of injury

24. Was disease or injury in any way related to occupation of deceased no If so, specify

(Signed) D.C. Christensen, M. D.

(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Juliaetta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107859

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.
(No. Juliaetta, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

186a

2. FULL NAME William Ira Cramb.

(a) Residence No. Juliaetta, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie Cramb

6. DATE OF BIRTH (month, day, and year) Jan-9, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	—	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green County
(State or country) Missouri

FATHER
13. NAME ~~William~~ W. M. Cramb.
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER
15. MAIDEN NAME Eliza Keeley
16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Hattie Cramb.
(Address) Juliaetta, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Clarkston, Wash. Date 2-7, 1938

19. UNDERTAKER Bauer-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Feb 5, 1938 [signature illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 5 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 1932, to Feb 5, 1938
I last saw him alive on Feb 5 1938: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Arteriosclerosis	
Fracture of hip	Oct 1, 1937

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. A. Christensen, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Genesee, (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
107860
State File No.

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.) 93(C)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta Marcks

(a) Residence No. St.
(Usual place of abode) 38 (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carl Marcks

6. DATE OF BIRTH (month, day, and year) Sept. 5 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
85	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert Marcks
(Address) Genesee Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Genesee, Idaho Date Jan. 16, 193 8

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 1/17, 193 8 A. J. White M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 13, 193 8

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 193 8, to Jan 13, 193 8
I last saw h.e.r. alive on Jan 10, 193 8: death is said to have occurred on the date stated above, at 9 P., m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
Other contributory causes of importance:	
Senility	
Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Naturc of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify
(Signed) A. J. White M. D.
(Address) Genesee, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107861

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Ruth Wymer

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Mar. 21, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (mo. and yr.) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Illonois

FATHER

13. NAME L. M. Wymer

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Elsie Collins

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT L. M. Wymer
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 1/6/, 1938

19. UNDERTAKER W. C. Doebler
(Address) Salmon, Idaho

20. FILED 1/10, 1938 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/4/ 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1937 to Dec. 30, 1937
I last saw her alive on Dec 30, 1937: death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec. 28-37

Other contributory causes of importance:

General debility -	since birth
Gender development of brain and body.	

Name of operation ——— Date of
What test confirmed diagnosis? X Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 193X
Where did injury occur? X X
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. D. McGarland, M.D.
(Address) Box 543 - Salmon Idaho

MARGIN RESERVED FOR BINDING

PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 107862

Local Registrar's No.

(No. 106)
(If death occurred in a hospital or institution, give its name instead of street and number).

2. FULL NAME Edward K. Neil.

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mining

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Bloomville Missouri.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Phil Rand (Address) Salmon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Idaho Date 1-22, 1938

19. UNDERTAKER W. C. Hoelle (Address) Salmon, Idaho

20. FILED 2-1-0, 1938. Chas. E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-22 1938

22. I HEREBY CERTIFY, That I attended deceased from December 27 1937, to Jan. 22, 1938.

I last saw him alive on Jan. 9, 1938.: death is said to have occurred on the date stated above, at 4:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic bronchitis;	
arteriosclerosis; chronic	
alcoholism;	Unknown

Other **contributory causes** of importance:

Possibly fibroid	Unknown
phthisis a factor	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ?? If so, specify. .....

(Signed) W. C. Hoelle
(Address) Salmon, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 107863

FEB 14 1938

542

2. FULL NAME Margaret Cecil Anderson.

(a) Residence. No. Front Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	Mangled

5a. If married, widowed, or divorced
(or) WIFE of Greggr M.Anderson

6. DATE OF BIRTH (month, day, and year) June II I878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	7	I2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeepper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) July I937

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Menasha (State or country) Wisc.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Gregor Anderson. (Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Carbonsville Date ..., 193..

19. UNDERTAKER W. C. Doubler (Address) Salmon Idaho

20. FILED 2/10..., 193.8 Chas. E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 23 1938

22. I HEREBY CERTIFY, That I attended deceased from July ..., 193.7.., to Jan ..., 193.8..
I last saw her alive on Jan 23., 1938.: death is said to have occurred on the date stated above, at II:40AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma, Mastitoides	I933
Sarcoma of internal organs.	I937
Other **contributory causes** of importance: Arthritis of knees	I905

Name of operation X Date of X

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? X Date of injury .., 193.
Where did injury occur? X
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no If so, specify X

(Signed) A. N. McFarland M.D.
(Address) Box 543 Salmon, Idaho

PLACE OF DEATH
County of Lewis
City of Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107864

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Devene Lois Wilkins 112

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
1	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Winchester
(State or country) Idaho.

FATHER
13. NAME George L. Wilkins
14. BIRTHPLACE (city or town) Fresno County
(State or country) Cal.

MOTHER
15. MAIDEN NAME Freda Lyda Sonnen.,
16. BIRTHPLACE (city or town) Cottonwood,
(State or country) Idaho.

17. INFORMANT Geo. L. Wilkins
(Address) Winchester, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Greencreek Date Jan 4, 193 7

19. UNDERTAKER C.E. Clark
(Address) Craigmont, Ida.

20. FILED Jan 3, 1938 C.E. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 2 193 8

22 I HEREBY CERTIFY, That I attended deceased from ...., 193...., to...., 193....
I last saw h.... alive on.... 193....: death is said to have occurred on the date stated above, at 1:00P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cystitis	1/2/38
Cardiac Failure	1/2/38

Other **contributory causes** of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) F.C. Walsh, M. D.
(Address) Winchester, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH: County of Fremont, City of Teton — Madison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107866

RECEIVED FEB 11 1938

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

160 C

2. FULL NAME Baby — Nimori

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Brown
5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6. DATE OF BIRTH (month, day, and year): 2-7-38

7. AGE — Years | Months | Days | If LESS than 1 day .... hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Teton City Idaho

MOTHER

13. NAME: R Koaru Nimori
14. BIRTHPLACE (city or town) (State or country): Japan

FATHER

15. MAIDEN NAME: Shigako Hori
16. BIRTHPLACE (city or town) (State or country): California

17. INFORMANT (Address): Lorin S Rich Rexburg Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Tetons Date: 2-7, 1938

19. UNDERTAKER (Address): Russel Hamm Rexburg

20. FILED 2-8, 1938 Mattie Eppson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 2/7 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h/~~AM~~ ~~alive~~ on Monday 193.8.: death is said to have occurred on the date stated above, at 2-45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strangulation from umbilicus	2-7-38

Other **contributory** causes of importance:

No available help at time of birth.	

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lorin S. Rich, M. D.

(Address) Rexburg Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Sugar City

FEB 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107867

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Neal Mortensen

(a) Residence. No. Sugar city Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) Feb 15 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sugar city Idaho

FATHER

13. NAME Chas Mortensen

14. BIRTHPLACE (city or town) (State or country) Salem Idaho

MOTHER

15. MAIDEN NAME Pearl Chandler

16. BIRTHPLACE (city or town) (State or country) Sugar House Utah

17. INFORMANT Chas Mortensen
(Address) Sugar city Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar city Date Jan. 11, 1938

19. UNDERTAKER Jean A Keller
(Address) Rexburg Idaho

20. FILED 2-8, 1938 Mrs. A. Heyaway
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1938, to 1-9, 1938
I last saw him alive on 1-9, 1938: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Toxaemia	
acute laryngitis	1-5-38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. [illegible] M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg R.D.I

FEB 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107868

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie Merie Barney

(a) Residence. No. Rexburg R.D.I St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Ralph Barney

6. DATE OF BIRTH (month, day, and year) Aug. 8 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vernal
(State or country) Utah

FATHER

13. NAME Edward Christenson

14. BIRTHPLACE (city or town) Fairview
(State or country) Utah

MOTHER

15. MAIDEN NAME Lottie Le-Roy

16. BIRTHPLACE (city or town) N. Y.
(State or country)

17. INFORMANT Joseph Ralph Barney
(Address) Rexburg R.D.I

18. BURIAL, CREMATION OR REMOVAL
Place Fernside Date Jan 20, 1938

19. UNDERTAKER Jean A. Keller
(Address) Rexburg Idaho

20. FILED 2-8, 1938 Mrs. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1938, to 1-17, 1938

I last saw her alive on 1-17, 1938; death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	?
Myocarditis	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Gustin Cazier M. D.

(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson

City of Lyon City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107869

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cerma Lyon

(a) Residence. No. Lyon City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) Oct. 14 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Victoria Idaho

FATHER

13. NAME John Taylor Lyon

14. BIRTHPLACE (city or town) (State or country) Mystic Ohio

MOTHER

15. MAIDEN NAME Flora Miner

16. BIRTHPLACE (city or town) (State or country) Riverside Idaho

17. INFORMANT Joseph Lyon (Address) Lyon City Ida

18. BURIAL, CREMATION OR REMOVAL Place Clawson Date Jan 22 1938

19. UNDERTAKER Geary & Keller (Address) Preston Idaho

20. FILED 2-8 1938 Mrs. A. Keyser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-20 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1938 to 1-20, 1938

I last saw her alive on 1-20, 1938; death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-12-38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. Gudmundsen M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Lyman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107870

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 79

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Johnson (Clara)

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-3-38

7. AGE Years	Months	Days	If LESS than 1 day 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lyman
(State or country)

FATHER

13. NAME Glen Johnson

14. BIRTHPLACE (city or town) Honeyville
(State or country) Utah

MOTHER

15. MAIDEN NAME Edna Hall

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Glen Johnson
(Address) Thornton Ida RT

18. BURIAL, CREMATION OR REMOVAL
Place Sutton Cem, Date 1-3-, 193 8

19. UNDERTAKER none
(Address)

20. FILED 1-4, 193 8 Mae W. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/3 1938

22. I HEREBY CERTIFY, That I attended deceased from 3:15 A.M. 1/3, 193 8, to 7:30 A.M. 1/3 193 8
I last saw her alive on 1/3, 193 8: death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital debility	3:15 A.M. 1/3/38
Other contributory causes of importance: Pneumonia Impaired forces Incubators Pulmonary	3:15 A.M. 1/3/38

Name of operation Date of
What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) W C Terry M.D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Paul

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107871

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 1

FEB 4 1938

(No.) 59
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathrina Miller

(a) Residence No. Paul Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl Miller

6. DATE OF BIRTH (month, day and year) Dec 15 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	3.	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME John Zieg
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Elizabeth Beiseim
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Carl Miller
(Address) Paul Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Paul Date Jan 7, 1938

19. UNDERTAKER Goodman Mortuary
(Address) Rupert Idaho

20. FILED 1—2, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1937 to Jan 4, 1938
I last saw h.er alive on Jan 3 1938: death is said to have occurred on the date stated above, at 9:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset.
senility	
arteriosclerosis	
nephritis - glomerular	

Other **contributory causes** of importance:

diabetes	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. F. Keenagy, M. D.
(Address) Rupert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lapwai.

RECEIVED FEB 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107877

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 1

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (no name) Miles.

(a) Residence. No. Lapwai, Idaho. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 15 minutes. (If nonresident give city or town and state) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Indian	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/1/38

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai, Idaho.
(State or country)

FATHER

13. NAME [redacted] William Seluskin

14. BIRTHPLACE (city or town) [redacted]
(State or country) [redacted] Washington

MOTHER

15. MAIDEN NAME Inez Miles,

16. BIRTHPLACE (city or town) Sweetwater,
(State or country) Idaho

17. INFORMANT Inez Miles
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Idaho. Date 1/1, 1938

19. UNDERTAKER None.
(Address)

20. FILED Feb 7, 1938 M. F. Cartey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1 1938

22. I HEREBY CERTIFY, That I attended deceased from 12:15 am 1/1, 1938, to 12:30am 1/1, 1938.

I last saw him alive on 1/1, 1938: death is said to have occurred on the date stated above, at 12:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 6½ mo.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107878

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 2

(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Inf, Son Of Carl Speck

(a) Residence No. 2335 - Main St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/3/38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER
13. NAME Carl Speck
14. BIRTHPLACE (city or town)
(State or country) Okla.

MOTHER
15. MAIDEN NAME Vera Peavey
16. BIRTHPLACE (city or town)
(State or country) N. Dak.

17. INFORMANT Carl Speck
(Address) Lewiston Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida Date 1/4/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Feb 1, 1938 M. McCauley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-3-1938

22 I HEREBY CERTIFY, That I attended deceased from 1-3, 193X, to 1-3, 1938
I last saw h~~e~~ alive on 1-3 1938; death is said to have occurred on the date stated above, at 12. Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Imunity	

Other contributory causes of importance: Unknown

Name of operation ... Date of ...
What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. White, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107879

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 3

(No. Somerville Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Peter Gaymon

(a) Residence No. ..... St. Gifford, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) June 16, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
59	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pottawattamie Co. Iowa

FATHER

13. NAME Samuel Gaymon

14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME Ann Kenyon

16. BIRTHPLACE (city or town) (State or country) Providence Rhode Island

17. INFORMANT (Address) Mrs George Maynard Cutdeside, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lookout, Ida Date Jan 8, 1938

19. UNDERTAKER Brosseau Mortuary Co.
(Address) Lewiston Idaho

20. FILED Jan 7, 1938 M. F. Casey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 193 7, to Jan 4, 193 8

I last saw him alive on Jan 2 193 8: death is said to have occurred on the date stated above, at 5 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Jan 1937

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193...

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) W. S. Douglas, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

FEB 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107880

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 4

(No. Lewis-Clark Hotel.)

(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Thomas N. Marlowe.

(a) Residence No. ..... St. Missoula. Montana.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Marlowe.

6. DATE OF BIRTH (month, day, and year) August 24th, 1880.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
57.	5.	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Narborne, Missouri.

FATHER

13. NAME John T. Marlowe,

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Alice Roselle,

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMANT Nellie Marlowe.
(Address) Missoula, Montana.

18. ~~BURIAL, CREMATION~~ REMOVAL
Place Missoula, Montana. Date Jan. 5th, 1938.

19. UNDERTAKER Brower-Wann Co.,
(Address) Lewiston, Idaho.

20. FILED Jan 4, 1938 M F Cuthy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 4 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193.....
I last saw h~~im~~ alive on January 4 1938: death is said to have occurred on the date stated above, at 10:10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Acid white smoking	
public address	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) A H Brower Coroner M. D.
(Address) Lewiston, Idaho
for Nez Perce Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107881

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 2

(No. 522 4th. Avenue.)

(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME William Franz Kettenbach.

(a) Residence No. Idaho Trust Bldg. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Kettenbach.

6. DATE OF BIRTH (month, day and year) November 1st, 1874.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
63.	2.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired banker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indianapolis, Ind.
(State or country) Indiana.

FATHER

13. NAME William F. Kettenbach.

14. BIRTHPLACE (city or town) New York City,
(State or country) New York.

MOTHER

15. MAIDEN NAME Sally Ann Benton.

16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT Mrs. W. F. Kettenbach,
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date Jan. 7th, 193 8.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Jan 7, 193 8. M. H. Cathey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/5/38 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 193 7, to Jan 5, 193 8.

I last saw him alive on Jan 3, 193 8.; death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) R. T. Scott, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107882

Registration District No. 1004

Primary Registration District No. 96 Local Registrar's No. 659

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inf. Daughter of Mr. & Mrs. Lester Smith (Lola Marie Smith)

(a) Residence. No. 429- Miller St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 6. 1938

7. AGE Years	Months	Days	If LESS than 1 day 18 hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME Lester Smith

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Marie Magnuson

16. BIRTHPLACE (city or town) (State or country) Deary, Idaho

17. INFORMANT (Address) Nez Perce County Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston Date 1/8/38, 193..

19. UNDERTAKER (Address) Vassar* Rawls Co. Lewiston, Idaho.

20. FILED Jan 18, 193.. M McCarley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938, to Jan 7, 1938

I last saw h.. alive on Jan 7, 193.. f. death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 5½ Mo.	
Weight 2 lb 11 oz.	Jan 7 1938

Other contributory causes of importance:

Toxemia of Pregnancy	
1st Month	12-14-37

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 193..

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Douglas M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez. Perce

City of Lewiston

FEB 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107883

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 7

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Inf Daughter Mr.&Mrs. Lester Smith (Lila Jean Smith)

(a) Residence. No. 429 Miller St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 6 1938

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	0	0	2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME Lester Smith

14. BIRTHPLACE (city or town)
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Marie Magnuson

16. BIRTHPLACE (city or town) Deary
(State or country) Idaho.

17. INFORMANT Nez Perce County
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Cem Date 1/8/38 193...

19. UNDERTAKER Vassar-Rawls Co
(Address) Lewiston, Idaho

20. FILED Jan 15, 193.8 M H Carkey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938, to Jan 7, 1938

I last saw her alive on Jan 7, 1938; death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 6½ Mo. (weight 2 lbs 8 oz.)	Jan 7 1938
Other contributory causes of importance: Toxemia of pregnancy in mother - Partial abruptio of placenta of the child.	Dec 4 1937

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 193...

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Douglas M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107884

Registration District No. 1009

Primary Registration District No. 96. Local Registrar's No. 8

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inf. Son of Mr. & Mrs. Lester Smith (Lester Dwane Smith)

(a) Residence. No. 429 - Diller St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho

FATHER

13. NAME Mr. Lester Smith

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Marie Magnuson

16. BIRTHPLACE (city or town) (State or country) Deary. Idaho

17. INFORMANT (Address) Nez Perce County Lewiston Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Date 1/8/38, 193

19. UNDERTAKER (Address) Vassar-Rawls Co. Lewiston, Idaho.

20. FILED Jan 18, 1938 M. M. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938, to Jan 7, 1938

I last saw h~~e~~r alive on Jan 7, 1938; death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (5½ Mo)	Jan 7 1938
weight 3 lbs 5½ oz	

Other contributory causes of importance:

Toxemia of Pregnancy	12-16-37
in Mother	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No injury
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Young M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107885

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 9
(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Mrs. Mary Glovitch
(a) Residence. No. Pierce Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Pete Glovitch

6. DATE OF BIRTH (month, day, and year) July 5, 1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	6	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Vista
(State or country) Colorado

FATHER
13. NAME C.B.Frank
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Chris Johnson
(Address) Pierce, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 1/15/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Jan 16, 1938 M T Carkey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/12/ 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw ~~her~~ alive on 1-12, 193~~8~~: death is said to have occurred on the date stated above, at 4:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Jan 11-38

Other contributory causes of importance:

Multiple lung abscess (Acute) following bronchio-pneumonia	Aug 5 - 1937 July 20-1937

Name of operation None Date of —
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. L. Wheeler, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RL

FEB 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107886

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 10

131

(No. Sommerville Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August Berg

(a) Residence. No. Sommerville Home St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sommerville Home Record
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 1/17/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Jan 18, 1938 W. H. Cuskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1937, to 1-13, 1938

I last saw ~~him~~ alive on 1-9, 1938; death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-15-37
Other contributory causes of importance: Chronic Interstitial Nephritis	1930
Arteriosclerosis	1935

Name of operation None Date of

What test confirmed diagnosis? Albumin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. No injury

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Douglas, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

FEB 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107887

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 11

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

130

2. FULL NAME Milton J. Cavender

(a) Residence. No. Grangeville Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hazel Cavender

6. DATE OF BIRTH (month, day, and year) 11-28-1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tekoa (State or country) Wash.

FATHER

13. NAME W.E.Cavender

14. BIRTHPLACE (city or town) Finley (State or country) Ohio

MOTHER

15. MAIDEN NAME Hannah Thomas

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT W.E.Cavender (Address) Tekoa Wash.

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Tekoa, Wash. Date 1/13/38 193...

19. UNDERTAKER Vassar-Rawls Co. (Address) Lewiston Idaho

20. FILED Jan 14, 1938 M. McCaskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938, to Jan. 13, 1938

I last saw ~~him~~ alive on Jan. 8, 1938: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	2 months

Other contributory causes of importance:

None

Name of operation ~~None~~ Date of

What test confirmed diagnosis? ~~None~~ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. G. Cassaus, M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107889

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 13

(No. Tom Beall Creek)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jeremiah Joseph Hogaboam

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ann Hogaboam

6. DATE OF BIRTH (month, day, and year) May 8, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
85	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cass Bridge (State or country) Ontario, Canada

FATHER

13. NAME Gilbert Hogaboam

14. BIRTHPLACE (city or town) Ontario (State or country) Canada

MOTHER

15. MAIDEN NAME Emily Cass

16. BIRTHPLACE (city or town) Ontario, Canada (State or country)

17. INFORMANT Gilbert Hogaboam (Address) Lapwai Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn. Date Jan 19, 1938

19. UNDERTAKER Brower Mann Co (Address) Lewiston Idaho

20. FILED Jan 19, 1938 M. Keeley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Jan 15, 1938

I last saw him alive on Jan 15 1938: death is said to have occurred on the date stated above, at 4:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	Jan 10 1938

Other contributory causes of importance:

Senility	

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Ella Broadrick, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107890

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 14

(No. St. Joseph Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elijah R. Chambers

(a) Residence No. St. Ahsahka Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs E. R. Chambers

6. DATE OF BIRTH (month, day, and year) June 4-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME John R. Chambers
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Mariam Bohman
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT Mrs E. R. Chambers
(Address) Ahsahka Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Ida Date 1-22, 193[illegible]

19. UNDERTAKER Orrin Mortuary
(Address) Orrin Ida

20. FILED 1-22, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-19 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 193[illegible], to Jan. 19, 1936
I last saw h[illegible] alive on Jan 18 193[illegible]: death is said to have occurred on the date stated above, at 6:23 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face & ear	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M.D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

REC'D FEB 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107891

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 15
(No. Sommerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

1070

2. FULL NAME Alva Drummond

(a) Residence. No. 0202- 8th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Obtainable

6. DATE OF BIRTH (month, day, and year) June 8 1880

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
58	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bairdstone (State or country) Pa.

FATHER
13. NAME Not Obtainable
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sommerville Home (Address)
18. BURIAL, CREMATION OR REMOVAL Lawnton, Idaho
Place Lewiston Ida. Date 1/22/38 193
19. UNDERTAKER Vassar-Rawls Co. (Address) Lewiston, Idaho
20. FILED Jan 31, 193 8 M. K. Custer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/20/38

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 193 8 to 1-20, 193 8
I last saw him alive on 1-16, 193 8: death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	1-16-38
Other contributory causes of importance: Cystitis Chronic.	9-31
Prostate, Hypertrophy of	1-33

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193—
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. S. Douglas M.D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107892

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 16

(No. 1225 Idaho Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

114

2. FULL NAME Albert Louis Card

(a) Residence No. (Usual place of abode) St. Southwick, Ida.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Card

6. DATE OF BIRTH (month, day, and year) Sept 9, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
63	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1937

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Cody (State or country) Wyoming

FATHER

13. NAME Louis Card

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Esther Card (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston, Idaho Date Jan 26th, 193 8

19. UNDERTAKER Brower Mortuary Co (Address) Lewiston, Idaho

20. FILED Jan 27, 193 8 W. F. Castley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1938, to Jan 22, 1938

I last saw him alive on Jan 22 1938; death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio nephritis	1937
Other contributory causes of importance: Respiratory failure	Jan 22 1938

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify —

(Signed) Jay Broadbent, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

FEB 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107893

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 17

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Zachriah Haddock

(a) Residence. No. Porter Block St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret L. Bundy

6. DATE OF BIRTH (month, day, and year) 8/17/1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. rancher

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME not obtainable

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME not obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Mary Lewis
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dayton, Washington Date 1-27, 1938

19. UNDERTAKER Vassar-Rawls Funeral Home
(Address) Lewiston, Idaho

20. FILED Jan 26, 1938 M. K. Castey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1936, to January 26, 1938

I last saw him alive on 1-25, 1938: death is said to have occurred on the date stated above, at 12:00 NOON m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthma	12-15-37

Other contributory causes of importance:

Prostatic hypertrophy with retention and moderate uremia	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. M. MacRae, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nazperce

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107894

Registration District No. 1009

FEB 10 1938

Primary Registration District No. 96 Local Registrar's No. 18

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

37

2. FULL NAME Robert Wagner

(a) Residence. No. St. Craigmont, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ardella Bank

6. DATE OF BIRTH (month, day, and year)
May 15, 1915

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	22	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1/25/38

11. Total time (years) spent in this occupation 3 Years

12. BIRTHPLACE (city or town) (State or country) Craigmont, Idaho

FATHER

13. NAME W.T. Wagner

14. BIRTHPLACE (city or town) (State or country) Butler, Tenn.

MOTHER

15. MAIDEN NAME Maggie Rominger

16. BIRTHPLACE (city or town) (State or country) Southerland N.C.

17. INFORMANT W.T Wagner
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wash Date 1/28/38

19. UNDERTAKER H.R. Merchant
(Address) Clarkston, Wash

20. FILED Feb 3, 1938 M.W. Cooke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/26/38

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938, to Jan 26, 1938.

I last saw him alive on Jan 26 1938; death is said to have occurred on the date stated above, at 2:40 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	1/25/38

Other **contributory causes** of importance:

Septicaemia	1/18/38

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** None

Manner of injury

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L.R. Merchant M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107895

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 19

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Joseph Birchner

(a) Residence. No. Kamiah, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 19. 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) St. Joseph's Hospital Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date 2/1/38, 193

19. UNDERTAKER (Address) Vassar-Rawls Co. Lewiston, Idaho.

20. FILED Feb 1, 193 8 M. H. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/29/38

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 193 7, to Jan 29, 193 8

I last saw him alive on Jan 29, 193 8: death is said to have occurred on the date stated above, at 8:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy Prostate	1937
Retention Urine	"
Infected Bladder	"

Other contributory causes of importance:

Senility

Name of operation None Date of —

What test confirmed diagnosis? Pus Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) E. B. Brancroft, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107896

Registration District No. 1004

FEB 10 19

Primary Registration District No. 96 Local Registrar's No. 20

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles M. Shore

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Shore

6. DATE OF BIRTH (month, day, and year) Mar 14, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
71	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallowa
(State or country) Oregon

FATHER

13. NAME Thomas M. Shore

14. BIRTHPLACE (city or town) U. S. A.
(State or country)

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) U. S. A.
(State or country)

17. INFORMANT Ivie F. Shore
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date Jan 31, 1938

19. UNDERTAKER Brower Mahon Co
(Address) Lewiston Ida

20. FILED Feb 2, 1938 W. W. Cowley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec-10, 193 7, to Jan 29, 1938

I last saw him alive on Jan 27 1938; death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Naturc of injury

24. Was disease or injury in any way related to occupation of deceased No

(Signed) M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

FEB 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107897

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 21

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Adinah Haag.

(a) Residence No. ..... St. Lenore, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Haag.

6. DATE OF BIRTH (month, day, and year) October 30th, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
62.	3.	0.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stockbridge. (State or country) Wisconsin.

FATHER

13. NAME Carl Weichman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Victor C. Haag. (Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Lenore, Idaho. Date Feb. 1st, 1938.

19. UNDERTAKER Brower-Wann Co., (Address) Lewiston, Idaho.

20. FILED Feb 3, 1938 H. M. Lindley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 30th 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938, to Jan 30, 1938

I last saw h[illegible] alive on Jan 30 1938 death is said to have occurred on the date stated above, at 4:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hypertension	
& Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. C

Manner of injury C

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify C

(Signed) Paul Mooney, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

JAN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 107901

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Zillah Reynolds Jenkins

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W Jenkins

6. DATE OF BIRTH (month, day, and year) October 8 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
84	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME John Reynolds

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Catherine Williams

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Cine Thomas Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Burial Jan 14 1938

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED Jan 21, 1938 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1937, to Jan. 12, 1938
I last saw her alive on Jan 5, 1938; death is said to have occurred on the date stated above, at 3:00AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, cystitis	
myocarditis	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? C Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) V. P. Grant, M. D.
(Address) Malad, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107902

Registration District No. 26
Primary Registration District No. 2065 Local Registrar's No. 3
(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Woozley Smith

(a) Residence. No. Mlad Idaho R F D I St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Femlae	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Burnett Smith

6. DATE OF BIRTH (month, day, and year) Oct 17 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Home
10. Date deceased last worked at this occupation (month and year) Jnue 1937
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Nortonville California

FATHER
13. NAME Edward Woozley
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Joan Morgan
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Burnett Smith Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Rt I Date Jan 27, 1938

19. UNDERTAKER J. Guy Duncan
(Address) Malad Idaho.

20. FILED Jan 31, 1938 Dr J Terms
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1937, to Jan 24, 1938
I last saw h alive on Jan, 1938: death is said to have occurred on the date stated above, at 5:00PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	At least 1923

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O A Mabey M. D.
(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107903

Registration District No. 26

FEB 10 1938

Primary Registration District No. 2069

Local Registrar's No. 4

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Thorpe Hughes

(a) Residence. No. .... Malad Idaho Rt I St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. 9 mos. II ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Hughes

6. DATE OF BIRTH (month, day, and year) April 19 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	II	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .... Own Home

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Samaria Idaho

FATHER

13. NAME Samuel Thorpe

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Annabelle Memmott

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Jacob Hughes Malad Idaho Rt I

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Rt I Date Burial Feb 2, 1938

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED Jan 31, 1938 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 30 1938

22. I HEREBY CERTIFY, That I attended deceased from ...., 193..., to Jan 30, 1938
I last saw h alive on Jan 30, 1938 death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
influenza	Jan 23

Other contributory causes of importance:

Thyroidectomy 1934	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) O. F. Maberry M. D.
(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of Bruneau

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107904

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 1

FEB 9 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Sidney Pence

(a) Residence No. Hot Springs St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Author Pence

6. DATE OF BIRTH (month, day, and year): Feb. 5, 1857

7. AGE: Years 80 | Months 11 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tennessee

FATHER
13. NAME: Allen Wells
14. BIRTHPLACE (city or town) (State or country): Neosha Mo.

MOTHER
15. MAIDEN NAME: Sarah Elliott
16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMANT: Mattie Trammell
(Address): Bruneau

18. BURIAL, CREMATION OR REMOVAL
Place Hot Springs Date Jan. 19, 193 8

19. UNDERTAKER
(Address)

20. FILED Jan 21, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 1-16-193 8

22 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 193 7, to 1-16-, 193 8
I last saw h er alive on 1-11-193 8: death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1933
Other **contributory causes** of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. E. Evans M. D.
(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gayette
City of Fruitland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107905

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Sargood
(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs H Bennett Sargood

6. DATE OF BIRTH (month, day, and year) July 2 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frome
(State or country) Eng.

FATHER
13. NAME William Henry Sargood
14. BIRTHPLACE (city or town) Yorkshire
(State or country) Eng.

MOTHER
15. MAIDEN NAME Emma Burgess
16. BIRTHPLACE (city or town) Frome
(State or country) Eng.

17. INFORMANT James Sargood
(Address) Fruitland

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Idaho Date Jan 13, 1938

19. UNDERTAKER Edith Sundown
(Address) Gayette Idaho

20. FILED 1/15/38, 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-13 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h.. alive on ..... 193.....: death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
old age and heart failure	
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Edith Sundown Coroner
(Address Gayette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of PAYETTE.
City of NEW PLYMOUTH.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107906

Registration District No. 4.
Primary Registration District No. 1008 Local Registrar's No. 7.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME SHIRLEY LORAINE LA CRONE.

(a) Residence No. NEW PLYMOUTH, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) 4/25/37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Plymouth
(State or country) Idaho.

FATHER
13. NAME Francis Walker LaCrone
14. BIRTHPLACE (city or town) New Plymouth
(State or country) Idaho

MOTHER
15. MAIDEN NAME Geneta Lukehart La Crone
16. BIRTHPLACE (city or town) Sterling
(State or country) Colo

17. INFORMANT Mrs. J. F. La Crone
(Address) New Plymouth, Id

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date 1/9/38, 193

19. UNDERTAKER Earl L. Lowe
(Address) Caldwell, Idaho

20. FILED 1/ /38, 193 J. O. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/7 1938

22 I HEREBY CERTIFY, That I attended deceased from 1/7/38, 193..., to 1/7/38, 193...
I last saw her alive on 1/7/38 193...: death is said to have occurred on the date stated above, at 10.45 m. pm

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hyperpyrexia of Unknown Origin.	1/7/38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. O. Woodward, M. D.
(Address) Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107907

Registration District No. 4
Primary Registration District No. 1008, Local Registrar's No. 8

FEB 7 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Waldo Maxwell Lundberg.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Phyllis Clevenger Lundberg

6. DATE OF BIRTH (month, day, and year) June 30

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Upland.
(State or country) Neb.

FATHER
13. NAME Swan Lundberg.
14. BIRTHPLACE (city or town) .....
(State or country) Sweden.

MOTHER
15. MAIDEN NAME Johanna Rundquist
16. BIRTHPLACE (city or town) .....
(State or country) Sweden.

17. INFORMANT Mrs. Phyllis Lundberg
(Address) New Plymouth, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Idaho Date Jan 20, 1938

19. UNDERTAKER Glenn C. Landon
(Address) Payette Idaho

20. FILED 1/18/38, 193.. J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-16 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 12 noon.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
accidental death by the falling of a hay derrick, when he sustained a fracture of the skull & a wound over the left ear; deep wound.	
Other **contributory causes** of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 1-16-38 193.....
Where did injury occur? near New Plymouth Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** at home
Manner of injury falling derrick pole
Nature of injury fracture of skull

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify putchering.

(Signed) Edith Lundberg Coroner
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107908

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 9
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 1 1938

110

2. FULL NAME Mr. Daniel P. Hart.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Mathews Hart
6. DATE OF BIRTH (month, day, and year): 11-14-1854.
7. AGE: Years 83 | Months 2 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Singapore, Straits Settlements.

FATHER
13. NAME: not known.
14. BIRTHPLACE (city or town) (State or country): not known.

MOTHER
15. MAIDEN NAME: not known.
16. BIRTHPLACE (city or town) (State or country): not known.

17. INFORMANT: Clara Hart. (Address) Payette Idaho
18. BURIAL, CREMATION OR REMOVAL: Place Payette Idaho. Date Jan 24, 1938
19. UNDERTAKER: Edith Landon. (Address) Payette Idaho
20. FILED 1/24/38, 1938. J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 1-21 1938
22 I HEREBY CERTIFY, That I attended deceased from 1-15, 1938, to 1-21, 1938
I last saw him alive on 1-21 1938: death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-14-38
Cerebral	1-16-38
Other contributory causes of importance:	
Myocarditis	not known
Uremia	1-18-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Carlson, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107909

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 10.
(No.) 82(a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Ella Alicia Jane Russell.
(a) Residence No. St. Modesto, Calif.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widow.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Austin Russell.
6. DATE OF BIRTH (month, day, and year): Oct. 14. 1870
7. AGE: Years 67. Months 3 Days 17 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West Grove Ohio

FATHER
13. NAME: James Marshall
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Elizabeth Henry
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Mrs. Alice Russell
(Address) 426 McHenry Modesto Calif.
18. BURIAL, CREMATION OR REMOVAL
Place Modesto Calif Date 1-31-, 1938
19. UNDERTAKER: Edith Landon.
(Address) Payette Idaho
20. FILED 1/31/38, 193. J. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-31 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 17-, 1938., to 1-31-, 1938.
I last saw h.. alive on Jan 30 1938.: death is said to have occurred on the date stated above, at 4.40 A. m.
The **principal cause of death** and related causes of importance were as follows:

Apoplexy — Date of onset Jan 24-38

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Power
City of Am. Falls Ida.

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107910

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 1
(No. Schilb Memorial Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Elizabeth Martin

(a) Residence No. Nesdesha Kansas St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 6-186[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Galesburg
(State or country) Illinois

FATHER
13. NAME George Martin
14. BIRTHPLACE (city or town) New York.
(State or country) —

MOTHER
15. MAIDEN NAME Lucy Scott
16. BIRTHPLACE (city or town) New York
(State or country) —

17. INFORMANT O. K. Martin
(Address) Am. Falls, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nesdesha Kans. Date On Arrival 193 8

19. UNDERTAKER A. W. Dorne
(Address) Am. Falls, Idaho.

20. FILED 1-6, 1938 Irene Dalling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-4 193 8

22 I HEREBY CERTIFY, That I attended deceased from January 1, 193 8, to January 4, 193 8
I last saw h[illegible] alive on 1-4-1938: death is said to have occurred on the date stated above, at 4:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Introsusception of bowel.	
Other **contributory causes** of importance:	
Peritonitis.	
Shock.	

Name of operation -- Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) V. H. Fagan, M. D.
(Address American Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107911

FEB 8 1938

Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 2 154

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie Elaine Wade

(a) Residence No. American Falls Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 7-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Am. Falls,
(State or country) Idaho.

FATHER

13. NAME Gerald Wade
14. BIRTHPLACE (city or town) Farnum, Ida.
(State or country)

MOTHER

15. MAIDEN NAME Elsie Lounsburry
16. BIRTHPLACE (city or town) Am. Falls,
(State or country) Idaho

17. INFORMANT Gerald Wade
(Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Date Jan. 12 193 8

19. UNDERTAKER A. W. Davis.
(Address) Am. Falls, Ida.

20. FILED 1-12, 1938 Irene Baling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-19 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-5-38, 193..., to 1-10-38, 193...
I last saw h. or alive on 1-10 193 8: death is said to have occurred on the date stated above, at 10:30p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth (6 mo. 1 wk.)	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Power
City of Am. Falls,

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107912

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 3
(No. Schultz Memorial Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

10-7a

2. FULL NAME Bonnie M. Roper.
(a) Residence No. Arbon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 12-37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Am. Falls
(State or country) Idaho.

FATHER
13. NAME Rex Roper.
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER
15. MAIDEN NAME Madelon England
16. BIRTHPLACE (city or town) Dayton
(State or country) Washington

17. INFORMANT Roy Roper
(Address) American Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Jan. 29, 1938

19. UNDERTAKER A. W. Davis
(Address) Am. Falls, Ida.

20. FILED Jan. 28, 1938 Irene Ealing
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-27-1938

22 I HEREBY CERTIFY, That I attended deceased from 1-26, 1938, to 1-27, 1938
I last saw her alive on 1-27 1938: death is said to have occurred on the date stated above, at 4:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Influenza	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Oscar J. Beckman M. D.
(Address American Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Power
City of Am. Falls Idaho.

RECEIVED
FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107913

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 4
(No. Rome Crystal, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roberta Schrock

(a) Residence No. Crystal, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph S. Schrock

6. DATE OF BIRTH (month, day, and year) Feb. 16-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Browning
(State or country) Missouri

FATHER
13. NAME Hyrum Jenkins
14. BIRTHPLACE (city or town) Not Known
(State or country) —

MOTHER
15. MAIDEN NAME Calista Jenkins
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT J. S. Schrock
(Address) Crystal, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls Ida. Date Feb. 1 —, 1938

19. UNDERTAKER A. W. Davis
(Address) American Falls, Ida.

20. FILED Jan 3, 1938 Irene Dailey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 29 1938

22 I HEREBY CERTIFY, That I attended deceased from April, 1933, to Jan 29, 1938
I last saw h[illegible] alive on Jan 10 1938: death is said to have occurred on the date stated above, at 5 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Secondary to Ca of Cervix Uteri	1932

Other **contributory causes** of importance:

Name of operation Incomplete Hysterectomy Date of 1932
What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. H. Jarrett M. D.
(Address American Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10791 4

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 1 1938

1610

2. FULL NAME Baby Kal Rape
(a) Residence No. Wardner Hospital St. 711 McKinley Ave
(Usual place of abode)
Length of residence in city or town where death occurred 2 days (If nonresident give city or town and state)
~~yrs.~~ ~~mos.~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Girl	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 2 '38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg - Ida
(State or country)

FATHER
13. NAME Ernest Rape
14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER
15. MAIDEN NAME Marie Barnhill
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Wardner Hospital
(Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date Jan. 15, 1938

19. UNDERTAKER P. F. Thornhill
(Address) Kellogg Idaho

20. FILED Feb. 9, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/12 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to Jan 12, 1938
I last saw her alive on Jan 12 1938: death is said to have occurred on the date stated above, at 1025 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	
Enlarged thymus	1-10-38

Other **contributory causes** of importance:

Prematurity

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. T. Galloway, M. D.
(Address 711 McKinley Ave Kellogg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107915

Registration District No. 123
Primary Registration District No. 3201 Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Kate Frances Smith

(a) Residence No. Kellogg-Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 3, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lafayette (State or country) Kansas

FATHER
13. NAME John Lewis
14. BIRTHPLACE (city or town) Mo. Unk (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Hendricks
16. BIRTHPLACE (city or town) Mo Unk. (State or country)

17. INFORMANT Mr. Phil Devanaree (Address) Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date Jan 17, 1938

19. UNDERTAKER P. J. Thornhill
(Address) Kellogg Idaho

20. FILED Feb 9, 1938 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 14 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to Jan 14, 1938

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver.	

Other **contributory causes** of importance: Saw deceased one year ago, diagnosis made at that time.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. R. Bridges, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107916

Registration District No. 123
Primary Registration District No. 2261 Local Registrar's No. 4

FEB 12 1938

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Curtis

(a) Residence No. Kellogg Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Jennie Curtis

6. DATE OF BIRTH (month, day, and year) July 21 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Oliver Curtis
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Jennie McPherson
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Jennie Curtis
(Address) Mullan Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Date Feb 18, 1938

19. UNDERTAKER P. J. Thevenaz
(Address) Kellogg Idaho

20. FILED Feb. 9, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 17 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 10:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a Pneumonia	Instant
b Lobar Pneumonia	
c Acute Alcoholism	
d Dead	

Other **contributory causes** of importance:

Name of operation None Date of.....
What test confirmed diagnosis?..... Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~Accident~~ Date of injury....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) R. W. Wolf M.D. Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

FEE [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 107917

Local Registrar's No. 5

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

1938

2. FULL NAME Kenneth Hays Nelson

(a) Residence. No. 409 Cedar St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	6	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kennewick, Wash.

MOTHER FATHER
13. NAME Paul Nelson
14. BIRTHPLACE (city or town) (State or country) Chicago, Ill.
15. MAIDEN NAME Nellie B. McMaster
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Paul Nelson
(Address) Kellogg, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg, Ida. Date Feb. 2, 1938

19. UNDERTAKER R. R. Stout
(Address) Kellogg, Idaho

20. FILED Feb. 9, 1938 Ina Hill McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1938, to Jan. 29, 1938
last saw him alive on Jan. 29, 1938: death is said to have occurred on the date stated above, at 11:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Jan. 29.
following Compound fracture of femur.	
Other contributory causes of importance:	
Fracture of femur	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193__
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____
(Signed) Leon R. Hansen, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107918

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 6
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Preston Jackson

(a) Residence No. .... Kellogg Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. .... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Velma

6. DATE OF BIRTH (month, day, and year) Apr 29 1881

7. AGE — Years: 56 | Months: 9 | Days: 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Forestry Service
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 12/16/37
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Idaho

FATHER
13. NAME Robert Jackson
14. BIRTHPLACE (city or town) .... (State or country) Ind

MOTHER
15. MAIDEN NAME ....
16. BIRTHPLACE (city or town) .... (State or country) Ind

17. INFORMANT Mrs. Velma Jackson (Address) ....

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Kellogg Date Feb 5, 1938

19. UNDERTAKER P. J. Shamblin
(Address) Kellogg Idaho

20. FILED Feb. 9, 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/31/1938 6:P.M

22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1938 to Jan 31st, 1938
I last saw him alive on Jan 31 1938: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic heart disease	
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) W. G. Lundeen M. D.
(Address) Kellogg Idaho

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107921

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 2

FEB 13 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Wallace Hosp.)

2019

2. FULL NAME John Thomas Calloway.

(a) Residence No. Dark Ide. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Vera Calloway.
6. DATE OF BIRTH (month, day, and year): Mar 20 1906
7. AGE: Years 31 | Months 9 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Westport Wash.

FATHER
13. NAME: John Calloway.
14. BIRTHPLACE (city or town) (State or country): Ill

MOTHER
15. MAIDEN NAME: Minnie B. Barnsley.
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT (Address): Roscoe Calloway. Kellogg Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Wallace Ida. Date: Jan 6, 1937

19. UNDERTAKER (Address): J. A. Cook (Wardner) Wallace Ida

20. FILED Jan 6, 1937 John Bova Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 1 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 1, 1938

I last saw him alive on Jan 1, 1938: death is said to have occurred on the date stated above, at 11:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull fracture	Jan 1, 1938
Primary Shock	Jan 1, 1938

Other **contributory causes** of importance: None

Name of operation: Date of ~~Not~~
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury Jan 1-38 1938.
Where did injury occur? Tamarack Mine.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**: Underground
Manner of injury: Struck by Rock
Nature of injury: Fractured Skull.

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify: Mine Workman

(Signed) J. D. Simmons M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City or Co-Infirmary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107922

Registration District No. 70
Primary Registration District No. 7011 Local Registrar's No. 3
(No. Co Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Farland 108
(a) Residence No. County Infirmary St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 60 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)
18. BURIAL, CREMATION OR REMOVAL Place Kellogg Date Jan 8, 1938
19. UNDERTAKER P. J. Thornwell (Address) Kellogg Ida
20. FILED Jan 20, 1938 John Biver Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/3 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1938 to Jan 2nd, 1938
I last saw him alive on Jan 1 1938: death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Ida.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in language properly classified. Exact statement of OCCUPATION is very important. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107923

FEB 10 1938

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 4

(No.) Residence
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Johnson

(a) Residence. No. 1 Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced.

6. DATE OF BIRTH (month, day, and year) Dec 23-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Esther Johnson (Address) Spokane Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Butte Mont. Date June 8 1938

19. UNDERTAKER J. A Bower (Words) (Address) Wallace Ida.

20. FILED Jan 6, 1937 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1937, to Jan 4, 1938.
I last saw h[illegible] alive on Jan 4, 1938: death is said to have occurred on the date stated above, at 915 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza followed by Pneumonia	Dec 29 1937

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H A Pahl M. D.
(Address) Mullan Ida.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107924

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 5

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Residence)

2. FULL NAME Ida Faust Williams

(a) Residence. No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

59

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): June 15 1865

7. AGE: Years 73 | Months 5 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canada Mills Penn

FATHER
13. NAME: Adam Faust
14. BIRTHPLACE (city or town) (State or country): LaPark Penn.

MOTHER
15. MAIDEN NAME: Jane Brooks
16. BIRTHPLACE (city or town) (State or country): Londonderry Ireland

17. INFORMANT (Address): Mrs E.E. Olson Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Mullan Ida Date: Jan 7, 1938

19. UNDERTAKER (Address): J.A Bower Works Wallace Ida

20. FILED: Jan 6, 1938. John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1937, to Jan 4, 1938.
I last saw h[illegible] alive on Jan 4, 1938: death is said to have occurred on the date stated above, at 8:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Gangrene of left foot	
and leg	

Other contributory causes of importance: Diabetes Mellitus

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. L. Smith M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107925

Registration District No. 70
Primary Registration District No. 1901
Local Registrar's No. 6
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine E. Sharp.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Fred Sharp.
6. DATE OF BIRTH (month, day, and year): June 25-1863
7. AGE: Years 07 | Months 0 | Days .0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Cascade Mont.

FATHER
13. NAME: ——— Wright.
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Russell Sharp. Spokane Wash.
18. BURIAL, CREMATION OR REMOVAL Place: Missoula Mont. Date: Jan 8 1938
19. UNDERTAKER (Address): J. A. Bower (Wards) Wallace Ida
20. FILED Jan 6, 1938 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 5 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938, to Jan 5, 1938
I last saw her alive on Jan 5 1938: death is said to have occurred on the date stated above, at 9 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-5-P 1/5/38
Other **contributory causes** of importance: Hypertension	8 years.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James R Bean, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107926

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 7

FEB 1 1938

(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Frederick Engel

(a) Residence No. Kellogg Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write this): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Fannie Engel

6. DATE OF BIRTH (month, day, and year) July 21, 1876

7. AGE: Years 61 | Months 5 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silver Crescent
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leavenworth
(State or country) Kansas

FATHER
13. NAME John Engel
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Mint
16. BIRTHPLACE (city or town)
(State or country) Mint

17. INFORMANT John Engel
(Address) Kellogg, Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane Date Jan 11, 1938

19. UNDERTAKER M. C. Thornbrue
(Address) Kellogg Idaho

20. FILED Jan 11, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1937 to Jan 9, 1938
I last saw h[illegible] alive on Jan 9, 1938: death is said to have occurred on the date stated above, at 11 3/4 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Edema	
Dental Sepsis	

Other **contributory causes** of importance: None

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Signed [illegible] M.D.
(Address) Wallace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
107927
State File No.

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 9
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

174

2. FULL NAME Gus Sprotas
(a) Residence. No. Burke Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Ora Sprotas

6. DATE OF BIRTH (month, day, and year) Dec-4-1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	0	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mine.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado.

FATHER
13. NAME Gus Sprotas
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Ora Sprotas
(Address) Burke Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Ida Date Jan 22 1938

19. UNDERTAKER J. A. Bower (Ward)
(Address) Wallace Ida

20. FILED Jan 18, 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 15 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Contributory	
Other contributory causes of importance:	
Arteriosclerosis	Uncertain

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 15 1938
Where did injury occur? Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Lead Mine
Manner of injury Slab Caving Chest
Nature of injury Fracture Ribs

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. M. Bryan M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107928

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 10
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Madgline Wofford
(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 30 1925
7. AGE: Years 2 | Months 3 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Superior Wis.

FATHER
13. NAME: Oscar Wofford
14. BIRTHPLACE (city or town) (State or country): Great Falls Mont.

MOTHER
15. MAIDEN NAME: Opal Potter
16. BIRTHPLACE (city or town) (State or country): Colorado.

17. INFORMANT (Address): Oscar Wofford Mullan Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Mullan Ida. Date: Jan 20, 1938
19. UNDERTAKER (Address): J A Bever (words) Wallace Ida
20. FILED: Jan 19, 1938 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 17 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 193 8 to Jan 17, 193 8
I last saw her alive on Jan 17 193 8: death is said to have occurred on the date stated above, at 9:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart failure	
Other **contributory causes** of importance:	
Influenza	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H W Walker, M. D.
(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Osburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107929

Registration District No. 70
Primary Registration District No. 101 Local Registrar's No. 11
(No. 1 Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cassione M. Patterson

(a) Residence No. Osburn Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mary Patterson

6. DATE OF BIRTH (month, day, and year) July 23-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	5	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus City Indiana

FATHER
13. NAME Benjamin Patterson
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Mary Catherine Kinsley
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mary Patterson (Address) Osburn Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Osburn Ida. Date Jan 21, 1938

19. UNDERTAKER E A Burchell Wardner (Address) Wallace Ida.

20. FILED Jan 20, 1938 John A Bower Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 18 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on Jan 18 193...: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	3 Days
Lobar of Lower Lobe	

Other **contributory causes** of importance:

Name of operation — Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H E Worthington M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of ~~Kellogg~~ Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107930

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 12

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Palander

Residence (Usual place of abode) Providence Community Hospital St. ....

(If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of E. Palander

6. DATE OF BIRTH (month, day, and year) Nov 30-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Finland

MOTHER FATHER

13. NAME John Saarikoski

14. BIRTHPLACE (city or town) (State or country) Finland

15. MAIDEN NAME Catherine Stenman

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT E. Palander (Address) Evansville

18. BURIAL, CREMATION OR REMOVAL Place Kingston Cem. Date Jan 22, 1938

19. UNDERTAKER P. F. Stout (Address) Kellogg Ida

20. FILED Jan 26, 1938 John Bush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1937, to Jan 21st, 1938

I last saw her alive on Jan 21st, 1938: death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinoma	

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to ext'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? .... Date of injury ...., 193...

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) M. C. Lindsay, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107931

REC'D FEB 14 1938

Registration District No. 70
Primary Registration District No. 101 Local Registrar's No. 13
(If death occurred in a hospital or institution, give its name instead of street and number) (No. Providence Hospital)

1070

2. FULL NAME John Quincy Adams
(a) Residence. No. Burke Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baker (State or country) Ore

FATHER
13. NAME Dow Adams
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Liggie Deming
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Norman Gardner (Address) Wallace Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Baker Ore Date Jan 29, 1938

19. UNDERTAKER J A Buer (Coeurd) (Address) Wallace Ida.

20. FILED Jan 28, 1938 John Buer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938 to Jan 27, 1938
I last saw him alive on Jan 27, 1938: death is said to have occurred on the date stated above, at 3:32 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	1/23/38
Other contributory causes of importance:	
Silicosis	5

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E J Rassel, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107932

Registration District No. 70
Primary Registration District No. 7011
Local Registrar's No. 17
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emory E Adams

(a) Residence No. Wallace Idn St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Gertrude May Adams

6. DATE OF BIRTH (month, day, and year) Aug 27 1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dahlonega
(State or country) Georgia

FATHER
13. NAME Joe B Adams

14. BIRTHPLACE (city or town)
(State or country) Georgia

MOTHER
15. MAIDEN NAME Lora Lee Parrish

16. BIRTHPLACE (city or town)
(State or country) S. C.

17. INFORMANT James R Adams
(Address) Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Date Feb 1, 1938

19. UNDERTAKER J I Beck (wards)
(Address) Wallace Ida

20. FILED Jan 31, 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 28 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1938, to Jan 28, 1938
I last saw him alive on Jan 26 1938: death is said to have occurred on the date stated above, at 3:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 26 1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Brumbaugh, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107933

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 15
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2018

2. FULL NAME Jacob Emil Macki.
(a) Residence No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug-11-1880
7. AGE: Years 57 | Months 5 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Finland.

FATHER
13. NAME: Jacob Macki.
14. BIRTHPLACE (city or town) (State or country): Finland.

MOTHER
15. MAIDEN NAME: Sophia Kangas
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMANT: Emil Matson (Address) Cataldo Ida
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mullan Ida Date Jan 31, 1938
19. UNDERTAKER: J.A. Bever (Wards) (Address) Wallace Ida
20. FILED Jan 29, 1938 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan 28 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 1130 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed to death Fractured skull Fractured body left hip	
Other contributory causes of importance: Cerebral hemorrhage complicating pneumonia	

Name of operation ..... Date .....
What test confirmed diagnosis: ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Jan 28, 193...
Where did injury occur? Morning Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Morning Mine Idaho
Manner of injury Crushed by falling rock
Nature of injury Cerebral hemorrhage complicating pneumonia
24. Was disease or injury in any way related to occupation of deceased? No If so, specify Fatal Case
(Signed) H.E. Howard Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107934

Registration District No. 70
Primary Registration District No. 1911 Local Registrar's No. 16
(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93 C

2. FULL NAME Merch John Norbeck
(a) Residence No. Wallace Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Florence Norbeck
6. DATE OF BIRTH (month, day, and year) Mar 17 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sugel Mich.

MOTHER FATHER
13. NAME Charles Thomas Norbeck
14. BIRTHPLACE (city or town) (State or country) Norway
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Charles Norbeck
(Address) Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Silver View Cem Date Feb 2, 1938

19. UNDERTAKER C. A. Bever (Wards)
(Address) Wallace Ida

20. FILED Feb 1, 1938 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1938, to Jan 30, 1938
I last saw him alive on Jan 30 1938; death is said to have occurred on the date stated above, at 3:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	1/29/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. D. McDonald, M. D.
(Address) Wallace, Idaho

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107935

FILED FEB 1 1938

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 17

(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

542

2. FULL NAME Clark Frances Ryan

(a) Residence No. Murray Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan-20-1913

7. AGE — Years: 25 | Months: 0 | Days: 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coeur Natl Mine
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Portland Ore

FATHER

13. NAME: Clark Ryan
14. BIRTHPLACE (city or town) (State or country): Minn

MOTHER

15. MAIDEN NAME: Elizabeth Reed
16. BIRTHPLACE (city or town) (State or country): Eagle Ida.

17. INFORMANT (Address): Elizabeth Bower Murray Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Ida Date: Feb 2, 1938

19. UNDERTAKER (Address): J. J. Bower Wardy & Wallace Ida.

20. FILED: Feb 1, 1938 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 30 1938

22 I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to Jan. 30, 1938
I last saw h.i.m. alive on Jan. 30 1938: death is said to have occurred on the date stated above, at 8:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid Sarcoma	1933-

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Pettibone, M. D.
(Address Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107938

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 94(b-1)

2. FULL NAME Robert Raquel Wedekind

(a) Residence No. Driggs Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan. 20-1869

7. AGE: Years 68 | Months 11 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney at Law
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (city or town) Lebanon (State or country) Tenn

FATHER
13. NAME Augusta Wedekind
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Evelyn Raquel
16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT George Wedekind
(Address) Portland Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Driggs Date Jan. 7, 1938

19. UNDERTAKER D. M. Clawson
(Address) St. Anthony Idaho

20. FILED 1-20-, 1938 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-4-1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1937, to Jan. 4, 1938

I last saw him alive on Jan. 03 1938: death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Coronary Occlusion	12/30/37
Other contributory causes of importance: General Arterio-sclerosis	Several Years ago

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. T. Palmer, M. D.
(Address) Driggs, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107939

PLACE OF DEATH

County of Teton
City of Felt, Idaho
Registration District No. 77
Primary Registration District No. 9176
Local Registrar's No. 2
(No. 1612)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beatrice Jones

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	W	Single

5a. If married, widowed, or divorced —
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		One	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Servant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Felt, Ida.
(State or country) R.F.D.

PARENTS

10. NAME OF FATHER D. B. Jones
11. BIRTHPLACE OF FATHER (city or town) So. Carolina
(State or Country)
12. MAIDEN NAME OF MOTHER Ida Jones
13. BIRTHPLACE OF MOTHER (city or town) So. Carolina
(State or County)

14. Informant ~~Herol~~ Herol Swanner
(Address) Felt, Idaho.

15. Filed 1-20- 1938 Alice M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 15 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 2.20 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
No M.D. saw the baby at any time. Baby probably died of Atelectasis

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? ..... What test confirmed diagnosis? None
(Signed) L. E. Rasmussen, M. D.
1/15 1938 (Address) Driggs, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Green Turley, Idaho	1/16 1938

20. Undertaker Home Burial. No undertaker
Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl
R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39
Primary Registration District No. 2087
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 107940
Local Registrar's No. 2102

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman John Lutz

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. 19-9-19 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 13, 1918.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Clover Ida
(State or country)

FATHER

13. NAME William Lutz
14. BIRTHPLACE (city or town) Exeter
(State or country) Neb.

MOTHER

15. MAIDEN NAME Edda Hermans
16. BIRTHPLACE (city or town) Marshall Co.
(State or country) Nebraska.

17. INFORMANT Wm Lutz
(Address) Clover, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Clover, Ida Date Jan 24, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Ida. L.L. Johnson

20. FILED 1/24, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/20 1938

22 I HEREBY CERTIFY, That I ~~attended~~ saw deceased from ..... 193 ..., to 1/20, 193 8.
I last saw him ~~alive~~ dead on 1/20 1938: death is said to have occurred on the date stated above, at 6:25 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture right parietal bone	1/20/38

Other **contributory causes** of importance:

none	

Name of operation none Date of —
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: accident
Accident, suicide, or homicide? ..... Date of injury 1/20, 193 8
Where did injury occur? 1 Mi So + 1/8 E of Buhl Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Country road.
Manner of injury auto accident
Nature of injury accident

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo C. Halley Coroner Twin Falls Co. Ida M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107941

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 95
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary E. Nelson.

(a) Residence No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas W. Nelson

6. DATE OF BIRTH (month, day, and year) 4/22/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Not Known
(State or country) Iowa.

FATHER

13. NAME Moses Stater
14. BIRTHPLACE (city or town) Not Known.
(State or country) Indiana.

MOTHER

15. MAIDEN NAME Mary Elizabeth Sinks
16. BIRTHPLACE (city or town) Not Known
(State or country) Indiana.

17. INFORMANT Thomas W. Nelson,
(Address) Buhl, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl, Ida. Date Jan. 17, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Ida.

20. FILED 1/17, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/15 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 193 8, to ....., 193.....
I last saw him alive on ..... 193.....; death is said to have occurred on the date stated above, at 9: A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute cardiac failure	1-15-38
Chronic Myocarditis	years
Other **contributory causes** of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? not

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) M. A. Drake, M. D.
(Address) Buhl, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107942

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruby Duffy

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. A. Duffy

6. DATE OF BIRTH (month, day, and year) 12/18/1886

7. AGE — Years: 51 | Months: 7 | Days: 30 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gray / Kan.

FATHER
13. NAME Daniel Landis
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Ruby Berry
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) H. A. Duffy / Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 1/21, 193 8

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Ida. L. Johnson

20. FILED 1/21, 193 8 Amos Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/17 193 8

22 I HEREBY CERTIFY, That I attended deceased from 1-26, 193 7, to 1-17-, 193 8
I last saw her alive on 1-15 193 8: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	8-29-37

Other contributory causes of importance:

Broncho Pneumonia (terminal)	

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. A. Drake, M. D.
(Address Buhl, Ida.

MARGIN RESERVED FOR BINDING

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Filer

RF

FEB 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107943

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

1070

2. FULL NAME Pauline De May Uehlin

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 28, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (-)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (-)

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation (-)

12. BIRTHPLACE (city or town) (State or country) Fruitland Idaho

FATHER

13. NAME Gerald De May Uehlin

14. BIRTHPLACE (city or town) (State or country) DeCatur County Kansas

MOTHER

15. MAIDEN NAME Wilma Marie Dudley

16. BIRTHPLACE (city or town) (State or country) Boise Filer Idaho

17. INFORMANT Gerald Uehlin
(Address) Filer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Cem Date Jan 9, 1938

19. UNDERTAKER F E Drake
(Address) Twin Falls Idaho

20. FILED 1-8-, 1938 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Sudden Death - was not Attended by a physician, 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 7:10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia ?	Had appendix removed not long before sick.
Spasmophilia with laryngeal reflex inhibition ?	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....
(Signed) James W. Creed, M. D.
(Address) Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 10794½

Local Registrar's No. 3

(No.) Twin Falls Co. Gen'l. Hosp.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Doniphan Parish Roberts

(a) Residence No. Eden, Idaho St. Eden, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 24, 1937

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eden
(State or country) Idaho

FATHER
13. NAME Kenneth Roberts
14. BIRTHPLACE (city or town) Seymour
(State or country) Mo.

MOTHER
15. MAIDEN NAME Ayleen Parish
16. BIRTHPLACE (city or town) Lincoln
(State or country) Illinois

17. INFORMANT Kenneth Roberts
(Address) Eden, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Sunset Mem. Park Date Jan. 10, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 1-10-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 7, 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1938, to Jan. 7, 1938
I last saw him alive on Jan. 7 1938: death is said to have occurred on the date stated above, at 11:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Encephalitis acute	Jan. 6, 1938

Other **contributory causes** of importance: None

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was' there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles B. Reymer, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 4

DO NOT WRITE IN THIS SPACE

State File No. 107945

(No.) Twin Falls Co. Gen'l. Hosp.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Strowbridge

(a) Residence No. 301-5th Ave. East St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Strowbridge

6. DATE OF BIRTH (month, day, and year) 3/10/1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler house Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar Factory

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) Unknown (State or country) England

FATHER

13. NAME Charles George Strowbridge

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Thuriza Hitchcock

16. BIRTHPLACE (city or town) Unknown (State or country) England

17. INFORMANT Mr. W. F. Day

(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Removal

Place Smithfield, Utah Date 1/12/, 1938

19. UNDERTAKER White Mortuary, Inc.

(Address) Twin Falls, Idaho

20. FILED 1-11-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 8, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938, to Jan. 8, 1938

I last saw him alive on Jan. 8, 1938: death is said to have occurred on the date stated above, at 11:45P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	Jan '38
Other **contributory causes** of importance:	
Broncho Pneumonia	Jan. 6 '38

Name of operation None Date of

What test confirmed diagnosis? Physical exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? —

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George C Halley, M. D.

(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107946

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 5

(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lloyd Taylor Brown

(a) Residence No. Kimberly, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Belle Brown

6. DATE OF BIRTH (month, day, and year) 12/31-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albion,
(State or country) Idaho

FATHER
13. NAME Montgomery T. Brown
14. BIRTHPLACE (city or town) Louisville,
(State or country) Ky

MOTHER
15. MAIDEN NAME Kate Park
16. BIRTHPLACE (city or town) Centerville,
(State or country) Utah

17. INFORMANT H.D. Brown
(Address) Kimberly, Idaho

18. BURIAL, ~~CREMATION, REMOVAL~~
Place Twin Falls Cemetery Date 1/18, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED 1-17-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 14 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938, to Jan 14, 1938
I last saw him alive on Jan 12 1938: death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2. Hemorrhage: from left inf. gluteal artery from wounds caused by injuries	Jan 14, 1938
1. Laceration, transection, perineum & gluteal muscles, bilateral	Jan 12, 1938 Jan 7, 1938
Other contributory causes of importance:	
Fractures sacrum transverse multiple contusions	Jan 14, 1938

Name of operation Perineal repair Date of Jan 11
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 7, 1938
Where did injury occur? Farm, Kimberly, Twin Falls Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place On his farm
Manner of injury Run over by 2 ton wagon
Nature of injury As described above

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farming
(Signed) [signature] M. D.
(Address) Twin Falls, Idaho

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107947

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 7

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

157C

2. FULL NAME Baby Male Robertson

(a) Residence No. Richfield, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/11/37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho.

FATHER

13. NAME Gavin Robertson
14. BIRTHPLACE (city or town) (State or country) Elwood, Indiana

MOTHER

15. MAIDEN NAME Alice Josephine Clark
16. BIRTHPLACE (city or town) (State or country) Mercer, Utah

17. INFORMANT (Address) Gavin Robertson, Richfield, Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Filer Cem. Date 1/23/, 1938
19. UNDERTAKER White Mortuary, Inc (Address) Twin Falls, Idaho
20. FILED 1-23-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/22/1938

22 I HEREBY CERTIFY, That I attended deceased from 12/11/, 1937, to 1/22/, 1938
I last saw he alive on 1/21/ 1938: death is said to have occurred on the date stated above, at 2:15a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Congenital Heart Disease	Birth

Other **contributory causes** of importance:

Premature Infant	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No
Manner of injury No
Nature of injury No

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Charles B. Seymer, M. D.
(Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107948

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 8

FEB 12 1938

(No.) Twin Falls Co. Gen'l. Hosp.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Peterson

(a) Residence No. Twin Falls, Idaho St. R.I.&W.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

95

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/15/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	9	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Tom Hislop
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 1/24, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 1-24-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) January 19, 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938, to Jan. 19, 1938
I last saw him alive on Jan. 19 1938: death is said to have occurred on the date stated above, at 3:38 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion partial	
Other **contributory causes** of importance:	
Bronchopneumonia	

Name of operation None Date of
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) George C. Kelly, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107949

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 9
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada Quint

(a) Residence No. Twin Falls, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/9-1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	6	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Caldwell, (State or country) Idaho

MOTHER FATHER
13. NAME Ralph Quint
14. BIRTHPLACE (city or town) (State or country) Poland, Valkavisk
15. MAIDEN NAME Lena Novak
16. BIRTHPLACE (city or town) New York, (State or country) N.Y.

17. INFORMANT Ralph Quint
(Address) Twin Falls, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Boise, Idaho Date 1/25/ ....., 193 8
Morris Hill Cem.

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 1-26-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/24 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 7, 193 8, to January 24, 193 8
that I last saw her alive on Jan. 24 193 8: death is said to have occurred on the date stated above, at 5:30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute rheumatic fever	?
Rheumatic heart disease	?
Congestive heart failure	about Jan 9

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Alban, M. D.
(Address Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 10

DO NOT WRITE IN THIS SPACE
State File No. 107950

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard E. Polson

(a) Residence No. Filer, Idaho. St. .....
(Usual place of abode) 23 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 25, 1914

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	23	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Filer,
(State or country) Idaho

FATHER

13. NAME E. P. Polson
14. BIRTHPLACE (city or town) Moberly,
(State or country) Mo.

MOTHER

15. MAIDEN NAME Ella Walker,
16. BIRTHPLACE (city or town) Moberly,
(State or country) Missouri

17. INFORMANT E. P. Polson,
(Address) Filer, Idaho.

18. BURIAL, ~~CREMATION~~, REMOVAL
Place Twin Falls Cem. Date 1/26/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 1-25-, 1938 J. Bruce Howe
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 23 1938

22 I HEREBY CERTIFY, That I attended deceased from December 1, 1937, to Jan 23, 1938
I last saw h~~im~~ alive on Jan 23 1938: death is said to have occurred on the date stated above, at 7:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myasthenia Gravis	1925

Other **contributory causes** of importance:

Complete Anuria	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James W. Greef, M. D.
(Address) P. O. Box 102, Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107951

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 1

FEB 12

(No. 1106 7th. Ave-East)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William D. Reynolds

(a) Residence No. 1106 7th Ave-East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ora A. Reynolds

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	68	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optometrist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pattonsburg
(State or country) Mo.

FATHER
13. NAME James A. Reynolds
14. BIRTHPLACE (city or town) Unknown
(State or country) Virginia

MOTHER
15. MAIDEN NAME Laura L. Moore
16. BIRTHPLACE (city or town) Bloomington
(State or country) Indiana

17. INFORMANT Mrs. W. R. Reynolds
(Address) 1106 -7th Ave. East

18. BURIAL, CREMATION OR REMOVAL Burial
Place Twin Falls Cem. Date Feb. 1, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 1-31-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) January 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938 to January 29, 1938
I last saw him alive on Jan. 29, 1938: death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1-29-38
Other contributory causes of importance:	
Influenza	1-19-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John L. Stephens M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107952

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 12

(No. Twin Falls, Ida R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sarah Ann Gummerson
(a) Residence No. Twin Falls, Ida. R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matthew Gummerson

6. DATE OF BIRTH (month, day, and year) 5/28/1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	7	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME William Reed
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Martha Lewis
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Will Thietten
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 2/1, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 2-1, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/29 1938

22 I HEREBY CERTIFY, That I attended deceased from May 1st, 1937, to Jan 29, 1938
I last saw h-- alive on Jan 27 1938: death is said to have occurred on the date stated above, at 12:25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
High blood pressure	

Other contributory causes of importance:

Senility	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. C. Pauly, M. D.
(Address Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107953

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 13

(No. Addison Ave at 9th Ave N)
(If death occurred in a hospital or institution, give its name instead of street and number)

163c

2. FULL NAME Doris Jones

(a) Residence No. 212 Jackson St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) May 8, 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	8	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER
13. NAME Nathan E. Jones
14. BIRTHPLACE (city or town)
(State or country) Arkansas

MOTHER
15. MAIDEN NAME Nona Woolf
16. BIRTHPLACE (city or town) La Grande
(State or country) Oregon

17. INFORMANT Mrs. Nona Jones
(Address) 212 Jackson St

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Memorial Date Feb. 2, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 2-1-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/29 1938

22 I HEREBY CERTIFY, That I saw deceased from 1/29, 1938, to ....., 193..
I last saw him alive on 1/29 1938; death is said to have occurred on the date stated above, at 12:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lysol poisoning	1/29/38
self administered	

Other contributory causes of importance: none

Name of operation none Date of .....
What test confirmed diagnosis? Evidence & statements Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1/29/38
193.....
Where did injury occur? city
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public place
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Geo C Talley, M. D.
(Address) Home Twin Falls Co. Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 107954

Registration District No.
Primary Registration District No. 2085 Local Registrar's No. 14

(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marilyn Sallee

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-1-38

7. AGE Years	Months	Days	If LESS than 1 day 9 hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER

13. NAME William Sallee
14. BIRTHPLACE (city or town) Kansas City.
(State or country) Mo.

MOTHER

15. MAIDEN NAME Anna Bates,
16. BIRTHPLACE (city or town) Oakley,
(State or country) Idaho.

17. INFORMANT Wm. Sallee,
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 2-1-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 2-1-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-1 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1938, to 2-1-, 1938
I last saw her alive on 2-1 1938.: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity 6 3/4 mos	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. E. Davis, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107955

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 16
(No. Hansen, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary Jane Nevius Caton

(a) Residence No. Hansen, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Caton
6. DATE OF BIRTH (month, day, and year): 1/18/1869
7. AGE: Years 69 | Months 0 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Cherry Vale
(State or country): Kansas

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town):
(State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town):
(State or country): Unknwon

17. INFORMANT: James Caton
(Address): Hansen, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls Ida Date: 1/30, 1938
19. UNDERTAKER: S. C. Phillips
(Address): Twin Falls, Idaho
20. FILED: 2-2-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 1/28 1938
22 I HEREBY CERTIFY, That I attended deceased from June 26, 1937, to Jan 25, 1938
I last saw h[er] alive on Jan 25 1938: death is said to have occurred on the date stated above, at 7:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-renal disease with congestive heart failure	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harry Albaugh M. D.
(Address) Kingsley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107956

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 17
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter W. McDonagh

(a) Residence. No. Fibre St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 3 / 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	—	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Minn

FATHER
13. NAME Thos. McDonagh
14. BIRTHPLACE (city or town) .... (State or country) Minn

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Ruth McDonagh (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer Date Feb 2, 1938

19. UNDERTAKER Fred E. Drake (Address) Twin Falls

20. FILED Feb 2, 1938 J. Rumpler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/21/, 1938, to 1/31, 1938
I last saw him alive on Jan. 31, 1938: death is said to have occurred on the date stated above, at 8:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
Other contributory causes of importance:	
Arteriosclerosis with Hypertension	
Senility	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 1938
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....
(Signed) James W. Creed M. D.
(Address) Box 102, Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107957

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 18

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Lyne Seiber

(a) Residence No. 1 Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: John Seiber

6. DATE OF BIRTH (month, day, and year): 1896

7. AGE: Years 42 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ind

FATHER
13. NAME: Spence
14. BIRTHPLACE (city or town) (State or country): Okla

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Jess Seiber Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Date 2-2-, 1938

19. UNDERTAKER (Address): Fred E Drake Twin Falls

20. FILED 2-2-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-31 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1937, to Jan 31, 1938
I last saw h[illegible] alive on Jan 31 1938: death is said to have occurred on the date stated above, at 3 A., m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary abscess	12-20-37
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Mulder, M. D.C
(Address) 130 Main Ave N Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH Valley STATE OF IDAHO
County of Valley DEPARTMENT OF PUBLIC WELFARE
City of Cascade BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10795 8

Registration District No. 15
Primary Registration District No. Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Richard Spielman

(a) Residence No. Donnelly Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	II	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crawford
(State or country) Idaho

FATHER

13. NAME Jacob Edward Spielman
14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Ethel Boyd
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT E.L.Spielman
(Address) Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Margaret Cem Date Jan 9th, 1938

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Jan 9, 1938 Myrtle M. Gauchee
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 8 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to Jan 8, 1938
I last saw him alive on Jan 7 1938: death is said to have occurred on the date stated above, at 2 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-5-38
Other contributory causes of importance:	
Furunculosis	12-10-37

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Roscoe C Ward, M. D.
(Address Cascade - Idaho

14

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107960

FEE

Registration District No.
Primary Registration District No. Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 43

2. FULL NAME Willoughby Adams

(a) Residence No. Farm Lurlyside Dist St. Weiser Gen. Hospital
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Willie Ann Adams

6. DATE OF BIRTH (month, day, and year) 7-23-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME George W. Adams
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Hannah Bentzel
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Lora Michael
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mann's Creek Date 1-21-, 1938

19. UNDERTAKER L. C. Hawthorn
(Address) Weiser Idaho

20. FILED Feb 8, 1938 Marie Hawthorn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-18-1938

22 I HEREBY CERTIFY, That I attended deceased from Jan., 1937, to Jan 18, 1938
I last saw him alive on Jan 17 1938: death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	
Paralysis Agitans	10-12 years.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hyden Hawker, M. D.
(Address) Weiser - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of [redacted]

City of Weiser

FEB 5 10 AM

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 1010 Local Registrar's No. 2

(No. Little Flower Hospt.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James William Campbell

(a) Residence No. R. 1. St. ~~Little Flower Hosp.~~

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Adams County

DO NOT WRITE IN THIS SPACE

State File No. 107961

181

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Lena Campbell

6. DATE OF BIRTH (month, day, and year) 9-1-76

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Weiser Idaho

FATHER

13. NAME Joseph Campbell

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Minerva Taylor

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Lena Campbell

(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Weiser Cem. Date 1-25-, 1938

19. UNDERTAKER L. C. Northam

(Address) Weiser Idaho

20. FILED Feb 8, 1938 Marie Hawthorn

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-23-1938

22 I HEREBY CERTIFY, That I attended deceased from 1-23-, 193 8, to 1-23-, 193 8

I last saw him alive on 1-23 193 8: death is said to have occurred on the date stated above, at 10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Accidental burn.	1-23-38
3d degree almost entire body	

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. Schmidt, M. D.

(Address) Weiser, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107964

FEB 10 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 24
(No General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nelson J. Hogan

(a) Residence No. Bancroft, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (~~HUSBAND~~) Josephine Bergeson

6. DATE OF BIRTH (month, day, and year) Aug. 12, 1860

7. AGE: Years 77 | Months 5 | Days m 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. stock grower
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bountiful, (State or country) Utah

FATHER
13. NAME Goudy Hogan
14. BIRTHPLACE (city or town) Norway (State or country)

MOTHER
15. MAIDEN NAME Ann Nelson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Goudy K. Hogan (Address) Pocatello, Idaho
18. BURIAL, CREMATION OR REMOVAL Place Bancroft, Idaho 2/6/38 193
19. UNDERTAKER Arthur J. Hall (Address) Pocatello, Idaho
20. FILED 2-7, 1938 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/3/38

22 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1938, to Feb. 3, 1938,
I last saw him alive on Feb. 3 1938.: death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	Jan. 29, 38.

Other contributory causes of importance:

Diabetes mellitus	unknown.
Chronic nephritis	unknown.

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. N. Urquhart M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10-1965

PLACE OF DEATH

County of Bingham

City of Aberdeen

RECEIVED FEB 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107965

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 3

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Dvorak

(a) Residence. No. St. Aberdeen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clara Newcomb Dvorak

6. DATE OF BIRTH (month, day, and year) March 5, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postmaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1938

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Jordan,
(State or country) Minnesota

FATHER

13. NAME Joseph H. Dvorak

14. BIRTHPLACE (city or town)
(State or country) Cesko Slovakia

MOTHER

15. MAIDEN NAME Antonetto Slonek

16. BIRTHPLACE (city or town)
(State or country) Cesko Slovakia

17. INFORMANT J. Dvorak
(Address) Aberdeen, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen Date Feb. 13, 1938

19. UNDERTAKER A. W. Davis
(Address) American Falls, Idaho.

20. FILED Feb. 16, 1938 Wilmer Kemm
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938 to Feb. 10, 1938

I last saw him alive on Feb. 10, 1938: death is said to have occurred on the date stated above, at 11:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb. 10/38
Other contributory causes of importance:	
Chronic Myocarditis	1933

Name of operation None Date of

What test confirmed diagnosis? -- Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. E. McKinney, M. D.
(Address) Aberdeen, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

107966

DO NOT WRITE IN THIS SPACE
107966
State File No.

FEB 7 1938

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rebecca M. Finney

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ezekiel Finney

6. DATE OF BIRTH (month, day, and year) Feb. 22 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know

FATHER
13. NAME Henry Howell
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME — Smith
16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT Jessie Finney
(Address) Rathdrum Ida

18. BURIAL, CREMATION OR REMOVAL
Pine Grove cemetery
Place Rathdrum Ida Date 2-8, 1938

19. UNDERTAKER Cassidy Funeral Home
(Address) Rathdrum Ida

20. FILED 2-8, 1938 F. T. C. Kretchen, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936, to Feb 3, 1938
I last saw her alive on Feb 3, 1938: death is said to have occurred on the date stated above, at 12-10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	Feb 2, 1938
Chronic Myocarditis	10 yrs
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. Hamilton Gillenwater, M. D.
(Address) Coeur d'Alene, Idaho

107967

PLACE OF DEATH
County of Blaine
City of Picabo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107967

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 4

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose M. Parkinson

(a) Residence No..... St.....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. D. Parkinson

6. DATE OF BIRTH (month, day, and year) ~~Dec.~~ Mar. 27-1883

7. AGE: Years 54 | Months 10 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
10. Date deceased last worked at this occupation (mo. and yr.) Feb 6-1938
11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Beloit Kansas

FATHER
13. NAME Charles Jacobs
14. BIRTHPLACE (city or town) (State or country) not known Sweden

MOTHER
15. MAIDEN NAME Alice Parrish
16. BIRTHPLACE (city or town) (State or country) not known Illinois

17. INFORMANT W. D. Parkinson
(Address) Picabo, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Burial Ida Date Feb 22 1938

19. UNDERTAKER L. F. Hanna
(Address) Hailey Ida

20. FILED 2-21, 1938 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb ~~1938~~

22 I HEREBY CERTIFY, That I attended deceased from Feb 20 1938, to Feb 20 1938
I last saw h~~e~~r alive on ~~Feb~~ 1938: death is said to have occurred on the date stated above, at 2:15 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 20
Other **contributory causes** of importance:	
Influenza	Feb 6

Name of operation ~~—~~ Date of ~~—~~
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193~~—~~
Where did injury occur? ~~—~~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ~~—~~
Manner of injury ~~—~~
Nature of injury ~~—~~

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ~~—~~

(Signed) Robert H. Wright M. D.
(Address) Hailey Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107968

Registration District No. 2047

Primary Registration District No. 1004

Local Registrar's No. 47

(No.) State House Grounds

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Attridge, Jr.

(a) Residence No. 911 Hays Street St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 4 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~HUSBAND~~ Ann Attridge

6. DATE OF BIRTH (month, day, and year) 2-5-1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Great Yarmouth (State or country) England

FATHER

13. NAME Charles Albert Attridge

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Harriet Mary Farman

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT William J. Attridge (Address) Rigby, Idaho

18. BURIAL, ~~CREMATION, REMOVAL~~ 10:30 Place Morris Hill Date 2-14-, 1938

19. UNDERTAKER William McBratney (Address) Boise, Idaho

20. FILED 2-15, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 11 1938

22 I HEREBY CERTIFY, That I attended deceased from Dead 2/11 1938, to ....., 193..

I last saw him alive on ..... 1938 About 3:15 P m. death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Death, Body Crushed By Tree he was Cutting Down	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. McLaine Coroner, M. D.

(Address) Boise Idaho

107969

PLACE OF DEATH
County of Blaine
City of Hailey
R.C.
FEB 26 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 107969
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Sullivan

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Constance Cole

6. DATE OF BIRTH (month, day, and year) May 5 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Casino
10. Date deceased last worked at this occupation (mo. and yr.) Feb 9 1938
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Stockton
(State or country) Calif

FATHER
13. NAME ✓
14. BIRTHPLACE (city or town) ✓
(State or country)

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMANT Mrs Constance Sullivan
(Address) Ketchum Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Hailey Ida. Date Feb 24, 1938

19. UNDERTAKER E. Harris
(Address) Hailey Idaho

20. FILED 2-23, 1938 Robert F. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 19 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/14, 1938, to 2/19, 1938
I last saw h— alive on 2/19, 1938: death is said to have occurred on the date stated above, at 6:35 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2/17-38
Other contributory causes of importance	
Operation for double inguinal hernia	2/14-38

Name of operation Hernia Rep. Date of 2/14-38
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Fox M. D.
(Address Hailey Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 25

Primary Registration District No. 2072

(No. Dehlitz Memorial Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 28 1938

107970

DO NOT WRITE IN THIS SPACE

State File No. 107970

Local Registrar's No. 6

2. FULL NAME Clyde Clarence Johnson

(a) Residence No. Am. Falls Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 8-1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Hiway Stat

10. Date deceased last worked at this occupation (mo. and yr.) Feb 10

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) Dayton (State or country) Wash.

FATHER

13. NAME Morgan Johnson

14. BIRTHPLACE (city or town) Kansas (State or country)

MOTHER

15. MAIDEN NAME Jamama Hartie.

16. BIRTHPLACE (city or town) Oregon. (State or country)

17. INFORMANT Lee VanHorn (Address) Am. Falls. Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls. Date 2-16, 1938

19. UNDERTAKER G. W. Downing (Address) Am. Falls. Idaho.

20. FILED 2-16, 1938 Irene Baling Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/14 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/7, 1938, to 2/14, 1938

I last saw h— alive on 2/13 1938: death is said to have occurred on the date stated above, at 1:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Haemorrhagic Gastro Enteritis	2/11/38
General Peritonitis	2/11/38
Thrombosis of mesenteric & Portal vein	2-11-38
Other contributory causes of importance:	
Herniotomy	2-7-38

Name of operation Repair of Inguinal Hernia Date of 2-7-38

What test confirmed diagnosis? Laparotomy. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. C. [illegible], M. D.

(Address Aberdeen Idaho

Cash 10791

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107971

Registration District No.
Primary Registration District No. Local Registrar's No. 154
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Anderson (Anderson)
(a) Residence No. 442 E Gallaher St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Emma Anderson

6. DATE OF BIRTH (month, day, and year) May 3-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	7	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Wm Pumpman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Sweden

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Ernest Anderson
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Dth Date 2-6-, 1938

19. UNDERTAKER L. G. Northam
(Address) Weiser Idaho

20. FILED Feb 21, 1938 Marie Hawthorn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-4-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1938, to Feb 4, 1938
I last saw h... alive on ... 1938 ; death is said to have occurred on the date stated above, at 7:10 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probably heart disease	Unknown.
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. Northam M. D.
(Address) Weiser Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107972

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107972

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Newman E. McCurry

(a) Residence No. Route #1 St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Ida McCurry

6. DATE OF BIRTH (month, day, and year) 3-24-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	10	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Batavia,
(State or country) Arkansas

FATHER
13. NAME Laughlin McCurry
14. BIRTHPLACE (city or town) Alabama
(State or country)

MOTHER
15. MAIDEN NAME Mary Wagner
16. BIRTHPLACE (city or town) Tennessee
(State or country)

17. INFORMANT Mrs. Ida McCurry
(Address) Route #1 -- Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2-19- , 193 8

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 2-19 1938 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-16 193 8

22 I HEREBY CERTIFY, That I attended deceased ~~from~~ on 2-16, 1938, ~~to~~, 193-
I last saw him ~~alive~~ on 2-16 193 8.: death is said to have occurred on the date stated above, at 5 30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2-16-38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert J. Smith M. D.
(Address 1st National Bank Bldg. Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10 79 23

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
107973
State File No.

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 6

MAR 4 - 1938

(No. 317 3rd Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph E Draper

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jenny Sherrill

6. DATE OF BIRTH (month, day, and year) October 27, 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 12 Yrs

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER FATHER

13. NAME George W Draper

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Hulda Hart

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT ... Mrs. E. M. Newbill
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Viking Canada Date. 2/9 ..., 1938

19. UNDERTAKER ... H. R. Merchant
(Address) Clarkston, Washington

20. FILED Feb 9 1938 M. M. Curley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 8 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4:45 PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/4/38
Other **contributory causes** of importance:	
Art. Sclerosis	Unknown

Name of operation. None Date of.....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107974

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107974

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 51

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Henry Braun

(a) Residence. No. 1408 Grand Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 12 1881

7. AGE — Years: 56 — Months: 4 — Days: 0 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hull Iowa

MOTHER FATHER

13. NAME: Michael Braun
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Anna Billmeyer
16. BIRTHPLACE (city or town) (State or country): Dubuque Iowa

17. INFORMANT (Address): R. H. Braun Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: St. John's Date: 2/16, 1938

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 2-16 1938 R. L. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/12 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1938, to 2-12, 1938
I last saw him alive on 2-12, 1938: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	2/12
Hemorrhagic	
Other **contributory causes** of importance:	

Name of operation. None Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) S. W. Fowler M. D.
(Address) Boise Ida.

10 7975

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107975

1938
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 38
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Maria Rossi
(a) Residence No. 647 N. 6th St. Pingree Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gus

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Italy

FATHER
13. NAME Marchello Pinna
14. BIRTHPLACE (city or town) ..... (State or country) Italy

MOTHER
15. MAIDEN NAME Agnes Gallono
16. BIRTHPLACE (city or town) ..... (State or country) Italy

17. INFORMANT Gus Rossi
(Address) Pingree Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Mar. 3, 1938

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello Idaho

20. FILED 3-1, 1938 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1938 to Feb. 28, 1938
that I saw h[illegible] alive on Feb. 28 1938: death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Dis.	Chronic
Other contributory causes of importance:	
Uremia	1 wk

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Millard F. Howard M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107976

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107976

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No.
(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles H. Harding

(a) Residence No. 2201 Indiana Avenue St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Myrtle C. Harding

6. DATE OF BIRTH (month, day, and year) Oct. 28, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Binghamton
(State or country) New York

FATHER
13. NAME Lem Harding
14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER
15. MAIDEN NAME Doris Peterson
16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell, Idaho Date March 2 193 8

19. UNDERTAKER Peckham Undertaking Co.
(Address) Caldwell, Idaho

20. FILED 3-5 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-27 193 8

22 I HEREBY CERTIFY, That I attended deceased from February 6, 1938, to February 27 193 8
I last saw him alive on Feb. 27 1938: death is said to have occurred on the date stated above, at 2:05 pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion (Thrombosis & Myocardial Infarction)	2-2-38
Other **contributory causes** of importance:	
None	

Name of operation None Date of ---
What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. H. McClellan, M. D.
(Address) V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

0511

107977

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107977

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 26

(No. Twin Falls County Farm)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion M. Sanders

(a) Residence No. Twin Falls County Farm St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 10/9/1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Unknwon

14. BIRTHPLACE (city or town) (State or country) Unknwon

MOTHER

15. MAIDEN NAME Unkwnon

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Guy T. Swope
(Address) 633 2nd Ave W

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 2/17, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 2-17-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-15-1938

22 I HEREBY CERTIFY, That I attended deceased from 2-1-, 1938, to 2-15-, 1938

I last saw him alive on 2-14 1938: death is said to have occurred on the date stated above, at 3:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Unknown

Other **contributory causes** of importance:

General Debility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G.T. Parkinson, M. D.

(Address Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107978

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107978

Registration District No. 4
Primary Registration District No. 1008 - Local Registrar's No. 12
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 16 1938

162

2. FULL NAME August L Ljquist
(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna C Peterson Ljquist
6. DATE OF BIRTH (month, day, and year): Sept 3 1864
7. AGE: Years 73 | Months 5 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Elfsborgs Lan. (State or country) Bernhard Sweden

MOTHER FATHER
13. NAME August L Ljquist
14. BIRTHPLACE (city or town) Elfsborgs Lan (State or country) Bernhard Sweden
15. MAIDEN NAME Anna Olson
16. BIRTHPLACE (city or town) Elfsborgs Lan (State or country) Bernhard Sweden

17. INFORMANT Reuben C Ljquist
(Address) Payette Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Plymouth Ida. Date 2-17-, 193 8.
19. UNDERTAKER Edith Sanders
(Address) Payette Idaho
20. FILED 2/15/38 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/14 1938
22 I HEREBY CERTIFY, That I attended deceased from 2/1/38, 193.., to 2/14, 193 8
I last saw h.. alive on 2/5 193 8: death is said to have occurred on the date stated above, at 6 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Chas E Palmer, M. D.
(Address) Ontario, Ore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107979

MAR 9 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 40
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C. Schoettlin

(a) Residence No. Home Hotel St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Edith Taylor

6. DATE OF BIRTH (month, day, and year) Dec. 7, 1897.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	40	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock-man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Auto Co.

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1938

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Bingham, (State or country) Utah.

FATHER

13. NAME John C. Schoettlin

14. BIRTHPLACE (city or town) Pueblo, (State or country) Colorado.

MOTHER

15. MAIDEN NAME Olive Pace

16. BIRTHPLACE (city or town) Provo, (State or country) Utah.

17. INFORMANT Mrs. John C. Schoettlin
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City, Utah. Date Mar. 6, 1938.

19. UNDERTAKER Arthur J. Hall Mortuary
(Address) Pocatello, Idaho

20. FILED Mar. 3, 1938. J C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/1 1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1938, to Mar 1, 1938
I last saw h— alive on Mar 1 1938: death is said to have occurred on the date stated above, at 8 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address Pocatello, Idaho.

107980

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107980

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 5

MAR [illegible] 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Robert Glasser

(a) Residence No. 439 W. Court St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mable Glasser

6. DATE OF BIRTH (month, day, and year) Nov. 27-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Joseph Glasser

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Mrs. D. A. Krauss
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Ida. Date 2-15-, 1938

19. UNDERTAKER L. B. Northam
(Address) Weiser Idaho

20. FILED Mch 7, 1938 Marie Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-12-1938

22 I HEREBY CERTIFY, That I attended deceased from 1-12-, 1938, to 2-12-, 1938

I last saw him alive on 2-12-, 1938: death is said to have occurred on the date stated above, at 10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Senility.	1936
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. A. Schmutz, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107981

PLACE OF DEATH
County of Bannock
City of Pocatello

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107981

Registration District No. 28
Primary Registration District No. 216 1 Local Registrar's No. 41

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Fredrick Roulet

(a) Residence No. 720 N. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apl. 3 1865

7. AGE: Years 72 | Months 11 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired U.P. R.R. Employee
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plain City Utah

FATHER
13. NAME Fredrick Roulet
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Rachel Hug
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mrs. Jas Jenkinson
(Address) 720 N Main

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Mar. 6, 193 8

19. UNDERTAKER Barnards Funeral Home
(Address) Pocatello Idaho

20. FILED 3-7, 193 8 D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 8, to Mar 4, 193 8
I last saw him alive on Mar 4 193 8: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	1927
Other contributory causes of importance: Chronic nephritis	1925

Name of operation none Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W W Griffith M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107982

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 70

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Vanderhoof

(a) Residence No. 1414 East Jefferson Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice R. Vanderhoof

6. DATE OF BIRTH (month, day, and year): 1-24-1855

7. AGE: Years 83 | Months 1 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER

13. NAME: Francis Vanderhoof

14. BIRTHPLACE (city or town) (State or country): Michigan

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: George F. Vanderhoof (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-7-1938, 193...

19. UNDERTAKER: William McBratney (Address) Boise, Idaho

20. FILED 3-7, 1938 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-4-1938

22 I HEREBY CERTIFY, That I attended deceased from 2-23, 1938, to 3-4, 1938

I last saw him alive on 3-4 1938; death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia.	3-2-38

Other contributory causes of importance:

Pneumonia 2-24-38 to 3-28-38	2-24-38
Hepatitis.	3-1-38

Name of operation: ..... Date of: .....

What test confirmed diagnosis? Laboratory Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193...

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) O. O. Hamilton, M. D.

(Address) Boise Idaho

107983

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107983

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C. Jenness

(a) Residence No. 1812 Harrison Blvd: St. .....
(Usual place of abode) 4 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Jenness

6. DATE OF BIRTH (month, day, and year) 1/28/1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Danbury
(State or country) Idaho

FATHER

13. NAME Lewis B. Jenness
14. BIRTHPLACE (city or town) Smithland
(State or country) Iowa

MOTHER

15. MAIDEN NAME Maude Adams
16. BIRTHPLACE (city or town) .....
(State or country) Vermont

17. INFORMANT Lewis B. Jenness
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 3/4, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-4, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/4 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1938, to 3/4, 1938
I last saw h[illegible] alive on 3/2 1938: death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. J. Coats, M. D.
(Address Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107984

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107984

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 42
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion E. Roberts

(a) Residence No. Filer Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Nathan Roberts

6. DATE OF BIRTH (month, day, and year) 7-17-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Highgate Vermont

FATHER
13. NAME Paul Mondeau
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Emily Bowen
16. BIRTHPLACE (city or town) (State or country) Highgate, Vermont

17. INFORMANT W. Harold Metz
(Address) Filer Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer Date 3/4, 1938

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls, Idaho

20. FILED 3-4, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/2 1938

22 I HEREBY CERTIFY, That I attended deceased from December, 1937, to March, 1938.
I last saw her alive on March 2 1938: death is said to have occurred on the date stated above, at 5:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute heart failure	
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James W. Creed, M. D.
(Address) Box 102, Filer, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

107985

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107985

Registration District No.
Primary Registration District No. Local Registrar's No. 6
(No. Weiser General Hospt.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy Filmore Handley
(a) Residence No. 1 Billings Mont. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	Wht	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Martha Handley

6. DATE OF BIRTH (month, day, and year) June 28 1891

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
46	7	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Illinois

FATHER
13. NAME Milton Handley
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER
15. MAIDEN NAME Harriett Stotard
16. BIRTHPLACE (city or town)
(State or country) Wis

17. INFORMANT Jack Stotard Handley
(Address) Billings Mont

18. ~~BURIAL, CREMATION OR~~ REMOVAL to
Place Billings Mt Date , 193

19. UNDERTAKER R. C. Northam
(Address) Weiser Idaho

20. FILED Feb 21, 1938 Maria Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-17-1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1938, to Feb 17, 1938
I last saw him alive on Feb 17 1938: death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage 1st to 3rd degree bourne	Feb 17
Other contributory causes of importance:	
Exposure and Shock	Feb 17

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury Feb 17 1938
Where did injury occur? Weiser Idaho Washington Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Weiser Jail
Manner of injury Burning of Courthouse
Nature of injury Burns

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. Curtis, M. D.
(Address Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107986

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 10

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 107986

186 1/5

2. FULL NAME Peter Gaboury

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 1 yrs. ... mos ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Gaboury

6. DATE OF BIRTH (month, day, and year) December 27 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logging

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Little Falls Minn.

FATHER

13. NAME Joseph Gaboury

14. BIRTHPLACE (city or town) (State or country) Wisc.

MOTHER

15. MAIDEN NAME Denesse Balland

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Edward Gaboury
(Address) Harrison Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Harrison Ida. Date Feb. 6 1938

19. UNDERTAKER STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED Mar. 9, 1938 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-2 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basilar skull fracture	

Other **contributory causes** of importance:

struck by log	
No inquest	

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 2/ 1938

Where did injury occur? S. Maries Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Industry

Manner of injury struck by log

Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. S. Stapish Coroner

(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107987

PLACE OF DEATH
County of Canyon
City of Caldwell
No. 4

MAR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107987

Registration District No. 1
Primary Registration District No. 2005 Local Registrar's No. 22

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Henry Stephens, 117

(a) Residence No. Caldwell No 4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Elen E Stephens

6. DATE OF BIRTH (month, day, and year) 6-1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumberman
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Bennington (State or country) Idaho

FATHER
13. NAME Geo. E. Stephens
14. BIRTHPLACE (city or town) _____ (State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Wright
16. BIRTHPLACE (city or town) Bennington (State or country) Idaho

17. INFORMANT Miss Ethel Anderson
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kopler Logan Date 3/16, 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 3/12, 1938 W. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 4 - 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-3-, 1938, to 3-4, 1938
I last saw him alive on 3-4 1938: death is said to have occurred on the date stated above, at 2 1/2 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asthma &	World
Myocarditis	War.

Other **contributory causes** of importance:

Caused during World work.	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_____
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** _____
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. C. Horton M. D.
(Address) Nampa Idaho

107988

PLACE OF DEATH
County of Canyon
City of Caldwell

MAR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107988

Registration District No. /
Primary Registration District No. 1005
Local Registrar's No. 21

(No.) 167
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roger Gordon Dille
(a) Residence No. 1422 - So 19th Caldwell St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Fern M Dille

6. DATE OF BIRTH (month, day, and year) 8-23-1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonds
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) White Rocks
(State or country) Utah

FATHER
13. NAME Lewis Smart Dille
14. BIRTHPLACE (city or town) Peoria
(State or country) Ill

MOTHER
15. MAIDEN NAME Carrie E. Waite
16. BIRTHPLACE (city or town) Willaby
(State or country) Ohio

17. INFORMANT Mrs. F. Dille
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 3/15, 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 3/12, 193 8 J. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide	
Gunshot wound	
Right temple	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm Dilley coroner M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107959

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107989

Registration District No. 73
Primary Registration District No. 214-0
Local Registrar's No. 42

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wallace Richard Rapp

(a) Residence No. Roberts, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Rapp

6. DATE OF BIRTH (month, day, and year) May 22, 1889

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	48	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Parkston
(State or country) So. Dakota

FATHER

13. NAME Richard Ezra Rapp
14. BIRTHPLACE (city or town) .....
(State or country) Illionois

MOTHER

15. MAIDEN NAME Katherine C. Bellon
16. BIRTHPLACE (city or town) .....
(State or country) Pennsylvania

17. INFORMANT Mrs LaMae Harris
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho Date March 7, 193 8

19. UNDERTAKER Roland Weiser
(Address) Rigby Idaho

20. FILED March, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-4 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 22 -, 193 8, to March 4, 193 8
I last saw h-- alive on Mar. 5 - 1938: death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac failure	Unknown
(Sup Inf: operation performed for Chr. cholecystitis)	
Other **contributory causes** of importance:	
Appendectomy	
Phlebo appendicitis	

Name of operation Appendectomy Date of Feb 1-38
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. O. Clemens M. D.
(Address) Roberts, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

107990

PLACE OF DEATH

County of Bannock

City of Pocatello

(If not in city limits)

MAR 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 37

DO NOT WRITE IN THIS SPACE

State File No. 107990

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~Catone~~ Duccini Catone Duccini

(a) Residence. No. 926 S. 2nd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) June 8 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Depot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.P.O.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ~~Victor~~ Egisto Duccini

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Isola Polloni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. C. Duccini (Address) 926 S. 2nd.

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Mar. 1, 1938

19. UNDERTAKER Edwards Funeral Home (Address) Pocatello Idaho

20. FILED 2-25-1938 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug., 193 7, to Feb. 26, 1938

I last saw him alive on 2/24, 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M.D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AMBULANCE SERVICE

MRS. BYRON B. DOWNARD
LADY ATTENDANT

Downard's Funeral Home

BYRON B. DOWNARD
FUNERAL DIRECTOR

PHONE 672

Pocatello, Idaho

March, 16, 1938.

Bureau of Vital Statistics
Boise, Idaho

Gentlemen;

Please make the following corrections on the death cerificate of Cantone Duccini.

Change to Catone Duccini, yrs in the United States change to 27, name of father Egisto Duccini, maiden name of mother Isola Polloni, after making these changes please send us a certified copy of the same as corrected.

Enclosed find 50¢ fee for copy.

Very truly yours
Byron B. Downard.

Requested by Mrs Mary Duccini
Mrs. Mary Duccini

Witness: John W. Grossman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kingston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107991

Registration District No. 338
Primary Registration District No. Local Registrar's No. 94
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsa Mae Boden
(a) Residence No. (Usual place of abode) Kingston St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsa Mae Boden

6. DATE OF BIRTH (month, day, and year) 10-22-1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Burgham (State or country) Ill.

FATHER
13. NAME James Boden
14. BIRTHPLACE (city or town) Wales (State or country)

MOTHER
15. MAIDEN NAME Sarah Nicholes
16. BIRTHPLACE (city or town) Brigham (State or country) Eng.

17. INFORMANT Mrs Elsa Mae Boden (Address) Kingston

18. BURIAL, CREMATION OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address)

20. FILED Jan 1, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 1 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 1, 1938
I last saw h~~im~~ alive on Jan 1 1938: death is said to have occurred on the date stated above, at 9 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) , M. D.
(Address) Kingston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of 6 Mi: N.W. of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107992

Registration District No. 9+10
Primary Registration District No. 9+10 Local Registrar's No. 1
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eldred Givart

(a) Residence No. Route 1 Eagle St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/24/1914

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
23	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ada Co.
(State or country) Idaho

FATHER

13. NAME Albert Givart

14. BIRTHPLACE (city or town)
(State or country) Belgium

MOTHER

15. MAIDEN NAME Rosie Joplin

16. BIRTHPLACE (city or town) Ada Co: Idaho
(State or country)

17. INFORMANT Silas M Joplin
(Address) Rt. 1. Eagle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Joplin Cemetery 3/2, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3/5, 1938 Owen Jaylor Registrar.

Feb 9 1938

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 28th 1938

22 I HEREBY CERTIFY, That I attended deceased from 193 , to , 193

I last saw him alive on Dead 2/28 1938 About 4:30 P. m.

to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot Wound in the Head Self Inflicted.	
Suicide	
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury , 193

Where did injury occur? At Home
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. S. McCann Coroner M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107993

MAR 11 1938

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 12

(No. 3 miles west of Boise, Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Elias Edward Koskela

(a) Residence No. Route # 2. Boise, Idaho St.

(Usual place of abode) 12 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Anna Koskela

6. DATE OF BIRTH (month, day, and year) 2.15.1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Policeman

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Finland

FATHER

13. NAME Matt Koskela

14. BIRTHPLACE (city or town)
(State or country) Finland

MOTHER

15. MAIDEN NAME Mary Rantila

16. BIRTHPLACE (city or town)
(State or country) Finland

17. INFORMANT Mrs. Anna Koskela
(Address) Route 2. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 2.3., 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 2-3., 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH Jan.

21. DATE OF DEATH (month, day and year) 31 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193. Jan 31, 1938

I last saw him alive on Jan 31 1938.; death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease with decompensation	?
Coronary Thrombosis	1/31/38

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MAR 11 193

DO NOT WRITE IN THIS SPACE
State File No. 107994

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 13
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

106 L

2. FULL NAME Peter Tonkovitch

(a) Residence. No. 1219 Grove St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1863

7. AGE: Years: About 75 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sinac-Lika Jugo-Slavia

MOTHER FATHER

13. NAME: Dont Know
14. BIRTHPLACE (city or town) (State or country): Austria
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Helen Nisson Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 2/3 ..., 1938

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 2-4-1938 R. Sharpe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct ..., 1937, to Feb 2, 1938.
I last saw h— alive on Feb 2, 1937.: death is said to have occurred on the date stated above, at 3 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	4 yrs.

Other **contributory causes** of importance:

Senility	

Name of operation: None Date of:
What test confirmed diagnosis? None was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) F. W. Almond, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Near City Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107995

MAR 21 1938

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 14

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Larry O'Brien

(a) Residence. No. Ada County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 4th. 1861

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
76	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER FATHER

13. NAME: Dont Know

14. BIRTHPLACE (city or town) (State or country): " "

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Records of Ada Co. Hospital, Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Cemetery 2/7, 193 8

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-7, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 4th 193 8

22. I HEREBY CERTIFY, That I attended deceased from 10/15 193 8 to 2/4 193 8

I last saw him alive on 2/3 193 8: death is said to have occurred on the date stated above, at 11:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary	
occlusion	1 mo

Other **contributory causes** of importance:

Senile	

Name of operation None Date of

What test confirmed diagnosis? None was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Leo Allen M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107996

MAR 11 1938

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 15

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

13e

2. FULL NAME Robert Hodgens

(a) Residence. No. 511 South 6th St.

(Usual place of abode)

Length of residence in city or town where death occurred about 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Sarah Ellen Hodgens

6. DATE OF BIRTH (month, day, and year): May 24 - 1863

7. AGE: Years 74 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER

13. NAME: Roy Hodgens

14. BIRTHPLACE (city or town) (State or country): U.S.A.

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): Lawrence Reynolds 511 So 5th St.

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Date: 2/5, 1938

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 2-7, 1938 H. D. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2-4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to Feb. 4, 1938.

I last saw h. alive on Feb. 3, 1938.; death is said to have occurred on the date stated above, at 9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Senile	

Other **contributory causes** of importance:

none	

Name of operation ..... Date of .....

What test confirmed diagnosis? X Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. W. Almond M. D.

(Address) Boise

Dr. Almond

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107997

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 16

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald Walter Ruhl

(a) Residence No. Route #4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) 5-12-1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spokane. Wash.
(State or country)

FATHER

13. NAME Walter R. Ruhl

14. BIRTHPLACE (city or town) Seattle.
(State or country) Wash.

MOTHER

15. MAIDEN NAME Vera Harris

16. BIRTHPLACE (city or town) Beaver.
(State or country) Utah

17. INFORMANT Walter R. Ruhl
(Address) Boise, Idaho

18. BURIAL, [redacted]
2:30 Place Morris Hill Date 2-16-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 2-15, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-14 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Feb 17, 1938

I last saw him alive on Feb 1 1938: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	4 mo
Other **contributory causes** of importance:	
None	

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. W. Almond, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING Almond

PLACE OF DEATH
County of Ada
City or Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107998

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 17

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Cope

(a) Residence. No. Slaughter House Gulch St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Cope

6. DATE OF BIRTH (month, day, and year) Dec. 1, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montana
(State or country)

FATHER
13. NAME Samuel B. Cope
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Louisa Cooper
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Mable Smith
(Address) Weiser, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Ida. Date 2-13., 1938.

19. UNDERTAKER L. C. Northam
(Address) Weiser, Ida

20. FILED 2-15., 1938. K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5., 1938., to Feb 11., 1938.
I last saw him alive on Feb 11., 1938.; death is said to have occurred on the date stated above, at 7. a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Lung	
Internal	1 yr.

Other **contributory causes** of importance:

Dementia	

Name of operation none Date of
What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. W. Almond, M. D.
(Address) Boise

Dr. Swinea F.N.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107999

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 18
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Martyn

(a) Residence No. Route #4 St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE of~~) Phillipa Lily Martyn

6. DATE OF BIRTH (month, day, and year) 9-15-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Gunislake, Cornwall
(State or country) England

FATHER
13. NAME John William Martyn
14. BIRTHPLACE (city or town) Gunislake, Cornwall
(State or country) England

MOTHER
15. MAIDEN NAME Harriett Rowda
16. BIRTHPLACE (city or town) Gunislake, Cornwall
(State or country) England

17. INFORMANT John Martyn
(Address) Route #4 Boise, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ 3:30
Place Morris Hill Date 2-16-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 2-16, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-12-1938

22 I HEREBY CERTIFY, That I attended deceased from Oct., 1936, to Feb., 1938
I last saw him alive on Feb 12 1938: death is said to have occurred on the date stated above, at 5:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown
Other **contributory causes** of importance:	
Bronchitis	Unknown

Name of operation None Date of
What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner
(Signed) W. J. Swinea, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Near Boise
Rt. 4
MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108000

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 20
(No. Died at Home Rt: 4)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura A. Herren
(a) Residence No. Rote 4 Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female
4. Color or Race Female White
5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 2/21/1871
7. AGE Years 66 Months 11 Days 28 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher In Public
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schools
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Shullsburg
(State or country) Wis.

FATHER
13. NAME Charles A. Herren
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Mary E. Sibert
16. BIRTHPLACE (city or town)
(State or country) Dont Know.

17. INFORMANT Mrs. R. McDonald
(Address) Rt. 4 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 2/22, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-21 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-19 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 17, 193..., to Feb 19, 193..., 193...
I last saw her alive on Feb 19 1938.; death is said to have occurred on the date stated above, at 12 30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Coma	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Brink M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108002

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 23

(No. Ada Co: Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 93C

2. FULL NAME William Bridges

(a) Residence No. Ada Co: Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/26/1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroadman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME No Record
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Records of Ada Co: Hospital
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/1, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-28 1938 E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 28 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937, to Feb 28, 1938

I last saw h— alive on 2-27, 1938: death is said to have occurred on the date stated above, at 7. A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	2 yrs
Other **contributory causes** of importance:	
Bronchitis	1 wk

Name of operation — Date of —
What test confirmed diagnosis? Clin, Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F W Allmond, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108003

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 29

(No. Died At Her Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Della Lillian Haskett

(a) Residence. No. South Walnut St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Haskett

6. DATE OF BIRTH (month, day, and year) July 15th 1870

7. AGE: Years 67 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Kansas

FATHER
13. NAME William Young
14. BIRTHPLACE (city or town) ..... (State or country) U.S.A.

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) ..... (State or country) U.S.A.

17. INFORMANT John L. Haskett (Address) Ontario, Oregon.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2/2, 193 8

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 2-3, 193 8 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 30th. 193 8

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.. to ..... 193....
I last saw her alive on Dead 1/30 About 8 A.M. death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Cause. Was Found Dead In Her Home	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. McCann Coroner M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Valle

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108004

MAR 11 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 31

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME WILLIAM EBY

(a) Residence. No. 1121 East State Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 19 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mines

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Paris O'Neill
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem'ty Date 1/31/38 193

19. UNDERTAKER W. McBratney
(Address) Boise Idaho

20. FILED 2-3, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/23, 193.8, to 1/28, 193.8
I last saw h/m alive on 1/25, 193.8; death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Degeneration of Lungs	

Other contributory causes of importance:

General Senility Complications & Abscesses	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Valle, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108005

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 32

MAR 1 [illegible]

(No. 3rd & Railroad)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Freiman

(a) Residence. No. Route 3 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia

6. DATE OF BIRTH (month, day, and year) February 25, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Freiman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Helena Rigas

(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill cemetery Date 2-3-, 1938

19. UNDERTAKER Wm. McBratney

(Address) Boise, Idaho

20. FILED 2-4, 1938 E. R. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1937 to , 193

I last saw him alive on Dec. 1/31 1938; About 11: A. m. death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural	
Died Suddenly While At Work	
No Indication Of Foul Play	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. J. McCann Coroner, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108006

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 33

(No. 1202 N. 16)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac Newton Sullivan

(a) Residence. No. 819 No. 17th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 3, 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coffin's Grove, Iowa

FATHER

13. NAME Aaron Sullivan

14. BIRTHPLACE (city or town) (State or country) Champaign Co. Ohio

MOTHER

15. MAIDEN NAME Jane Lippincott

16. BIRTHPLACE (city or town) (State or country) Champaign Co. Ohio

17. INFORMANT Mr. L. L. Sullivan
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill cemetery Date Feb. 2, 1938

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 2-4, 1938 E. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1936, to Jan 31st, 1938

I last saw him alive on Jan 30th, 1938; death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Heart attack	
Other contributory causes of importance:	
Hypostatic pneumonia	
Prostatic gland trouble	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John Baab M. D.

(Address) Boise Ida.

John Baab

Koelsch

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108007

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 34
(No.) 93C
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melissa. J. Atkinson.

(a) Residence No. 206. West Jefferson Street. St.
(Usual place of abode) 48 Years. (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female. | 4. Color or Race: White. | 5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 8. 1858.

7. AGE — Years: 79. | Months: 8. | Days: 20. | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Athens Ontario
(State or country) Canada.

FATHER

13. NAME Spence.
14. BIRTHPLACE (city or town) Canada.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Canada.
(State or country)

17. INFORMANT George. A. Atkinson.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Pioneer Cemetery. Date Jan. 31, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 2-5, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-28 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1935, to 1-28, 1938
I last saw h[illegible] alive on 1-24 1938 death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1930

Other contributory causes of importance:

Senility	
arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. D. Sprague, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108008

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 35

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John O. McDonald

(a) Residence No. Pioneerville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth McDonald

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairmont,
(State or country) West Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Joseph Skidmore
(Address) Quartsburg, Idaho

18. BURIAL, CREMATION OR REMOVAL Fairmont, West Virginia Date 2-6, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 2-5, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/3 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-1, 1938, to 2-3, 1938

I last saw him alive on 2-3 1938; death is said to have occurred on the date stated above, at 2:42 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	1-23-38

Other contributory causes of importance:

Hypertension	30 years

Name of operation — Date of

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) O. C. Hamilton M. D.

(Address) Boise Idaho

Dr. Bodle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108009

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 36

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Mary C. Rowan

(a) Residence No. 1505 Harrison Blvd. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of Edward Rowan
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-31-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Galion, Ohio
(State or country)

FATHER

13. NAME Joseph Graver

14. BIRTHPLACE (city or town) Philadelphia,
(State or country) Pa.

MOTHER

15. MAIDEN NAME Minnie S. Mathews

16. BIRTHPLACE (city or town) Pittsburgh.
(State or country) Pa.

17. INFORMANT R. C. Young
(Address) Boise, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Morris Hill
Place Boise, Idaho Date 2-5-1938, 193

19. UNDERTAKER Mc Bratney Funeral Home
(Address) Boise, Idaho

20. FILED 2-5, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-4 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193..., to _____, 193...

I last saw h... alive on _____ 193...: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis.	
Other contributory causes of importance:	

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193...

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

(Signed) W N Bodle, M. D.

(Address) 101 Gem Bldg. Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108010

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 37

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack A. Sporup

(a) Residence No. St. Lukes Hospital St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

None (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
~~Female~~ male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) — 1/6/38

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER

13. NAME Walter Sporup

14. BIRTHPLACE (city or town) Portland,
(State or country) Oregon

MOTHER

15. MAIDEN NAME Iva Mae Proffer

16. BIRTHPLACE (city or town) Tacoma,
(State or country) Wash.

17. INFORMANT Walter Sporup
(Address) Boise, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Morris Hill
Place Boise, Idaho Date 2-8-, 1938

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 2-8-, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-5 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-5, 1938, to 2-5, 1938

I last saw her alive on 2-5 1938; death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	
5 lbs. 12 ozs.	

Other **contributory causes** of importance:

Premature	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) O. J. Coats, M. D.
(Address ____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108011

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 38

(No. St.Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Jane Kingsley

(a) Residence No. Route 5 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William T.

6. DATE OF BIRTH (month, day, and year) 7-1-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cedar Rapids,
(State or country) Iowa

FATHER

13. NAME Asa Richardson

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Mary Jane Hall

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT Wm. T. Kingsley
(Address)

18. BURIAL, CREMATION OR REMOVAL Morris Hill
Place Boise, Idaho Date 2-9, 1938

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 2-8, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-6 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-10, 1938, to 2-6, 1938

I last saw her alive on 2-5 1938: death is said to have occurred on the date stated above, at 12:20 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold W. Staats M. D.

(Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108012

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 39

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael Dale Thomas

(a) Residence No. 1119 Lee St. St.

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, and year) 1-5-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Jack A. Thomas

14. BIRTHPLACE (city or town) Lucerne,
(State or country) Missouri

MOTHER

15. MAIDEN NAME Doris L. Carey

16. BIRTHPLACE (city or town)
(State or country) Michigan

17. INFORMANT Jack A. Thomas
(Address) Boise, Idaho Cloverdale

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Boise, Idaho Date 2-9-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 2-10, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-8-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938, to Feb 8, 1938

I last saw him alive on Jan 5, 1938.: death is said to have occurred on the date stated above, at 6:45 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Enlarged Thymus Gland.	Jan 5 1938

Other **contributory causes** of importance:

Pulmonary Atelectasis

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. K. Braffett, M. D.

(Address) Boise Idaho

Dr Stone

PLACE OF DEATH
County of Ada
City of Boise

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108013

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 40
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Clifford Stevenson

(a) Residence No. 1209 North 8th Street St.
(Usual place of abode) 45 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha B. Stevenson

6. DATE OF BIRTH (month, day, and year) Apr. 3. 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton
(State or country) Ohio

FATHER
13. NAME Robert Stevenson
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Nancy Jane Osborne
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Robert C. Stevenson
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 2/11/, 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 2-10, 193 8 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. Feb.

21. DATE OF DEATH (month, day and year) 8/ 193 8

22 I HEREBY CERTIFY, That I attended deceased from 2-7, 193 8, to 2-8, 193 8
I last saw him alive on 2-8 193 8: death is said to have occurred on the date stated above, at 11 30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Thrombosis at femoral artery & Gangrene of left leg	2-1-38
Other **contributory causes** of importance:	

Name of operation Amputation of thigh Date of 2-8-38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold W. Stone, M. D.
(Address Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108014

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 41

(No. 515 Franklin, Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

490

2. FULL NAME Harriet Rice Congdon

(a) Residence No. 515 Franklin, Street St. New Haven, Conn.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/25/1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montour Falls
(State or country) New York

FATHER

13. NAME Hiram W. Congdon

14. BIRTHPLACE (city or town) Water Town
(State or country) New York

MOTHER

15. MAIDEN NAME Flora Pollard

16. BIRTHPLACE (city or town)
(State or country) New York

17. INFORMANT John P. Congdon
(Address) 515 Franklin, Street

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2/12, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 2-11, 1938 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. 2/10/38

21. DATE OF DEATH (month, day and year) Feb 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 193[illegible], to Feb. 10, 1938

I last saw her alive on Feb 9 1938: death is said to have occurred on the date stated above, at 12 Noon m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma (adeno) of ovary, ca metastasis	Dec. '37
Other **contributory causes** of importance:	

Name of operation Oophorectomy Date of Dec 15 37

What test confirmed diagnosis Path. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** No

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. K. Sprague, M. D.

(Address 508 Eaton Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Allen

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108015

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 42

St (No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert L. Mowre

(a) Residence. No. 2525 Fairview St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence E. Mowre

6. DATE OF BIRTH (month, day, and year): 1869, June 4

7. AGE: Years 68 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Bloomfield

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER

13. NAME: Not Obtainable

14. BIRTHPLACE (city or town) (State or country): U.S.A.

15. MAIDEN NAME: Not Obtainable

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): Mrs. Wm. Schlaman, Portland, Or.

18. BURIAL, CREMATION OR REMOVAL
Place: Cloverdale Date: 2/14, 1938

19. UNDERTAKER (Address): Schreiber & McCann, Boise Idaho

20. FILED: 2-14, 1938. C. A. Sharp, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2-11 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1938, to Feb. 11, 1938.

I last saw him alive on 2/11, 1938.; death is said to have occurred on the date stated above, at 1:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	2/11/38
Other **contributory causes** of importance:	
Bi Lateral Lobar Pneumonia	2/7/38

Name of operation: None Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury .., 193.

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. —

Manner of injury: —

Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) C. A. Allen, M. D.

(Address) 105 N. 8th St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108016

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 43

(No. 259 Warm Springs Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

153

2. FULL NAME William Elisha Donoho

(a) Residence. No. 259 Warm Springs Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arta Donoho

6. DATE OF BIRTH (month, day, and year) April 21st. 1883

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
54	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Construction

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Weatherford Texas

FATHER

13. NAME William Elisha Donoho

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary E Roberts

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMANT (Address) Ivan M. Parkinson Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 2-14 1938

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 2-14, 193 8 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 11th. 193 8

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1937, to Feb. 10, 1938
I last saw h— alive on 2-10, 1938: death is said to have occurred on the date stated above, at 3 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malignant	2 yrs
Neoplasia of	
Colon	
Other **contributory causes** of importance:	
Senility	
Diabetes	

Name of operation Biopsy Date of 1937
What test confirmed diagnosis? Biopsy Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....
(Signed) F. W. Armand, M. D.
(Address) Boise

A 13. Bo. -1

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108017

MAR 11 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 44
(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

114a

2. FULL NAME Edward Douglas Lake.

(a) Residence No. 2309. N. 20 Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred 14. Years. (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Lula Lake.

6. DATE OF BIRTH (month, day, and year) June. 29. 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52.	7	12.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jordan Valley
(State or country) Oregon.

FATHER
13. NAME Charles. H. Lake.
14. BIRTHPLACE (city or town) Nova Scotia.
(State or country)

MOTHER
15. MAIDEN NAME Jane Clegg.
16. BIRTHPLACE (city or town) Isle of Man.
(State or country)

17. INFORMANT Mrs. Lula Lake.
(Address) 2309. N. 20 Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Feb. 14. 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 2-15, 1938 E. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 193..., to Feb 11, 1938
I last saw him alive on Feb 11 1938: death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	10 yrs
Gonorrhoea with abscess	6 month
Decompensated heart	6 month
Pleurisy with effusion	2 month
Heart block	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Syphilis
(Signed) [illegible] M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

St Lemonte

PLACE OF DEATH
County of Ada
City of Boise

MAR 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108018

Registration District No. 2
Primary Registration District No. 1204 Local Registrar's No. 45

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mildred Virginia Moffatt

(a) Residence No. 2229 Ellis Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 18. 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albion
(State or country) Iowa

FATHER
13. NAME Frederick P. Moffatt
14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER
15. MAIDEN NAME Virginia Swearingen
16. BIRTHPLACE (city or town)
(State or country) Illnoise

17. INFORMANT Cady J. Moffatt
(Address) Marshaltown, Iowa

18. BURIAL, CREMATION OR REMOVAL
Place Marshaltown, Iowa. Date 2/17/38

19. UNDERTAKER Summers Funeral Home
(Address) Boise Idaho

20. FILED 2-15, 1938 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 14 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937, to Feb 14, 1938
I last saw her alive on 2-14 1938: death is said to have occurred on the date stated above, at 4:20 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Adenoma of thyroid multiple Duct	aff of 1920
Chr. Myocardosis	1937
Chr Cholecystitis	1937
Pyloric obstruction,	Jan 1938
Other **contributory causes** of importance:	

Name of operation Cholecystectomy & Hyaroplasty Date of 2-11-38
What test confirmed diagnosis? Clin + Path Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M D Simonton, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108019

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 46
(No. St Lukas Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Lena Musgrove

(a) Residence No. ..... St. R.F.D. #- Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of W.B. Musgrove

6. DATE OF BIRTH (month, day, and year) Sept 13, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hennessy
(State or country) Oklahoma

FATHER
13. NAME Oscar Y. Whipple
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER
15. MAIDEN NAME Minnie J. Garrettson
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT W.B. Musgrove
(Address) Boise Rt I

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Feb. 12, 1938

19. UNDERTAKER B.F. Robson
(Address) Meridian Ada

20. FILED 2-15, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-9 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Feb 2, 1938
I last saw h.er alive on Feb 2 1938: death is said to have occurred on the date stated above, at 9304 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Feb 1- 1938
Uterine Fibroid (Operation)	

Other **contributory causes** of importance:

Name of operation Hysterectomy Date of Jan 26-38
What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O.E. Jewell, M. D.
(Address) Meridian, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

By Smith

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108020

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 48

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jose Goicoecheta

(a) Residence. No. 104 Bannack St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Mallea Goicoecheta

6. DATE OF BIRTH (month, day, and year): 1889

7. AGE — Years: 48 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Camp Tender

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spain

MOTHER FATHER

13. NAME: Manuel Goicoecheta

14. BIRTHPLACE (city or town) (State or country): Spain

15. MAIDEN NAME: Not Obtainable

16. BIRTHPLACE (city or town) (State or country): Spain

17. INFORMANT (Address): Mrs Goicoecheta Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Boise

Place. St. John's Cemetary 2-15-1938

19. UNDERTAKER (Address): Schneider & Mt. Cairn

20. FILED 2-15-1938 R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-12 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938, to Feb 12 1938.

I last saw him alive on Feb 12, 1938.; death is said to have occurred on the date stated above, at 11:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	Feb 9

Other **contributory causes** of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert L. Smith M. D.

(Address) First Natl Bank Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Stewart Mortuary

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108021

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 49

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Letha Brown

(a) Residence. No. 1718 Front St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James W. Brown

6. DATE OF BIRTH (month, day, and year) Oct. 21 st. 1889.

7. AGE: Years 48 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Goodman Co. (State or country) Kas

FATHER
13. NAME Alvin Deal
14. BIRTHPLACE (city or town) U.S.A. (State or country)

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) U.S.A. (State or country)

17. INFORMANT James W. Brown (Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL Place Cloverdale Date 2/15 8

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 2-15 1938 R. D. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1938, to 2-12, 1938.
I last saw her alive on 2-12, 1938; death is said to have occurred on the date stated above, at 12:30 AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Perforated ulcer duodenum	2-7-38
Perforated Gall Bladder	2-7-38
General peritonitus	2-9-38

Other **contributory causes** of importance:

For years has had Gall bladder trouble	

Name of operation Opened & drained Date of 2-9-38
What test confirmed diagnosis? Repair Perforated ulcer Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ← Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. O. Hamilton M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108022

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 50

Mar 11 1938

(No. 1712 north 7th, Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Tinsley

(a) Residence No. 1712 north 7th Street St. ?
(Usual place of abode) 32 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Year- 1869

6. DATE OF BIRTH (month, day, and year) July. 27.

7. AGE: Years 68 | Months 6 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oldham
(State or country) England

FATHER
13. NAME William Bridge
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Ellen Tinsley
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT William Tinsley
(Address) 1712 north 7th street

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Feb. 15 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 2-16, 1938 E. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 2-13 12 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-10, 1938, to 2-12, 1938

I last saw her alive on 2-12 1938: death is said to have occurred on the date stated above, at 1-30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Many years
Uremia -	2-10-38
Other contributory causes of importance:	
Last day when I saw her first & in Uremia coma	2-10-38

Name of operation ——— Date of ———
What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ——, 1938
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ———
Manner of injury ———
Nature of injury ———

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. O. Hamilton M.D.
(Address) Boise Idaho

P.F. Forney E-2

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108024

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 53

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tom Henry Hoffman

(a) Residence No. St. Alphonsus Hospital 427 S. 8th
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-21-1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Henry A. Hoffman
14. BIRTHPLACE (city or town) Little Sioux
(State or country) Iowa

MOTHER
15. MAIDEN NAME Hazel Landers
16. BIRTHPLACE (city or town) Leads,
(State or country) S.D.

17. INFORMANT Henry A. Hoffman
(Address) Boise, Idaho

18. BURIAL, CREMATION, REMOVAL
4:7m Place Morris Hill Date 2-16-1935, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 2-16 1938 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/12 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-19, 1938, to 2-12, 1938
I last saw h— alive on 2-12 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid Fever.	21
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. W Forney, M. D.
(Address) Boise Ida

Dr Smith

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108025

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Albert Hannegan

(a) Residence No. 35th and Good Streets St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Ida May Hannegan

6. DATE OF BIRTH (month, day, and year) 1-10-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Howard
(State or country) Kansas

FATHER

13. NAME Daniel Hannegan

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Margaret A. Wiley

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. C. E. Dillard
(Address) 505 S. 13th St. Boise

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cloverdale Date 2-17-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise

20. FILED 2-17 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-14 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-14- 193 8, to 2-14 193 8

I last saw him alive on 2-14 1938.: death is said to have occurred on the date stated above, at 6:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-14-38
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Smith M. D.

(Address) 1st National Bank Bldg Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108027

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Nancy M. Rand

(a) Residence No. 605 South 13th Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
(or) WIFE of Calvin L. Rand

6. DATE OF BIRTH (month, day, and year) June 25, 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario,
(State or country) Canada

FATHER

13. NAME Martin Hicks

14. BIRTHPLACE (city or town) London
(State or country) England

MOTHER

15. MAIDEN NAME Clarcy Dean

16. BIRTHPLACE (city or town) London,
(State or country) England

17. INFORMANT Mrs. Robert Brown
(Address) 605 S. 13th St. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2-22-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 2-21, 1938 W. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-20 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1938, to Feb 20, 1938
I last saw h[illegible] alive on Jan 31 1938: death is said to have occurred on the date stated above, at 12:25a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	

Other **contributory causes** of importance:

arterio sclerosis	
Mental unbalance	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Rena Numbers M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108028

MAR 11 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 58
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johanna Casberg Huschke

(a) Residence No. Payette, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 17. 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Berlin
(State or country) Germany

FATHER
13. NAME John Casberg
14. BIRTHPLACE (city or town) Gramzon
(State or country) Germany

MOTHER
15. MAIDEN NAME Hermine Wiedenbeck
16. BIRTHPLACE (city or town) Lumback
(State or country) Germany

17. INFORMANT John Casberg
(Address) Payette, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Ida. Date Feb. 24., 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 2-23, 1938 E. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 22 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 1937, 193..., to Feb 1938, 193...
I last saw her alive on 2-22 1938: death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Ovary	Jan 1937
Other **contributory causes** of importance:	
Intestinal obstruction	Dec 1937

Name of operation Exploration 2-22-1937 Date of
What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W B Shaw, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108029

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 59

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lula May Fisher

(a) Residence No. 525 S. L6th St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred Fisher

6. DATE OF BIRTH (month, day, and year) 7-8-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Osage
(State or country) Kansas

FATHER

13. NAME Frank Hamp

14. BIRTHPLACE (city or town) Toledo, Ohio
(State or country)

MOTHER

15. MAIDEN NAME Martha Sarver

16. BIRTHPLACE (city or town) Charleston
(State or country) West Virginia

17. INFORMANT Fred Fisher
(Address) Boise, Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Casper, Wyo. Date Feb. 26, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 2-26, 1938 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-25 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-20, 1938, to 2-25, 1938

I last saw her alive on 2-25 1938; death is said to have occurred on the date stated above, at 6:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-18-38

Other **contributory causes** of importance:

Endocarditis -	years ago
Hypertension -	years ago

Name of operation ——— Date of ———

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1938

Where did injury occur? ———
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ———

Manner of injury ———

Nature of injury ———

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. O. Hamilton M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Indian Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108031

Registration District No.

Primary Registration District No. Local Registrar's No. 179

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella , Rairdon, Jackson,

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widdow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John, M Jackson

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	77	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER/FATHER

13. NAME William Rairdon

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Ray S. Frazer
(Address) Yellow Pine Ida

18. BURIAL, CREMATION OR REMOVAL
Place Indian Valley Date Feb. 13 1938

19. UNDERTAKER J. A. Hudelson,
(Address) Cambridge

20. FILED MAR. 3 1938, 193...

DR. ALVIN S. THURSTON
COUNCIL, IDAHO
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/11 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/5/38, 193... to 2/11/38, 193...

I last saw her alive on 2/8/38, 193...: death is said to have occurred on the date stated above, at 9:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	2/8/38

Other **contributory causes** of importance:

Mechanical Ileus due to chronic constipation and post operation from bowel operation 20 yrs ago	1918

Name of operation. None Date of 0

What test confirmed diagnosis? Observed Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Alvin S. Thurston M.D., M. D.

(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108032

Registration District No. 28
MAR 3 - 1938
Primary Registration District No. 2161
Local Registrar's No. 33
(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lester Jake McAnulty

(a) Residence No. Inkom Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, and year) July 23 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pilot Rock
(State or country) Oregon

FATHER
13. NAME Charles R. Ms Anulty
14. BIRTHPLACE (city or town) Enterprise
(State or country) Oregon

MOTHER
15. MAIDEN NAME Jessie Osborne
16. BIRTHPLACE (city or town) Pilot Rock
(State or country) Oregon

17. INFORMANT Mrs O.H. Munroe
(Address) Inkom, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mountainview Date Feb. 24, 1938

19. UNDERTAKER McHan / Funeral Home
(Address) Pocatello Idaho

20. FILED 2-23, 1938 D C Ray

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 22 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 16, 193 9, to Feb 22, 193 8
I last saw h. im. alive on Feb 22 193 9: death is said to have occurred on the date stated above, at 3:25 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralytic ileus following operation for ruptured Appendix	Feb 19-38

Other **contributory causes of importance:**

Name of operation Appendectomy Date of Feb 16-38
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A M Newton, M. D.
Pocatello, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108033

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 36

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary W. Henderson

(a) Residence No. 409 South Hayes Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of James Henderson

6. DATE OF BIRTH (month, day, and year): May 16, 1852.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pottsville, Pennsylvania.

FATHER

13. NAME: Benjamin Williams

14. BIRTHPLACE (city or town) (State or country): Wales.

MOTHER

15. MAIDEN NAME: Mary Watkins

16. BIRTHPLACE (city or town) (State or country): Wales.

17. INFORMANT: H. W. Henderson
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Arimo, Idaho Date Feb. 27, 1938.

19. UNDERTAKER: Arthur V. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Feb. 26, 1938. D. O'Kay
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): February 24, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1938, to Feb. 24, 1938.

I last saw her alive on Feb. 23 1938: death is said to have occurred on the date stated above, at 7:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Old age	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. J. Rodriguez, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108034

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 39

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Smith

(a) Residence No. 711 South Main St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 17, 1860.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hawkes Transfer Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Morgan Hawkes
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Feb. 28, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Feb. 28, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) February 25, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1938, to Feb 25, 1938

I last saw him alive on Feb 25 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other **contributory causes** of importance:

Name of operation No Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED
MAR 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108035

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 23

157a

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Viola May Young.

(a) Residence No. 740 N. Johnson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): October 13, 1937

7. AGE: Years — | Months 6. | Days 24. | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho.

FATHER
13. NAME Benjamin L. Young
14. BIRTHPLACE (city or town) Nebraska
(State or country) Dakota

MOTHER
15. MAIDEN NAME Sylvia Cox
16. BIRTHPLACE (city or town) Castle Gate
(State or country) Utah.

17. INFORMANT Sylvia Cox Young
(Address) Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Date Feb. 5, 1938

19. UNDERTAKER W. L. McFann
(Address) Pocatello Idaho

20. FILED Feb 4, 1938 — J. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 3 1938

22 I HEREBY CERTIFY, That I attended deceased from July 13, 1937, to 2/3, 1938
I last saw her alive on 2/3 1938: death is said to have occurred on the date stated above, at 4:10 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Blue baby -	
Congenital -	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Hansen, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108036

MAR 3 - 1938

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 34

(No. St. Anthoney Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald Wesley Larsen

(a) Residence No. 622 North Main St. Pocatello, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Evanston, Wyoming
(State or country)

FATHER

13. NAME Lehi Pratt Larsen

14. BIRTHPLACE (city or town) Kimberly
(State or country) Idaho

MOTHER

15. MAIDEN NAME Madgeline Gorringe

16. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

17. INFORMANT Lehi Pratt Larsen
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date 2/23/38, 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 2-24, 193 8 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/21/38

22 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1938, to Feb 21, 1938

I last saw h[illegible] alive on Feb 21 1938: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Feb 1st - 1938

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No Isabelle B. in Spinal Fluid

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? [illegible]
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. [illegible]

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D C Ray, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

RECEIVED MAR 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108037

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 35

(No. 44 Anthony Hosp)

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Diamando Contos

(a) Residence. No. 908 N. 9th St. Pocatello Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, and year) Mar. 20, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparta Greece

FATHER

13. NAME Dimitrios Kapetanios

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Anastasia Corallis

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT (Address) James Contos 908 N. Ninth St.

18. BURIAL, CREMATION OR REMOVAL

Place Mountainview Date Feb. 27, 1938

19. UNDERTAKER Downards Funeral Home (Address) Pocatello Idaho

20. FILED 2-25-, 1938 DC Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1938, to 2-23, 1938

I last saw her alive on 2-23, 1938.: death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-20-38
Other contributory causes of importance:	
Chronic interstitial nephritis	1927
Diabetes Mellitus	1925
Chronic myocarditis	about 1930

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury....., 193...

Where did injury occur? —

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brockney, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108039

MAR 3 - 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 25
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Ann Cass. 93

(a) Residence No. 1030 N. Buchanan St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of A. J. Cass.

6. DATE OF BIRTH (month, day, and year) May 21, 1872

7. AGE — Years: 65 | Months: 8 | Days: 27 | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Rockhouse (State or country) Missouri

FATHER

13. NAME Joseph Wood.
14. BIRTHPLACE (city or town) _____ (State or country) Missouri

MOTHER

15. MAIDEN NAME Elizabeth Bussell.
16. BIRTHPLACE (city or town) Powell County (State or country) Md.

17. INFORMANT A. J. Cass (Address) Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Feb 8, 1938

19. UNDERTAKER A. L. McKay (Address) Pocatello Ida

20. FILED Feb 7, 1938 A. L. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 6, 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1938, to Feb 6, 1938

I last saw her alive on Feb 6 1938: death is said to have occurred on the date stated above, at 7. A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	?

Other **contributory causes** of importance:

Bronchopneumonia	2-5-38

Name of operation None Date of _____
What test confirmed diagnosis? el. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Ben C. Eisenberg, M. D.
(Address) Pocatello. Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108040

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 26

(No. Lynn Brother's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Haddenham Sr.

(a) Residence No. 657 South Third Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Catherine Simpson

6. DATE OF BIRTH (month, day, and year): March 13, 1868.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England.

FATHER

13. NAME: William Haddenham

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Mary Ann Burton

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Henry Haddenham Jr.
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Kemmerer, Wyoming Date: Feb. 10, 193 8.

19. UNDERTAKER: Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED: Feb. 8, 193 8. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Feb 6, 38.

22 I HEREBY CERTIFY, That I attended deceased from 2-1, 193 8, to 2-6, 193 8
I last saw h[illegible] alive on 2-6 193 8: death is said to have occurred on the date stated above, at 6:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	

Other contributory causes of importance: Kegle blood pressure

Name of operation: None Date of:
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. N. Thorn, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108041

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 24

(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Clyde Gravatt

(a) Residence No. Sterling, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 26, 1935

7. AGE — Years: 2 | Months: 5 | Days: 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sterling, Idaho
(State or country)

FATHER
13. NAME Frank Charles Gravatt
14. BIRTHPLACE (city or town) Davis City, Iowa
(State or country)

MOTHER
15. MAIDEN NAME Lorena Fairchild
16. BIRTHPLACE (city or town) Lovell, Wyoming
(State or country)

17. INFORMANT Frank Charles Gravatt
(Address) Sterling Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Springfield, Idaho Date Feb 10, 1938

19. UNDERTAKER E. J. Peck
(Address) Blackfoot Idaho

20. FILED 2-8, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1938, to Feb 7, 1938
I last saw him alive on Feb 7 1938: death is said to have occurred on the date stated above, at 6 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchus Pneumonia	Jan 31-38
Empyema left Pleura	Feb 4
ended Pleurisy	Feb 28

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No
Manner of injury None
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W C McCaughey, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

FILED
MAR 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108042

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 28

(No. Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucetta Maria Atkinson

(a) Residence No. 729 North Arthur Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Brigham Atkinson

6. DATE OF BIRTH (month, day, and year): March 28, 1860.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Heber, Utah.

FATHER

13. NAME: William Norton Marler

14. BIRTHPLACE (city or town) (State or country): Mississippi.

MOTHER

15. MAIDEN NAME: Lucetta Maria Gates

16. BIRTHPLACE (city or town) (State or country): Michigan.

17. INFORMANT: Mrs. Mary Kinghorn
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Rigby, Idaho Date: Feb. 193 8.

19. UNDERTAKER: Arthur N. Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: Feb. 10, 193 8. D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): February 8, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1938, to Feb 8, 1938
I last saw h[illegible] alive on Feb 8 1938.: death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan 13 1938
Other contributory causes of importance:	
Arteriosclerosis	5 yr.

Name of operation None Date of
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. J. Stokes, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108043

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 29

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Samuel Cooper

(a) Residence No. 1132 East Lewis St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Julia Mirtis Stanford

6. DATE OF BIRTH (month, day, and year) February 22, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. George,
(State or country) Utah.

FATHER

13. NAME Joseph Parley Cooper

14. BIRTHPLACE (city or town)
(State or country) Utah.

MOTHER

15. MAIDEN NAME Mary Lois Connell

16. BIRTHPLACE (city or town)
(State or country) England.

17. INFORMANT Mrs. Joseph S. Cooper
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date Feb. 13, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Feb. 12, 1938. D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 10, 1938.

22 I HEREBY CERTIFY, That I attended deceased from 2-10, 1938, to 2-10, 1938
I last saw h— alive on 2-10 1938: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108044

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 30

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Mapes Cook

(a) Residence No. 819 North Lincoln St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. (If married, widowed, or divorced) HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Jan 11 1937

7. AGE: Years 1 | Months 1 | Days 26. | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Child at home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Sidney M. Cook
14. BIRTHPLACE (city or town) (State or country): Pineville Oregon

MOTHER
15. MAIDEN NAME: Ellen R. Hopper
16. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

17. INFORMANT (Address): Sidney Cook Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL Place: Pocatello Date: Feb 17, 1938

19. UNDERTAKER (Address): A. L. McNaney Pocatello Idaho

20. FILED: Feb 15 1938 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Feb 15 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1938, to Feb 15, 1938
I last saw him alive on Feb 15 1938: death is said to have occurred on the date stated above, at 5 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feb 8

Other **contributory causes** of importance:

Nephrosis	Feb 1
Diabetes Mellitus	Feb 26

Name of operation: None Date of:
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury: None, 193....
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury: None
Nature of injury: .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. M. Campbell, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108045

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 31

MAR 3 - 1938

(No.) 1860
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Barnes Jackson

(a) Residence No. 218 So. Arthur St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): December 10, 1877

7. AGE: Years 61 | Months 8 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired (Usual occupation)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: lived at home
10. Date deceased last worked at this occupation (mo. and yr.): 11 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leavenworth (State or country) Kansas.

FATHER

13. NAME Henry Jackson
14. BIRTHPLACE (city or town) St Louis (State or country) Mo.

MOTHER

15. MAIDEN NAME Mary Carton
16. BIRTHPLACE (city or town) Columbus (State or country) Ohio.

17. INFORMANT (Address) Mary Carton Jackson Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Date 3-1, 18, 1938

19. UNDERTAKER A. L. McKay (Address) Pocatello Idaho

20. FILED Feb 16, 1938 D. McKay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) February 15 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938, to Feb. 15, 1938.

I last saw him alive on Feb 14 1938; death is said to have occurred on the date stated above, at 9.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture neck of femur	Aug. 9, 1937

Other **contributory causes** of importance:

Senility	
Cardio-Nephritis	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Aug. 9, 1937
Where did injury occur? Pocatello, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place.
Manner of injury fell
Nature of injury Fracture neck of femur

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. N. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108046

Registration District No. 28
MAR 3 - 1938
Primary Registration District No. 2161 Local Registrar's No. 32
(No. Lynn Slaugh)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Silas C. McMurphy
(a) Residence. No. St. Mackay, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, and year) Sept. 20 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME James Madison McMurphy
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Sarah E. Hubbard
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Mrs Wm Dodd Mackay Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mackay, Id. Date Feb. 18 1938

19. UNDERTAKER Dawnards Funeral Home (Address) Pocatello Idaho

20. FILED 2-18, 1938 D C Kay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1937 to Feb 17, 1938
I last saw h[illegible] alive on Feb 17, 1938: death is said to have occurred on the date stated above, at 7P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Home
Nature of injury Home

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Tyson, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108048

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 11
(No. Platt Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 br

2. FULL NAME Frederick Streit

(a) Residence No. ... St. ...
(Usual place of abode) 45 (If nonresident give city or town and state) 7
Length of residence in city or town where death occurred ... yrs. ... mos. ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Rosina Streit
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 30, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2/38
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Englishberg
(State or country) Switzerland

FATHER
13. NAME Fritz Streit
14. BIRTHPLACE (city or town) Englishbery
(State or country) Switzerland

MOTHER
15. MAIDEN NAME Elizabeth Hofmann
16. BIRTHPLACE (city or town)
(State or country) Switzerland

17. INFORMANT Mrs. Elizabeth Danquist
(Address) Bonners Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Woodlawn Date 2/16, 1938 St. Maries

19. UNDERTAKER Mitchell & Fessa
(Address) St. Maries, Idaho

20. FILED Mar. 9, 1938 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/13 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-12, 1938, to 2-13, 1938
I last saw him alive on 2-13 1938: death is said to have occurred on the date stated above, at 12:30P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Hypostrophy	
Other contributory causes of importance:	
Cardiac Asthma	

Name of operation ... Date of ...
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) O. D. Platt, M. D.
(Address) St Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108049

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 12
(No. Platt Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Francis Carr

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 26 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

FATHER
13. NAME Donald B. Carr
14. BIRTHPLACE (city or town) Loon Lake
(State or country) Wash.

MOTHER
15. MAIDEN NAME Martha G. Laws
16. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

17. INFORMANT Donald B. Carr
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 2/20, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Mar. 9, 1938 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) February 18, 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-18, 1938, to 2-18, 1938
I last saw her alive on 2-18 1938: death is said to have occurred on the date stated above, at 11:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other **contributory causes** of importance:	
unable to assimilate food	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. D. Platt, M. D.
(Address) St Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

MAR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108050

Local Registrar's No. 13

2. FULL NAME Jay Smith

(a) Residence No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/29/ 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods

10. Date deceased last worked at this occupation (mo. and yr.) 1926

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Spokane
(State or country) Wash.

FATHER

13. NAME C. E. Smith

14. BIRTHPLACE (city or town) Kalamazoo
(State or country) Mich.

MOTHER

15. MAIDEN NAME Hannah Lundberg

16. BIRTHPLACE (city or town) ....
(State or country) Denmark

17. INFORMANT C. E. Smith
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 2/22, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Mar 9, 1938 Walter Bohers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) February 20, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 2-14, 1938, to 2-14, 1938

I last saw h.... alive on 2-14 1938.: death is said to have occurred on the date stated above, at 7: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Pulmonary Tuberculosis	1926

Other contributory causes of importance:

Acute Colds	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193....

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) O. D. Platt, M. D.

(Address) St Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108051

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 14

MAR 14

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Roberta Lavette

(a) Residence No. ..... St. .....

(Usual place of abode) 31 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. M. Lavette

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1/32

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) Kane
(State or country) Penn.

FATHER

13. NAME Lyman Palmiter

14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER

15. MAIDEN NAME Martha Bartholemew

16. BIRTHPLACE (city or town) .....
(State or country) Penn.

17. INFORMANT J. M. Lavette
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 3/1, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Mar 9, 1938 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) February 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1938, to Feb 27 1938

I last saw h[er] alive on Feb 26 1938: death is said to have occurred on the date stated above, at 12:40A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Other **contributory causes** of importance:	
Senile debility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. D. Hall M. D.

(Address St Maries Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot
MAR 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108052

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 22.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

70a

2. FULL NAME Darrel R. McCauley

(a) Residence No. Rt. 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27 1929

7. AGE — Years: 8 | Months: 7 | Days: 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rt 1 Blackfoot, Idaho.

FATHER

13. NAME Ralph T. McCauley
14. BIRTHPLACE (city or town) (State or country) Alpine, Utah.

MOTHER

15. MAIDEN NAME Edith Hansen
16. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

17. INFORMANT Ralph T. McCauley
(Address) Rt 1 Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Riverland Date Feb 6 1938

19. UNDERTAKER John C Sandberg
(Address) Blackfoot Ida

20. FILED Feb 5, 1938 Mrs Videne Hale
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 4 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-25, 1938, to 2-4, 1938
I last saw h— alive on 2-4 1938; death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hemorrhagic	10 days
70-a	
Other contributory causes of importance: Malnutrition	4 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. D. Humphreys M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

FEB 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108053

Registration District No. 121

Primary Registration District No. 6057

Local Registrar's No. 20

(No.) County Hospital S. Maple

(If death occurred in a hospital or institution, give its name instead of street and number)

53

2. FULL NAME Albert Benjamin Roy

(a) Residence No. North Main St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Pearce Roy

6. DATE OF BIRTH (month, day, and year) Dec 15-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer & Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Jefferson Cty.
(State or country) Missouri

FATHER

13. NAME Levi Roy

14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER

15. MAIDEN NAME Fannie Jeffreys

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Guy A. Roy
(Address) Gibbs Ferry, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Date Feb 4, 1938

19. UNDERTAKER E T Peck
(Address) Blackfoot, Idaho.

20. FILED Feb 7, 1938 Mrs Hales E Hales
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938, to Feb 1, 1938

I last saw h[illegible] alive on Feb 1 1938: death is said to have occurred on the date stated above, at 2:40 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder & kidneys	2 yrs
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. D. Hamilton M. D.

(Address) Blackfoot Idaho

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108054

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 21

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. A. Bergstresser

(a) Residence No. Ada County Hospital St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. 10 ds. 29 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of no data
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/17/54

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Arren Bergstresser

14. BIRTHPLACE (city or town) no data (State or country)

MOTHER

15. MAIDEN NAME no data

16. BIRTHPLACE (city or town) no data (State or country)

17. INFORMANT Records, State Hospital, So. (Address)

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Side Cem. Date Feb. 5, 1938

19. UNDERTAKER acting Eglin Ledging
(Address) Blackfoot, Idaho

20. FILED Feb. 5, 1938 Wm. Thalen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/2 1938

22 I HEREBY CERTIFY, That I attended deceased from September 1, 1938, to Feb. 2, 1938

I last saw him alive on Feb. 2 1938: death is said to have occurred on the date stated above, at 11 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Apoplexy	Feb. 2, 38
Other **contributory causes** of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** none

Manner of injury

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. O. Brownell, M. D.

(Address Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

440

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108055

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjaman Bennett Hunter

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Theresa Hunter

6. DATE OF BIRTH (month, day, and year) 11-28-76

7. AGE — Years: 61 | Months: 2 | Days: 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Holden Utah

FATHER

13. NAME: John D. Hunter

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Elizabeth Bennett

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Sam Hunter
(Address): Holden Utah

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Date 2-16, 1938

19. UNDERTAKER: Lyn Walden
(Address): Shelley Idaho

20. FILED Feb. 15, 1938 Mattie E. Watson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-13 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on Feb 7 1938: death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck (dislocation 1st cervical from skull)	Feb 13/38
Other contributory causes of importance: Pneumonia Chronic	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 2/13/38
193.....
Where did injury occur? Shelley, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Barn back of his home
Manner of injury Rope around neck (hanging)
Nature of injury ..... (Suicide)

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. Lloyd McInnes, M. D.
(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108056

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 2nd

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Hottel

(a) Residence No. North Main St. (Usual place of abode) American Rooms St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of I. W. Hottel (deceased)

6. DATE OF BIRTH (month, day, and year) Sept. 9, 1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rooming House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kingsville, (State or country) Ohio.

FATHER

13. NAME Seldon Fayette Ames

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Sophia Havens

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Richard Carroll (Address) Box Cuba, Colo.

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cem. Date Feb. 15, 1938.

19. UNDERTAKER E. J. Peck (Address) Blackfoot, Idaho.

20. FILED Feb. 15, 1938 Mrs Hales E Hatch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) February 13 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at about 5:00 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Burned to death. accidental.	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident. Date of injury Feb 13 1938.

Where did injury occur? Blackfoot, Idaho.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Home

Manner of injury Fire at American Rooms.

Nature of injury Third degree burns, [illegible].

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. C. Sandberg Coroner. M. D.

(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108057

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph A Howdle

(a) Residence No. 550 E. Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Wilma Hudley Howdle

6. DATE OF BIRTH (month, day, and year): April 19, 1880

7. AGE: Years 57 | Months 9 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1935
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Willard Utah

FATHER

13. NAME: John Clark Howdle
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Arpha Warner
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs. Wilma D. Howdle
(Address) 550 E. Idaho, Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Blackfoot, Ida. Date: Feb. 17, 1938

19. UNDERTAKER: John C Sandberg
(Address) Blackfoot, Ida

20. FILED: Feb 17, 1938 Wm Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Feb 14 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1937, to Feb 14, 1938
I last saw h[illegible] alive on 2-14 1938: death is said to have occurred on the date stated above, at 10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	Nov 1937
Other **contributory causes** of importance:	
Hypertension	?

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A E Miller M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108058

1938

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 26

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME William A. Gallup

(a) Residence No. St. Ririe, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. 0 ds. 8 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of No data
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/1/79

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield
(State or country) Utah

FATHER

13. NAME No data (William L. Gallup)

14. BIRTHPLACE (city or town) No data
(State or country) (Springville, Utah)

MOTHER

15. MAIDEN NAME No data (Lydia Ann Strong)

16. BIRTHPLACE (city or town) No data
(State or country) (Springville, Utah)

17. INFORMANT Records, State Hospital, South
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho Date Feb. 19, 1938

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot, Idaho

20. FILED Feb. 17, 1938 Mae Valentine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/14 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Feb. 14, 1938

I last saw him alive on Feb. 14 1938: death is said to have occurred on the date stated above, at 6:15 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Indefinite

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury none

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. E. Cromwell, M. D.

(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

MAR 7 – 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108059

Registration District No. 121
Primary Registration District No. 2191
Local Registrar's No. 28

(No. State Hospital South.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertie Francis Hagler

(a) Residence No. St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred B. Hagler

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Curt Canipe
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fred B. Hagler
(Address) Buhl, Idaho.

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Twin Falls, Ida. Date Feb. 19, 1938

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot, Ida.

20. FILED Feb. 19, 1938 W. McCulloch Hunter
Feb. 19, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Feb. 19 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-9, 1938, to 2-19, 1938
I last saw him alive on 2-18 1938: death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mania gravis	about 1-19-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l cause (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury. —
Nature of injury. —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Sandberg, M. D.
(Address) Blackfoot

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Shelley, [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108060

MAR 1 - 1938

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 29
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sophie Killian

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mathew Killian

6. DATE OF BIRTH (month, day, and year) 3-12-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Denmark

FATHER

13. NAME Andrese Anderson

14. BIRTHPLACE (city or town) .....
(State or country) Denmark

MOTHER

15. MAIDEN NAME Maren Neilsen

16. BIRTHPLACE (city or town) .....
(State or country) Denmark

17. INFORMANT Elden Killian
(Address) Shelley, R#L2

18. BURIAL, CREMATION OR REMOVAL
Place Goshin, Ida. Date 2-27, 1938

19. UNDERTAKER [redacted]
(Address) Shelley, Idaho

20. FILED 2-25, 1938 Mrs. Valentine Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-28 1938

22 I HEREBY CERTIFY, That I attended deceased from March, 1938, to February 23, 1938
I last saw h[illegible] alive on Feb 22 1938: death is said to have occurred on the date stated above, at 5:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fungus Carcinoma of ovaries, intestines Mesentery, Omentum	1933
Other contributory causes of importance: Mycoderma's, Chronic Bronchitis, Anemia	1936 1937

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lloyd Schiess, M. D.
(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

439

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108061

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 44

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

104

2. FULL NAME James Giltner

(a) Residence No. Route 2 St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/29/53

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clark County
(State or country) Indiana

FATHER

13. NAME Andrew Jackson Giltner

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Jane Baird

16. BIRTHPLACE (city or town)
(State or country) Kentucky

17. INFORMANT Records, St. Hospital, South
(Address) Blackfoot

18. BURIAL, CREMATION OR REMOVAL
Place Lake Cem. Date Jan. 27, 1938

19. UNDERTAKER Blackfoot Ida
(Address)

20. FILED Jan 27, 1938 Wm. Walker E. Baird
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/25 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1938, to Jan. 25, 1938

I last saw h. Im. alive on Jan. 25 1938: death is said to have occurred on the date stated above, at 9:15 am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	Jan 14
Other **contributory causes** of importance:	
Myocarditis, Chronic	Indefinite

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** none

Manner of injury

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Johnson, M. D.

(Address) Blackfoot, Idaho

PLACE OF DEATH
County of Bingham
City of Shelley Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108062

Registration District No. 121
Primary Registration District No. 2192 Local Registrar's No. 19
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Aaron McGary
(a) Residence No. Idaho Falls, Idaho St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-15-37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country) Idaho

FATHER
13. NAME Charles Aaron McGary
14. BIRTHPLACE (city or town) Shelley, Idaho
(State or country)

MOTHER
15. MAIDEN NAME Alice Butts McGary
16. BIRTHPLACE (city or town) Idaho Falls Idaho
(State or country)

17. INFORMANT Carl A. McGary
(Address) Idaho Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Shelley Date 2-4 193 7

19. UNDERTAKER [illegible]
(Address)

20. FILED 2-3, 193 7 Mrs. Valeria Pence
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-1 193 8

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 8, to Feb 1, 193 8
I last saw h~~im~~ alive on Feb 1 193 8; death is said to have occurred on the date stated above, at 11:45 P M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	1-1-38
Other **contributory causes** of importance:	
Enteritis	1-1-38
Malnutrition	1-1-38

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to ext'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Smyth, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108063

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 27

(No. State Hospital, South)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward M. Burke

(a) Residence No. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. 8 ds. 13 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/21/85

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge
(State or country) Minnesota

FATHER
13. NAME No data
14. BIRTHPLACE (city or town) No data
(State or country)

MOTHER
15. MAIDEN NAME No data
16. BIRTHPLACE (city or town) No data
(State or country)

17. INFORMANT Records, State Hospital, South
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Cem. Date Feb 19, 1938
acting
19. UNDERTAKER D. L. Hullinger
(Address) Blackfoot, Idaho

20. FILED Feb. 19, 1938 Wm Shalen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/17 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938, to Feb. 17, 1938
I last saw him alive on Feb. 17 1938: death is said to have occurred on the date stated above, at 1:30p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Tuberculosis	Indefinite
Disseminated Tuberculosis	Jan. 17
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** none
Manner of injury
Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) J. Cromwell, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108064

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 6
(No Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Werry

(a) Residence No. Bellevue, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) W[illegible]f Sarah Werry

6. DATE OF BIRTH (month, day, and year) 12-30-68

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1-1-38
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Plymouth
(State or country) Cornwall, Eng

FATHER

13. NAME Joseph Werry Sr
14. BIRTHPLACE (city or town) Plymouth
(State or country) Corwall, Eng.

MOTHER

15. MAIDEN NAME Elizabeth Ann Demingn Coblidick
16. BIRTHPLACE (city or town) Plymouth
(State or country) Cornwall, Eng.

17. INFORMANT John Werry
(Address) Bellevue, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bellevue Date Mar 1st, 193 8

19. UNDERTAKER Ray McGoldrick
(Address) Hailey, Idaho

20. FILED 3-4, 193 8 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-27 193 8

22. I HEREBY CERTIFY, That I attended deceased from 2/22, 193 8, to 2/27, 193 8
I last saw h[illegible] alive on 2/27 193 8: death is said to have occurred on the date stated above, at 11:20 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	2/22-38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. W. [illegible], M. D.
(Address) Hailey, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108065

PLACE OF DEATH
County of Blaine
City of Carey

Registration District No. 57
Primary Registration District No. 2025
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 7

2. FULL NAME Donald Maurice Bluebaugh

(a) Residence. No. .... Carey Dalia St.
(Usual place of abode)
Length of residence in city or town where death occurred, ... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 2-25-38

7. AGE: Years: 0 | Months: | Days: 2 | If LESS than 1 day, ... hrs. or .... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Carey Idaho

PARENTS

10. NAME OF FATHER: Jess Bluebaugh
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Pitchburg Tennessee
12. MAIDEN NAME OF MOTHER: Anna Telkoja
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Clarksville Arkansas

14. Informant: Jess Bluebaugh
(Address): Carey Idaho.

15. Filed 3-4-, 1938 Robert H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2 (Month) 27 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-25, 1938, to 2-27, 1938, that I last saw h[illegible] alive on 2-27, 1938, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:
Sub Entocardial Hemorrhage
(duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary)
(duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of ....
Was there an autopsy? No.
What test confirmed diagnosis? Clinical Symptoms

(Signed) J. E. Price, M. D.
2-28, 1938 (Address) Hailey Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Carey Ida	2-27-1938
20. Undertaker	Address
L. D. S. Church	Carey Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108066

PLACE OF DEATH
County of Boise
City of [illegible] MAR 21 1938
Registration District No. 8
Primary Registration District No. 2004
(No. Near Harden Valley)
Local Registrar's No. 21
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry L. Hansen

(a) Residence. No. 1041 Manhattan Ave., Brooklyn, New York St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

1900

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 19, 1915.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work CCC
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer
(c) Name of employer CCC

9. BIRTHPLACE (city or town) (State or country) Brooklyn, New York

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) CCC Records.

15. Filed 2-26 19 38 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH On or about Jan. 16, 1938.
Body found February 23rd, 1938, 19...
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw him alive on ..., 19...
and that death occurred, on the date stated above, at ... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Exhaustion and Exposure.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ...
Did an operation precede death? ... Date of ...
Was there an autopsy? No
What test confirmed diagnosis? ...

(Signed) J. E. Shanahan M.D.
Feb. 25th., 1938 (Address) Idaho City, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Brooklyn, New York	19
20. Undertaker	Address
McBratney Funeral Home	Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108067

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 9

(No. 323 Oak Street
If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Mathilda Moore

(a) Residence. No. 323 Oak Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Henry Moore

6. DATE OF BIRTH (month, day, and year) Feb. 17, 1838

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	99	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandy Hill
(State or country) New York

FATHER

13. NAME John Styvesant

14. BIRTHPLACE (city or town) New York
(State or country) N. Y.

MOTHER

15. MAIDEN NAME Mary Morton

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Mrs. Cora Le May
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pine crest Cem
Place Sandpoint, Idaho. Date Feb. 18, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Mar 8th, 1938 Virgie C. Eudeen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) February 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938, to Feb 15, 1938

I last saw her alive on Feb 15, 1938: death is said to have occurred on the date stated above, at 7:00p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Hypostatic pneumonia	Feb 7-8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Rudle, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Kootenai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108668

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 8
(No. R. F. D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michal Amelia Mogan

(a) Residence No. Kootenai, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Mogan

6. DATE OF BIRTH (month, day and year) January 25, 1844

7. AGE — Years: 94 — Months: 0 — Days: 14 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (mo. and yr.): Mar. 1934
11. Total time (years) spent in this occupation: many years

12. BIRTHPLACE (city or town) Troy (State or country) Indiana

FATHER
13. NAME William Willian
14. BIRTHPLACE (city or town) [illegible] (State or country) Indiana

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT John Mogan (Address) Kootenai, Idaho.
18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem. Place Sandpoint, Ida. Date Feb. 10 193 8
19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.
20. FILED 2-10- 193 8 Dwight C. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) February 7, 193 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 193 8 to Feby 7, 193 8
I last saw h[illegible] alive on Jan 2 193 8; death is said to have occurred on the date stated above, at 6:00p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feby 6, 38
Other contributory causes of importance:	
Hypertension Sclerosis	1930

Name of operation No. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Wm F. Tyler M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108669

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 11

(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August Carl Harms

(a) Residence No. 212 Main Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Harms

6. DATE OF BIRTH (month, day and year): May 17, 1874

7. AGE: Years 63 | Months 9 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Farm

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation: years

12. BIRTHPLACE (city or town) (State or country): Racine, Wisconsin

FATHER

13. NAME: August Harms

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louise Emric

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: William E. Harms
(Address): Broten, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Broten, Ida Date: Feb. 23, 1938

19. UNDERTAKER: L. G. Moon
(Address): Sandpoint, Idaho.

20. FILED: March 8, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Feb. 17, 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1938, to Feby 17, 1938

I last saw him alive on Feby 16, 1938: death is said to have occurred on the date stated above, at 5:15a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Feby 5, 38
Other **contributory causes** of importance:	
Carcinoma bladder	1937

Name of operation: no Date of:

What test confirmed diagnosis? Clinical. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108070

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 12

MAR 12 1938

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Mae Eitelbus

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Eitelbus

6. DATE OF BIRTH (month, day, and year) May 5, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Feb. 9, 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Iowa

FATHER

13. NAME John Wilson
14. BIRTHPLACE (city or town) ____
(State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) ____
(State or country) Ohio

17. INFORMANT Leatha Driesbach
(Address) Coeur D Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida Date Feb. 23, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Ida

20. FILED Mar 8 1938 Virgil C. Henderson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/21 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 1938, to Feb. 21, 1938
I last saw her alive on Feb 20 1938: death is said to have occurred on the date stated above, at ____ m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	2-10-38
hemiplegia.	
Other **contributory causes** of importance:	
carcinoma of breast	
and metastasis	

Name of operation None Date of ____
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1938
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Floyd G. Berdle M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

Dr. C. E. Mendle

MAR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10807

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 13

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Newton Alex Finley

(a) Residence. No. 435 S. Florence Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susan A. Finley

6. DATE OF BIRTH (month, day and year) March 8, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1916

11. Total time (years) spent in this occupation many years

12. BIRTHPLACE (city or town) Livingston
(State or country) Tenn

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT S. L. Finley
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REM. Pinecrest Cem.
Place Sandpoint, Idaho Date 2-25, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Mar 8 1938 Virgil C. Henderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) February 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 193[redacted] to Feb 22, 1938

[redacted] last saw h[redacted] alive on [redacted], and that death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic [redacted]nephritis	

Other contributory causes of importance:

Arterio Sclerasis
Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Mendle, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108072

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 15

(No. 603 Lake Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Benjamin Burgess Blum

(a) Residence No. 603 Lake Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elsie Rieken Blum

6. DATE OF BIRTH (month, day and year) December 22, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Distributing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Mfg

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) San Francisco
(State or country) California

FATHER

13. NAME Simon Blum

14. BIRTHPLACE (city or town) France
(State or country)

MOTHER

15. MAIDEN NAME Clemence Levy

16. BIRTHPLACE (city or town) San Francisco
(State or country) California

17. INFORMANT Mrs. Elsie Rieken Blum
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place San Francisco Cal. 2-26, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 2-26-, 1938 Virgil C. Godwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 24 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 3:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes.	
Probable Valvular Heart Disease	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. G. Moon Coroner M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Ponderay

RECEIVED MAR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108073

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 16

(No. 1 Ponderay, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number)

82 15

2. FULL NAME Elic Wells Buckingham

(a) Residence. No. Ponderay, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Buckingham

6. DATE OF BIRTH (month, day, and year) January 30, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Log Skidding

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1938

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) Filmore County (State or country) Minn.

FATHER

13. NAME Jackson Perry Buckingham

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME ~~Unknown~~ Aldrich

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. May Buckingham (Address) Ponderay, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem Place Sandpoint, Idaho Date Mar. 2, 193 8

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.

20. FILED Mar 9 1938 Virgil C. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 26, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 193 8, to Feb. 26, 193 8

I last saw him alive on Feb 26, 193 8: death is said to have occurred on the date stated above, at 11:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic thrombosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ~~Dr~~ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Onas F. Pagu, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108074

Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 9-38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fannie May Underwood

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1938

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Priest River
(State or country) Idaho

FATHER

13. NAME Earl Arthur Underwood
14. BIRTHPLACE (city or town) Colville
(State or country) Wash.

MOTHER

15. MAIDEN NAME Mabell Sloan
16. BIRTHPLACE (city or town) .....
(State or country) Colorado

17. INFORMANT Earl A. Underwood
(Address) Priest River, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Priest River Cem. Date Feb. 16, 1938

19. UNDERTAKER Lawrence & Mason
(Address) Sandpoint Idaho

20. FILED ....., 193.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 15 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1938, to Feb. 15, 1938.
I last saw her alive on Feb. 15 1936; death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Heart Enlargement	
Probable — Pleurisy	
(a) Pneumonia Both Lungs	
(b) Duodenal Ulcer	

Other **contributory causes** of importance:

1. Anemia —	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No —If so, specify .....

(Signed) Edward J. Bond, M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108075

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 8-38

MAR 11 1938

(No) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Fay Underwood

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14 1938

7. AGE Years	Months	Days	If LESS than 1 day 5 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Priest River
(State or country) Idaho

FATHER

13. NAME Earl Arthur Underwood

14. BIRTHPLACE (city or town) Colville
(State or country) Wash.

MOTHER

15. MAIDEN NAME Mabell Sloan

16. BIRTHPLACE (city or town)
(State or country) Colorado

17. INFORMANT Earl A. Underwood
(Address) Priest River Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Priest River Date Feb. 16, 1938

19. UNDERTAKER Lawrence G. Mann
(Address) Sandpoint Idaho

20. FILED , 193
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 15 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1938, to Feb. 15, 1938.
I last saw her alive on Feb. 15 1938: death is said to have occurred on the date stated above, at 3 00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Heart Congenitally Unstable Patient	
(a) Ductus Arteriosus	
(b) Pneumonia Bilateral	

Other contributory causes of importance:

1. Twin	
Blue Baby	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward D. Boyd, M. D.
(Address) Priest River Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108077

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 14
(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Shannon

(a) Residence No. (Usual place of abode) St. Lakeview, Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kitty Shannon

6. DATE OF BIRTH (month, day, and year) Oct. 13, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	4	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prospector
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Liberty
(State or country) Kansas

FATHER
13. NAME John Shannon
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Catherine Sullivan
16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Mrs. Wm. Robinson
(Address) Dixie, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida Date Feb. 24, 193 8

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED Mar 8 193 8 Virgil E. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/22 193 8

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 193 7 to Feby 22, 193 8
I last saw h. im alive on Feby 4 193 8.: death is said to have occurred on the date stated above, at 10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1935
Other **contributory causes** of importance:	

Name of operation no Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify mine
(Signed) Wm T. Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108078

Registration District No. 13
Primary Registration District No. 2107
Local Registrar's No. 29
(No. 1070)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Frandsen

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho Falls,
(State or country) Idaho

FATHER

13. NAME Melvin C. Frandsen
14. BIRTHPLACE (city or town) Iona,
(State or country) Idaho

MOTHER

15. MAIDEN NAME Ivy Lavender Field
16. BIRTHPLACE (city or town) Ammon,
(State or country) Idaho

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION OR REMOVAL
✓ Place Iona Date July 21, 1938

19. UNDERTAKER Jack Wood
(Address)

20. FILED July 26, 1938 Eugene Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/19 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1938, to Feb. 19, 1938
I last saw her alive on Feb 19 1938.: death is said to have occurred on the date stated above, at 5:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial congested influenza	Feb. 16

Other **contributory causes** of importance:

Premature birth at eight mo.	
Influenza of mother, prepartum two weeks	

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.
(Address .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonny

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108079

Registration District No. 13

Primary Registration District No. 2 4 0 1 Local Registrar's No. 33

(No. Ida. Falls L.D.S. Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Colleen Rose

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Wht.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day, and year) March 7, 1925

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
12	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Pub. schools

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) Richambotna (State or country) Missouri

MOTHER FATHER

13. NAME Thos. W. Rose

14. BIRTHPLACE (city or town) Carlinville (State or country) Illinois

15. MAIDEN NAME Georgia Mathews

16. BIRTHPLACE (city or town) Elsah (State or country) Illinois

17. INFORMANT Thos. W. Rose (Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date 2/2/, 1938.

19. UNDERTAKER O. Buck (Address) Idaho Falls, Ida.

20. FILED Feb 2, 193 8 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 31 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 193 8, to Jan 31, 193 8

I last saw ~~he~~ she alive on Jan 28, 193 8; death is said to have occurred on the date stated above, at 4:35 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococci Sepsis	Jan 3.
Septicemia	
a Abscess	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. P. West, M. D.

(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boun
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108080

MAR 3 - 1938

Registration District No. 13
Primary Registration District No. 21 N D
Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 75

2. FULL NAME Ely de G. Kendricks

(a) Residence No. 425 Broadway St. Ely Nevada.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Wht.
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Feb 4 1905.
7. AGE: Years 33; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cigar Store
10. Date deceased last worked at this occupation (mo. and yr.): 2/1938
11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: "
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT W. A. Grimm
(Address) Ida. Falls, Ida.

18. ~~BURIAL, CREMATION OR REMOVAL~~
Shoshone, Cal. Date 2/12, 1938

19. UNDERTAKER R. Buck
(Address) Ida. Falls, Ida.

20. FILED 2/17, 193[illegible] (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 193[illegible], to Feb 10, 193[illegible]
I last saw h[illegible] alive on Feb 10 193[illegible]: death is said to have occurred on the date stated above, at 2 30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute alcoholism followed by collapse, coma & cardiac failure.	6-7 days
Other **contributory causes** of importance:	

Name of operation None. Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonny.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108081

Registration District No. 13
Primary Registration District No. 2197 D
Local Registrar's No. 26
(No.) L. D. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anthone Henry Leda

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Leda

6. DATE OF BIRTH (month, day and year) 9 / 1857

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
80	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed

10. Date deceased last worked at this occupation (mo. and year) June 1934

11. Total time (years) spent in this occupation 55 yrs.

12. BIRTHPLACE (city or town) Baldwin
(State or country) Conya

FATHER

13. NAME Uencil Leda

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) .....
(State or country) Czecho Slovakia

17. INFORMANT George Leda
(Address) Ida. Falls, Ida.

18. BURIAL ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date 2/14/, 193 8

19. UNDERTAKER R. Beck
(Address) Ida. Falls, Ida

20. FILED Feb 14, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11 193 8

22 I HEREBY CERTIFY, That I attended deceased from Feb 1, 193 8, to Feb 11, 193 8

I last saw h~~im~~ alive on Feb 11 193 8: death is said to have occurred on the date stated above, at 11 20 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other **contributory causes** of importance:	
Chronic Prostatitis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Clay, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

MAR 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108082

Registration District No. 13
Primary Registration District No. 1214-V Local Registrar's No. 27
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betsy C. Thornton

(a) Residence No. Idaho Falls Rt #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas C. Thornton

6. DATE OF BIRTH (month, day, and year) Dec 22, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) American Fork
(State or country) Utah

FATHER
13. NAME Peter Adamson
14. BIRTHPLACE (city or town) .....
(State or country) Scotland

MOTHER
15. MAIDEN NAME Anne Cousins
16. BIRTHPLACE (city or town) .....
(State or country) Scotland

17. INFORMANT Mrs. Wm Croft
(Address) Idaho Falls Rt #1

18. BURIAL, CREMATION, OR REMOVAL
Place Long Valley Date Feb 10, 193 8

19. UNDERTAKER Rich A. Wood
(Address) Idaho Falls, Idaho

20. FILED Feb 17, 193 8 E. Summers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 193 8 to Feb. 6, 193 8
I last saw her alive on Jan 27, 193 8: death is said to have occurred on the date stated above, at 2 5 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and endocarditis	
Chronic nephritis	Indef.

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. McClellan M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. C 108083

MAR 8 - 1938

Registration District No. 3
Primary Registration District No. 2170
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 200

2. FULL NAME Mary Jane Wareham

(a) Residence No. 1446 (Usual place of abode) Cleveland St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Wareham

6. DATE OF BIRTH (month, day, and year) March 18 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Correctionville (State or country) Iowa

FATHER

13. NAME Charles Bice

14. BIRTHPLACE (city or town) New York (State or country)

MOTHER

15. MAIDEN NAME Jeanette Griffis

16. BIRTHPLACE (city or town) Scotland (State or country)

17. INFORMANT George Wareham (Address) Salt Lake City, Utah

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Feb 15, 1938

19. UNDERTAKER Jack G. Ward (Address) Idaho Falls, Idaho

20. FILED 3-11-38, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 12 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 7 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
No medical attendance	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If, so, specify.....

(Signed) C. J. Furniss, M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA... RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR...

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108084

Registration District No. 73
Primary Registration District No. I.F.D.
Local Registrar's No. 30

(No. Spencer Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Hudson Poorman

(a) Residence No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 14 1865

7. AGE: Years 43 | Months 3 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired cattle
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Buyer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

FATHER

13. NAME: John Poorman
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Rebecca J. Duncan
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Geo. Poorman Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Feb 19, 1938

19. UNDERTAKER (Address): Jack G. Ward Idaho Falls Idaho

20. FILED 2/21, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 2/16 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1938, to Feb. 16, 1938
I last saw h.im alive on Feb. 15 1938: death is said to have occurred on the date stated above, at 1-55 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (generalized).	D. K.
Gangrene Rt. foot	
Amputation.	
Chronic myocarditis	
Other **contributory causes** of importance:	

Name of operation Rt. leg amputation Date of 2-22-38
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. Thomas Erickson M. D.
(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Ucon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108085

Registration District No. 13
Primary Registration District No. 2170 Local Registrar's No. 31

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Heber John Simmons

(a) Residence. No. ..... Ucon, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 5

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ucon Idaho

FATHER
13. NAME R. B. Simmons
14. BIRTHPLACE (city or town) (State or country) Uinta Utah

MOTHER
15. MAIDEN NAME Sarah Jane Starker
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) R. B. Simmons Ucon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ucon, Idaho Date Feb 18, 1938

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Feb 26, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 193[illegible], to Feb. 15, 1938
I last saw him alive on Nov. 30, 1938; death is said to have occurred on the date stated above, at 10-30 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
multiple sclerosis	D. K
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) T. Clarence Eamerson, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108086

Registration District No. 13
Primary Registration District No. 21 J-D
Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Turner

(a) Residence No. (Usual place of abode) St. Lago, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John R. Turner

6. DATE OF BIRTH (month, day, and year): Nov 18 1857

7. AGE — Years: 79 | Months: 3 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

MOTHER FATHER

13. NAME: William Butler
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME: Ellen Close
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs. Athara Hillberg
(Address): Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL: Place Lago, Idaho Date Feb 27, 1938

19. UNDERTAKER: Jack A. Ward
(Address): Idaho Falls Idaho

20. FILED 2/27, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 2/23 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/4/38, 193..., to 2/25, 193...

I last saw h[illegible] alive on 2/23 1938: death is said to have occurred on the date stated above, at 11-40 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	6 months

Other **contributory causes** of importance:

Senility

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) [illegible] M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonny.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108087

Registration District No. 73
Primary Registration District No. 2-1-1-0 Local Registrar's No. 34
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Laura Lodge

(a) Residence No. 370 Short St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Luther Lodge

6. DATE OF BIRTH (month, day, and year) 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	0	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1938
11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) Birmingham
(State or country) Alabama

FATHER
13. NAME Jerry Eldredge
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Virginia Sanders
16. BIRTHPLACE (city or town) Unk.
(State or country)

17. INFORMANT Laura Eldg.
(Address) Ida. Falls, Ida.

18. BURIAL ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date 2/26, 1938

19. UNDERTAKER [illegible]
(Address) Ida. Falls, Ida.

20. FILED 2/27, 193[illegible] [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 23, 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 24, 193[illegible], to Feb. 23, 193[illegible]
I last saw h[illegible] alive on Feb. 23 193[illegible]: death is said to have occurred on the date stated above, at 3:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset ?
Myocardial Degeneration	

Other **contributory causes** of importance:

Pneumonia	
Anaemia	
Congestion Lungs	

Name of operation ~~none~~, Date of
What test confirmed diagnosis ~~Clinical~~. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) Ida. Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonny
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108088

Registration District No. 13
Primary Registration District No. 21-D
Local Registrar's No. 35
(No. Ida. Health Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merle De Roy Garner

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Oct. 13, 1931
7. AGE: Years 6 | Months 4 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Ida. Falls
(State or country): Idaho

FATHER
13. NAME: Leo Garner
14. BIRTHPLACE (city or town): Oakley
(State or country): Ida.

MOTHER
15. MAIDEN NAME: Ethel Stoneberg
16. BIRTHPLACE (city or town): Ida. Falls
(State or country): Idaho

17. INFORMANT: O. G. Buck
(Address): Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date Feb. 27, 1938

19. UNDERTAKER: A. S. Buck
(Address): Idaho Falls, Idaho.

20. FILED 2/26, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Feb. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1938, to Feb 25, 1938
I last saw him alive on Feb 22 1938; death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	2/19/38
Other **contributory causes** of importance:	
Chronic nephritis	1 year

Name of operation: none Date of:
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. W. Gall M.D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108089

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 36

MAR 8 - 1938

(No. Idaho Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Katy Holland.

(a) Residence No. ..... St. Garfield, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~
(or) WIFE of Donald W. Holland.

6. DATE OF BIRTH (month, day, and year) 10/27/1908

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	29	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 1/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Granite, Utah.

FATHER

13. NAME John Hardwood.
14. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

MOTHER

15. MAIDEN NAME Luella May Smith.
16. BIRTHPLACE (city or town) (State or country) Harrisville, Wis.

17. INFORMANT Donald W. Holland
(Address) Rigby, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Ida. Date 2/24, 1938

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 2-24, 1938 Wm. Hammond
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/21 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1938, to Feb 21, 1938
I last saw her alive on Feb 21 1938: death is said to have occurred on the date stated above, at 5:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	Jan 38
& Empyema	

Other **contributory causes** of importance:

Name of operation Rib resection Date Feb. 20 38
What test confirmed diagnosis? ~~Yes~~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? ~ If so, specify .....

Signed) W. R. Hall, M. D.
(Address Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boun.
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108091

Registration District No. 13
Primary Registration District No. 2170 Local Registrar's No. 38
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Amandus Johnson

(a) Residence No. R 4 D #4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Oct 26 1865

7. AGE: Years 52 | Months 4 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed
10. Date deceased last worked at this occupation (mo. and yr.) 3/38
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Malmo
(State or country) Sweden

MOTHER FATHER

13. NAME Anders Jonnson
14. BIRTHPLACE (city or town) Skane
(State or country) Sweden
15. MAIDEN NAME Johanna Olsdottar
16. BIRTHPLACE (city or town) Skane
(State or country) Sweden

17. INFORMANT Albin J. Johnson
(Address) Ida. Falls Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date Mar. 4, 1938

19. UNDERTAKER A. Geck
(Address) Ida. Falls Ida.

20. FILED 3/4, 193[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 1 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 6 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause unknown	
Probable Heart attack.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193[illegible]
Where did injury occur? Idaho Falls.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** at Home
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Dantz coroner, M. D.
(Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Shelton

MAR 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108092

Registration District No. 13
Primary Registration District No. 2, v-d
Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Sarah J. Harmon

(a) Residence. No. Rigby Rt #1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Levi M. Harmon

6. DATE OF BIRTH (month, day, and year) May 11, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	11	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER
13. NAME Oliver M. Harmon
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Sarah Jane Rodenbach
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs. John Newman
(Address) Rigby Rt #2

18. BURIAL, CREMATION OR REMOVAL
Place Mild, Idaho Date Mar 2, 1938

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Mar 2, 1938 Lyle Truman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 24 1938

22. I HEREBY CERTIFY, That I attended deceased from 1936, 193..., to Feb 24, 1938
I last saw her alive on Jan 15, 1938; death is said to have occurred on the date stated above, at 6:25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1932
Paralytic stroke (hemiplegia)	Feb. 11, 38
Other contributory causes of importance:	
Senility	1935

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address) Idaho Falls

J. W. West. M. D.
PHYSICIAN-SURGEON
LAMBRECHT BUILDING
IDAHO FALLS, IDAHO

May 12, 1938

H. L. McMartin M. D.
Director Division of Public Health
Boise, Idaho

Re: Mrs. Sarah Jane Harmon

Dear Doctor:

When I made out the certificate of death for Mrs. Sarah J. Harmon, who died on February 24, 1938, either I or my stenographer failed to put down the immediate cause of death which was Paralytic stroke, (hemiplegia) and occurred on February 11, 1938. I called Dr. Kinnaird, the registrar for births and deaths, to have him make the correction but he asked me to communicate directly with your office. I am therefore returning the certified certificate of death to have this notation placed on it and returned to me.

Yours very truly,

JWW/sh

J. W. West, M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108093

Registration District No. 73
Primary Registration District No. 2R-D
Local Registrar's No. 40

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gladys Birch

(a) Residence. No. 709 J - St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ephraim Birch

6. DATE OF BIRTH (month, day, and year) April 8, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	10	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Tulsa Oklahoma

FATHER
13. NAME Oliver Perry Sparkman
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Jennie Templeton
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Ephraim Birch 709 E. St. I. F. Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashton Idaho Date March 2, 1938

19. UNDERTAKER (Address) Jack A. Ward Idaho Falls, Idaho

20. FILED 3/2, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 193 8, to Feb. 27, 193 8
I last saw her alive on Feb 26, 193 8; death is said to have occurred on the date stated above, at 7:45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	2-24-38
Acute Cardiac attack	2-26-38
Other contributory causes of importance:	
Hypertension	D.K.

Name of operation none Date of ....
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) C. C. Erickson, M. D.
(Address) Idaho Falls, Idah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108094

Registration District No. 73
Primary Registration District No. 21-2 Local Registrar's No. 41
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse W Wilkins
(a) Residence No. Idaho Falls Rt #5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Jane Wilkins

6. DATE OF BIRTH (month, day, and year) Feb 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70		17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murray / Utah

FATHER
13. NAME Charles Wilkins
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Welsh
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Jesse Wilkins Idaho Falls Rt #5

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date March 6, 1938

19. UNDERTAKER (Address) Jack D. Wood Idaho Falls, Idaho

20. FILED 3/4, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1938, to Mar 2, 1938
I last saw him alive on Mar 2, 1938: death is said to have occurred on the date stated above, at 6-45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Ventricular Fibrillation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.
(Address) Idaho Falls Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
State File No. 108095

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Franklin McClocklin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ellena McClocklin

6. DATE OF BIRTH (month, day, and year) July 10 1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jones County Iowa

MOTHER FATHER

13. NAME Wellington McClocklin

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Sarah Anderson

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Mrs. Ellena McClocklin

18. BURIAL, CREMATION OR REMOVAL Bonners Ferry Date Feb 5, 1938.

19. UNDERTAKER (Address) H. R. Orcutt Bonners Ferry Ida

20. FILED 2/5, 1938. Ruth Bonnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 193 7, to Feb 3, 193 8.

I last saw him alive on Feb 3, 193 8.: death is said to have occurred on the date stated above, at 5:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1934
Other **contributory causes** of importance:	
Bronchopneumonia	Feb 3 1938.

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ruth Bonnell, M D

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

Registration District No. 29
Primary Registration District No. 2154
108096
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Holace Worsham 9

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29 - 1926

7. AGE — Years: 1 | Months: 7 | Days: 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

MOTHER FATHER
13. NAME Holace Worsham
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Hazel Fletcher
16. BIRTHPLACE (city or town) (State or country) Bancroft Neb.

17. INFORMANT (Address) Holace Worsham Bonners Ferry, Ida.
18. BURIAL, CREMATION OR REMOVAL Place Bonners Ferry Date Feb 19, 1928
19. UNDERTAKER (Address) F. P. Crouch & Son Bonners Ferry Ida
20. FILED 2-18, 1928. Ruth Bonnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 16 1928

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Whooping cough	
Pneumonia	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Chester M. Simonds Coroner
(Address) Bonners Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
State File No. 108097

Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dammie Wendel

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 1, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33,	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Day laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Porthill
(State or country) Idaho.

FATHER

13. NAME Henry Wendel

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Goldbach

16. BIRTHPLACE (city or town) .....
(State or country) Wisconsin

17. INFORMANT Mrs. Henry Wendel
(Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Feb. 28, 1938

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED 2/24, 1938 Lee Bonnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 24 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to Feb 24, 1938.
I last saw h[illegible] alive on Feb 24, 1938; death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other **contributory causes** of importance:

Cachexia	

Name of operation. None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lee Bonnell M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108098

PLACE OF DEATH
County of Butte
City of Moore

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 2

(No.) 48
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs John Hanni

(a) Residence. No. Moore Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Hanni

6. DATE OF BIRTH (month, day, and year) 12/20/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 7/9/38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Bernese Switzerland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Eliza Stoll

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mr. John Hanni Moore

18. BURIAL, CREMATION, OR REMOVAL Place Moore Date 2/13, 1938

19. UNDERTAKER W. H. Manuel (Address) Arco

20. FILED Mch 1, 1938 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1938, to Feb. 10, 1938

I last saw her alive on Feb. 10, 1938; death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	June 1937

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Egbert, M. D.

(Address) Arco Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

RECEIVED
MAR 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108099

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wallace Lee York

(a) Residence. No. R F D St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 25 1937

7. AGE: Years | Months: 5 | Days: 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Ida

MOTHER FATHER

13. NAME Conrad R York

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Mary Phillips

16. BIRTHPLACE (city or town) (State or country) Nampa Idaho

17. INFORMANT (Address) C. R. York Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 2-15-38, 193..

19. UNDERTAKER (Address) Paul L. Case Caldwell Idaho

20. FILED 3-5, 1938 J. M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 13 1938

22. I HEREBY CERTIFY That I attended deceased from Feb. 12, 193.8., to Feb. 13, 193.8.
I last saw him alive on Feb 12 193.8: death is said to have occurred on the date stated above, at 10 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
February 8 1938	Feb 8, 1938
Influenza (epidemic)	" "
Bronchial pneumonia	" "

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. R. Whittenberger M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] STATE OF IDAHO
[redacted] PUBLIC WELFARE
BUREAU OF [redacted] STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108100

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 22

038

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

46C

2. FULL NAME Laura Belle Bullick

(a) Residence No. 524 — 9th Ave S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day, and year): 1852

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penn

FATHER

13. NAME: Albert Jones

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Knox

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: H. E. Bullick (Address) Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL: Brookdale Iowa Date Feb. 27, 1938

19. UNDERTAKER: F. K. Robinson (Address) Nampa Idaho

20. FILED Feb. 27, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 2/26/1938

22 I HEREBY CERTIFY, That I attended deceased from July, 1936, to Feb 26, 1938

I last saw her alive on Feb 25 1938: death is said to have occurred on the date stated above, at 5-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Colon (Tumor) diagnosed July 1936	
carcinomatosis accepting operation	
and hepatic fistula.	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. R. Proctor M. D.

(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108101

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 23

MAR 0 - 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Otten

(a) Residence No. Nampa Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-4-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Plattsburg N. Y.

FATHER

13. NAME David Jones

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Harriet Holt

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT A. L. Anderson
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Mountain View Cem. Nampa Date 3-1, 1938

19. UNDERTAKER E. K. Robinson
(Address) Nampa Idaho

20. FILED Mar 1, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Feb 28, 1938

Last saw her alive on 2/28 1938: death is said to have occurred on the date stated above, at 6:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
With Uremia	
Other **contributory causes** of importance:	
Arteriosclerotic Heart Disease	
Bronchopneumonia	

Name of operation No Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Floyd W. Smyth, M. D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108102

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ellen Land Whitsitt

(a) Residence No. Bowmont St. Nampa
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): June 7 1916

7. AGE: Years 22 | Months - | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Charles D. Whitsitt
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Ethel Beaver
16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT Ralph Whitsitt
(Address) Bowmont Ida

18. BURIAL, CREMATION OR REMOVAL Canyon Co. Date 2/4, 1938

19. UNDERTAKER Nampa Mortuary
(Address) Caldwell Ida

20. FILED Mar. 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 1 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 25-38, 1938, to Feb 1, 1938

I last saw h[illegible] alive on Feb 1 1938: death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 23. 1938

Other contributory causes of importance:

Acute Myocarditis	Jan 30th 1938

Name of operation none Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Robert L Todwell, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108103

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 26

MAR 2 - 1938

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Milam Farmer

(a) Residence No. Nampa # 2 St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 14-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER

13. NAME Alex Farmer

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Mildred Engle

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT J. A. Farmer
(Address) Nampa R #2

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Date 2-13, 1938

19. UNDERTAKER E. V. Peckham
(Address) Caldwell

20. FILED Mar. 2, 1938 Lyda Rudgins
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1938, to 2-10, 1938

I last saw h alive on 2-10 1938: death is said to have occurred on the date stated above, at 2:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu pneumonia	
(Edema Lungs)	

Other contributory causes of importance:

Flu pneumonia	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Imogene Richards M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108104

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 26

(No. State School, Nampa Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter M. Williams

(a) Residence No. St. Malad, Idaho
(Usual place of abode) 16 yrs. 8 mo. 29 days (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --------

6. DATE OF BIRTH (month, day, and year) 2-25-'98

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	39	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patient
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sawaria Ida.
(State or country)

FATHER

13. NAME Geo. H. Williams
14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Sarah E. Morris
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Records of State School
(Address) Nampa Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL Samaria Ida
Place ..... Date 2-20—, 1938

19. UNDERTAKER Keith Galley
(Address) Samaria Ida

20. FILED Mar. 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-17 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-15-1936, 193..., to 2-17-1938, 193...
I last saw him alive on 2-17 1938: death is said to have occurred on the date stated above, at 6:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epilepsy	1898
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: Was not
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? No injury
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.
(Address Nampa Idaho State Scho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

Inside C. L. 1506

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108105

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 27

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

77

2. FULL NAME Mary Domogalla

(a) Residence. No. 111-22 ave. So. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Simon Domogalla

6. DATE OF BIRTH (month, day, and year): May 20, 1852

7. AGE — Years: 84 — Months: 9 — Days: 1 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Koster ?

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): V. L. Domogalla Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL: Johnson Nampa Place ..... Date 2/24, 1938

19. UNDERTAKER (Address): Peck Mortuary Nampa, Idaho

20. FILED Mar. 3, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/21 1938

22. I HEREBY CERTIFY, That I attended deceased from did not attend her, 193..., to ....., 193...

I last saw h[illegible] alive on Sept., 193.7.: death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Floyd H. Guyer M. D.

(Address) Nampa, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
~~City of~~ Rural Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108106

MAR - 3 - 1938

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 28
(No. Nampa – Route #1)
(If death occurred in a hospital or institution, give its name instead of street and number)

51C

2. FULL NAME DeLoss Butt
(a) Residence No. Nampa – Route #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/5/1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	9	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Central City
(State or country) Nebraska

MOTHER FATHER
13. NAME Thomas P. Butt
14. BIRTHPLACE (city or town)
(State or country) Ohio
15. MAIDEN NAME Morrison
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Lois Butt
(Address) Nampa Route #1
18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Nampa Date Feb. 15, 1938
19. UNDERTAKER Fred K. Robinson
(Address) Nampa Idaho
20. FILED Mar 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/13/1938
22 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938, to Feb 13, 1938
I last saw h[illegible] alive on Feb 2 1938: death is said to have occurred on the date stated above, at 4 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac decay	
and Prostate	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Geo. R. Proctor M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108107

MAR 3 - 1938

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 29
(No. 303 Locust St)
(If death occurred in a hospital or institution, give its name instead of street and number) 73

2. FULL NAME Willie Joseph Carper
(a) Residence No. 303 Locust Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Carper

6. DATE OF BIRTH (month, day, and year) 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morrisons Bluff Ark.
(State or country)

FATHER
13. NAME Joseph Henry Carper
14. BIRTHPLACE (city or town) Tenn
(State or country)

MOTHER
15. MAIDEN NAME Dobbins
16. BIRTHPLACE (city or town) Tenn
(State or country)

17. INFORMANT H. E. Carper
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 2-25, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Mar. 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-24-1938

22 I HEREBY CERTIFY, That I attended deceased from 11-22, 1937, to 2-24, 1938.
I last saw him alive on 1-31 1938; death is said to have occurred on the date stated above, at 12:25 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia F. B.	1930
Other **contributory** causes of importance:	
Emphysema of the Gall bladder.	

Name of operation Cholecystostomy Date of 11-27-37
What test confirmed diagnosis? / Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. C. Horton, M. D.
(Address) Nampa Ida

H

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108108

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucinda Griffin

(a) Residence No. Wilder St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Patric Griffin

6. DATE OF BIRTH (month, day, and year) July 12-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Crawford City (State or country) Penn.

FATHER

13. NAME John Calvin Serling

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Rhoda Percival

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Charles Griffin (Address) Wilder Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Date Jan 31, 1938

19. UNDERTAKER C O Peckham (Address) Caldwell Idaho

20. FILED 2/1, 1938 M Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/26 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 1925, 193..., to Jan 26, 1938
I last saw her alive on Jan 26 1938: death is said to have occurred on the date stated above, at 10:50 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1925
acute Nephritis	Dec 18/37
Other **contributory causes** of importance:	
High Blood Pressure	1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? N/A If so, specify .....

(Signed) Robert E Talbert, M. D.
(Address) Wilder Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108109

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 12
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Ira Marshall

(a) Residence No. 1015 Albany St Caldwell St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Ira M Marshall

6. DATE OF BIRTH (month, day, and year) Jan 8-1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1923

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Jonesville
(State or country) Indiana

FATHER

13. NAME Walter Prather

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Wethers

16. BIRTHPLACE (city or town) Unknown
(State or country) Indiana

17. INFORMANT Mary Coudray
(Address) 1015 Albany St

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem Date Feb 5 193 8

19. UNDERTAKER J. Peckham
(Address) Caldwell Ida

20. FILED 2/8, 193 8 M Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 2 193 8

22 I HEREBY CERTIFY, That I attended deceased from January 24 193 8, to Feb 2, 193 8
I last saw h[illegible] alive on Feb 1 193 8: death is said to have occurred on the date stated above, at 10:30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocardial disease with dilatation of heart	
Other **contributory causes** of importance:	
Bronchial Congestion (Bronchitis)	Jan 24 38

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Whittenberger M. D.
(Address Caldwell, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108110

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 13

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katherine Zingelmann

(a) Residence No. ..... St. Fruitland, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Married.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert Zingelmann

6. DATE OF BIRTH (month, day, and year) Oct-5-1884

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	53	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Russia

FATHER

13. NAME John Schrenk

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Redman

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Carl Zingelmann
(Address) Payette Idaho R-1

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 2-7-, 1938

19. UNDERTAKER Clyde Sanders
(Address) Payette Idaho

20. FILED 2/7, 1938 W. M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 5 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938 to Feb. 4, 1938

Last saw her alive on Feb 4 1938: death is said to have occurred on the date stated above, at 2:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis	8 mths.
Myocarditis	6 mths.

Other **contributory causes** of importance: .....

Name of operation None Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No Superficial

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. M. Kelly M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lawson

City of Lapwai

Walla, Ida

938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE
State File No. 108112

Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Daniel Rogers Freeman

(a) Residence No. Farm #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Ellen Freeman

6. DATE OF BIRTH (month, day and year) Dec 7 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Douglas Co.
(State or country) Missouri

FATHER

13. NAME William Freeman

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Delpha Adams

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Ellen Freeman
(Address) Farm #3

18. BURIAL, CREMATION OR REMOVAL
Place Lapwa Cem Date 2/10 193 8

19. UNDERTAKER C. V. Pettibone
(Address) Caldwell Ida

20. FILED 2/13, 193 8 [illegible] County Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 3, 193 8 to Feb 7, 193 8

I last saw h[illegible] alive on Feb 7 193 8 : death is said to have occurred on the date stated above, at 11-15 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1936
Chronic nephritis	1936
Other **contributory causes** of importance:	
ascites	Feb 1 3 5

Name of operation Date of

What test confirmed diagnosis? Path Was there an autopsy? None

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert E Talbot M. D.

(Address) Nezperce Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108113

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Elliott Johnston

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ K

6. DATE OF BIRTH (month, day, and year): Dec 15 1851

7. AGE: Years 86 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER OR FATHER

13. NAME Thomas Johnston

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Swope

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs Carl B. Aspen 1324 Everett Caldwell

18. BURIAL, ~~CREMATION OR~~ REMOVAL

Bismarck N. D. Date 2-11 1938

19. UNDERTAKER (Address) Jos L. Loase Caldwell Idaho

20. FILED 2-11 1938 W. Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 10 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~May~~ Feb 8 1938 to ~~March~~ Feb 10 1938

I last saw ~~him~~ alive on ~~Feb~~ 1938; death is said to have occurred on the date stated above, at 10:45 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
A. Bronchial pneumonia	Feb 9, '38
Other **contributory causes** of importance:	
Mitral stenosis and myocardial degeneration	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. C. R. Whittenberger M. D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108114

1938

Registration District No. 1

Primary Registration District No. 005

Local Registrar's No. 18

(No. Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lafayette Roy Caywood

(a) Residence No. Wilders # 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): June 11 1925

7. AGE: Years 12 | Months 5 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Gooding Idaho

FATHER

13. NAME: Mark M. Caywood
14. BIRTHPLACE (city or town) (State or country): Nebraska

MOTHER

15. MAIDEN NAME: Edna A. Colley
16. BIRTHPLACE (city or town) (State or country): Oregon

17. INFORMANT (Address): W. W. Caywood Gooding Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Gooding Cemetery Date: 2/12/1938

19. UNDERTAKER (Address): V. C. Peterson Gooding Ida

20. FILED 2/14, 1938 [illegible] County
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Feb 8 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/1, 1938, to 2/8, 1938

I last saw him alive on 2/6 1938.: death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	2/13

Other contributory causes of importance:

Many abdominal adhesions	

Name of operation: Appendectomy Date of: 2/14

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No yr. specify

(Signed) J. M. Clark M.D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City or Caldwell

MAR 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. /

Primary Registration District No. 1005

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108116

Local Registrar's No. 20

2. FULL NAME Mary Meek Miller

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dean Miller

6. DATE OF BIRTH (month, day, and year) Nov 2 1895

7. AGE: Years 42 | Months 3 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise Ida
(State or country)

FATHER

13. NAME J Edgar Meek

14. BIRTHPLACE (city or town) .....
(State or country) Indiana

MOTHER

15. MAIDEN NAME Lizzie Hartley

16. BIRTHPLACE (city or town) .....
(State or country) Idaho

17. INFORMANT Frank Meek
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 2-27-38

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED ....., 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/25 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Feb 25, 1938
I last saw h[illegible] alive on Feb 25, 1938; death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Surgical Shock	2/25/38
Perforation on Common Bile duct	
Other **contributory causes** of importance:	
Stricture Common Bile duct	many months

Name of operation Duct Common duct Date of 2/25/38

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) P. L. Case
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108117

Registration District No. 82

Primary Registration District No. 2159

Local Registrar's No. 1

(No. [illegible])

(If death occurred in a hospital or institution, give its name instead of street and number)

154

2. FULL NAME Isom S. Wrigley

(a) Residence. No. [illegible] St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6. DATE OF BIRTH (month, day, and year) 12-10-1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) American Fork Utah

FATHER

13. NAME John Wrigley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Kathern Cunningham

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address)

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place Vreur Idaho Date 1-1, 1938

19. UNDERTAKER (Address) [illegible]

20. FILED 1-3, 1938 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 1932, 193..., to 1/1/38, 193...

I last saw him alive on 12/31/37, 193...: death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelits of Right Femur full length of bone.	

Other contributory causes of importance: 0

Name of operation Hip Joint Amputation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Kackley Emil Kackley, M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Caribou

City of Soda Springs (or) Idaho

RECEIVED MAR 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108118

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 5

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

142 b

2. FULL NAME ELSIE MARIE MOORE

(a) Residence. No. Soda Springs, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of WALTER J. Moore

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1910

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	27	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** house wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Soda Springs Idaho

MOTHER FATHER

13. NAME THOMAS J. HOPKINS

14. BIRTHPLACE (city or town) (State or country) WALES

15. MAIDEN NAME EMMA CHRISTENSEN

16. BIRTHPLACE (city or town) (State or country) COPENHAGEN DENMARK

17. INFORMANT Mrs Emma Blackburn
(Address) Soda Springs, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place SODA SPRINGS, Idaho Date 2/8, 1938

19. UNDERTAKER O. L. Whitman
(Address) Soda Springs, Idaho

20. FILED 2/5, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/5/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/27/38, 193..., to 2/5/38, 193...

I last saw her alive on 2/5/38, 193...: death is said to have occurred on the date stated above, at 9 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Right Tubal Pregnancy	
complicated by Gall Stones	
Other **contributory causes** of importance: None	
Pregnancy	
Removing of right tube for Tubal	1/29/38

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CARIBOU

City of Soda Springs Idaho.

MAR 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108119

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 6

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

4 6 12

2. FULL NAME THOMAS JOHN HOPKINS

(a) Residence. No. SODA SPRINGS, IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of LAURA MOORE HOPKINS
(or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) NOV. 19, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MAMOUTHSHIRE
(State or country) South Wales

FATHER

13. NAME DAVID HOPKINS

14. BIRTHPLACE (city or town)
(State or country) SOUTH WALES

MOTHER

15. MAIDEN NAME KEZIA SHORE

16. BIRTHPLACE (city or town)
(State or country) SOUTH WALES

17. INFORMANT Ellis Hopkins
(Address) Soda Springs, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Springs Date 2/19/38 193..

19. UNDERTAKER C. S. Peterson
(Address) Soda Springs, Idaho.

20. FILED 2/18/38 193.. Dr Russell Tyght
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/16 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/1/38, 193.., to 2/16/38, 193..
I last saw him alive on 2/16/38, 193..: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance: 0	

Name of operation 0 Date of
What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) Ellis Hoskins Lisp, M. D.
(Address) SODA SPRINGS, IDAHO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Oakley

MAR 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108122

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

4 6e

2. FULL NAME Mary Frances Whittle Clark

(a) Residence. No. Oakley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Clark.

6. DATE OF BIRTH (month, day, and year): April 24, 1863

7. AGE: Years 74 | Months 9 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Left '37
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) Grantsville (State or country) Utah

FATHER

13. NAME: George Whittle
14. BIRTHPLACE (city or town) No data (State or country)

MOTHER

15. MAIDEN NAME: Ann Jennette Severe
16. BIRTHPLACE (city ~~or town~~) Grantsville (State ~~or country~~) Utah

17. INFORMANT: Ezra Clark (Address) Oakley

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Idaho Date 2/9, 1938

19. UNDERTAKER: Vern B. McCulloch (Address) Burley Idaho

20. FILED 2-7-, 1938 Laura D. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/6 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to 2/4, 1938.

I last saw ~~had~~ alive on 2/4/38 1938: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Heart Failure	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. J. Dutton, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108123

MAR 11 1938

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Meadows Gray

(a) Residence. No. 740—N. Conant Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of J. Y. Gray

6. DATE OF BIRTH (month, day and year) March 7-1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	11	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — —
10. Date deceased last worked at this occupation (mo. and yr.) 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME No Data
14. BIRTHPLACE (city or town) (State or country) No Data

MOTHER
15. MAIDEN NAME No Data
16. BIRTHPLACE (city or town) (State or country) No Data

17. INFORMANT J. Y. Gray
(Address) Burley-Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 2-13-1938

19. UNDERTAKER Vern B. McCulloch
(Address) Burley Idaho

20. FILED 2-11-1938 Laura D. Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/10/1938

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1937, to 2-10, 1938

I last saw her alive on 2-8, 1938: death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Other contributory causes of importance:	
Metastasis	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Chas. D. Palmer, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108124

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 15

(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME James Rufus Wright

(a) Residence. No. Lyman Utah St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 17 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grade School
10. Date deceased last worked at this occupation (mo. and yr.) Jan.
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Lyman Utah
(State or country)

FATHER

13. NAME Rufus Wright
14. BIRTHPLACE (city or town) Kentucky
(State or country)

MOTHER

15. MAIDEN NAME Ethel Sease
16. BIRTHPLACE (city or town) Colorado
(State or country)

17. INFORMANT Rufus Wright
(Address) Lyman Utah

18. BURIAL, CREMATION OR REMOVAL
Place Burley-Idaho Date 2-16-, 1938

19. UNDERTAKER Kerry McCulloch
(Address) Burley-Idaho

20. FILED 2-14-, 1938 Laura G. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/13/1938

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1938, to 2-13, 1938
I last saw him alive on 2-13, 1938: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (Coma)	2-11-38
Other contributory causes of importance: Acute Tonsilitis	2-7-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

MAR 11 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108125

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pearl B Phillips

(a) Residence. No. 327 So Overland St. Burley

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Manley Phillips

6. DATE OF BIRTH (month, day, and year): 12-12-1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmers Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 25

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Williamsburg Kentucky

FATHER

13. NAME: Wm Bennett

14. BIRTHPLACE (city or town) (State or country): Dont Know

MOTHER

15. MAIDEN NAME: Maggie Draper

16. BIRTHPLACE (city or town) (State or country): Dont Know

17. INFORMANT (Address): Son of Phillips Burley Ida

18. BURIAL, CREMATION OR REMOVAL

Place: Burley Ida Date: 3-6, 1930

19. UNDERTAKER (Address): Las Burley Ida

20. FILED Mar 2, 1930 Laura E Thrasher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 28 1930

22. I HEREBY CERTIFY, That I attended deceased from June, 1929, to Feb 28, 1930

I last saw her alive on Feb 27, 1930: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) G Keefe, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley
MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108126

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 18
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

1910

2. FULL NAME Anders Peter Andersen
(a) Residence. No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda Larsen Andersen
6. DATE OF BIRTH (month, day, and year): July 22, 1859
7. AGE: Years 78 | Months 8 | Days 7 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (mo. and yr.): Feb 22 1938
11. Total time (years) spent in this occupation: Lifetime

12. BIRTHPLACE (city or town) (State or country): United States

FATHER
13. NAME: Anders Peter Andersen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Dorthea Rasmussen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Harvard Andersen Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date Mar 16, 1938

19. UNDERTAKER (Address): Jas. F. Pauper Burley

20. FILED Mar 14, 1938 Laura J. Gerbecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 1 1938

22. I HEREBY CERTIFY, That I attended deceased from June 28 1937, to Mar 1, 1938
I last saw him alive on Mar 1, 1938; death is said to have occurred on the date stated above, at 5:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Several Months
Other contributory causes of importance: Bronchial Pneumonia	2-24-38

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas R Malone, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108127

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Ezra Jarvis

(a) Residence. No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 13th 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Burley Ida

FATHER

13. NAME Geo. Jarvis

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Parent

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Geo. Jarvis
(Address) Burley

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Date 3-4, 1938

19. UNDERTAKER Jas. E. Tapp
(Address) Burley

20. FILED Mar 4, 1938 Laura A. Sprouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-2 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1938, to 3-2, 1938

I last saw him alive on 3-1, 1938; death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	2-28-38
Other contributory causes of importance:	
Malnourished	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No specific

(Signed) L. M. Kelly, M. D.

(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108128

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lowes Dysart Buttars

(a) Residence. No. ..... Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Ida Buttars

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city ~~or town~~) Clarkston
(State ~~or country~~) Utah

FATHER
13. NAME Lowes Buttars
14. BIRTHPLACE (city or town) .....
(State or country) Utah

MOTHER
15. MAIDEN NAME Mary Elizabeth Godfrey
16. BIRTHPLACE (city or town) .....
(State or country) Utah

17. INFORMANT Lowes Buttars
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Utah Date 2/11, 1938

19. UNDERTAKER Vern B. McCulloch
(Address) Burley Idaho

20. FILED 2-16-, 1938 Laura G. Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/6 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1938, to Feb 6, 1938
I last saw him alive on Feb 6, 1938: death is said to have occurred on the date stated above, at 11:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sec Symptoms	Feb 3 - 1938
Other contributory causes of importance:	
Fractured femur.	
Amp. at knee and	
left foot.	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? Feb 3 1938
Where did injury occur? Burley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Driving car (auto)
Nature of injury Fract. femur, left Permanent

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Dean M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Greer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108129

Registration District No. 90

Primary Registration District No. 2157

Local Registrar's No. 16

MAR 2 - 1936

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James J. McKinnon

(a) Residence. No. .... St. Greer Ida

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 24 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Orofino Ida

FATHER

13. NAME A. McKinnon

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME C. Carver

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT A. McKinnon (Address) Greer Ida

18. BURIAL, CREMATION OR REMOVAL

Place Orofino Date 2/15, 1936

19. UNDERTAKER V. A. Shaw (Address) Orofino

20. FILED 2/14, 1936 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-13-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1936, to Feb. 13, 1936

I last saw him alive on Feb. 9, 1936: death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia.	Feb 5 1936
following a cold	

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? .... Date of injury ...., 193....

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) A. B. Vanpeenbergen, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
108130
State File No.

Registration District No. 96
Primary Registration District No. 2157
Local Registrar's No. 10
(No. Orofino Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matt Lake

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 49			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Finland
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Orofino Idaho
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 2/4, 1936

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 2/3-, 1936 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1936, to Feb. 2, 1936
I last saw him alive on 2-2, 1936: death is said to have occurred on the date stated above, at 10 40 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis	Oct. 1937
Fracture of Spine with Cord Injury	Oct 9, 1936
Other contributory causes of importance:	
Cystitis from paralysis of bladder	Oct 1936

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10-9, 1936
Where did injury occur? Clearwater County.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. industry.
Manner of injury Struck with Logs
Nature of injury Fracture of Spine with paralysis

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify logger
(Signed) A. B. Pepper M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108131

MAR 4 - 1938

Registration District No. 90
Primary Registration District No. 2607 Local Registrar's No. 11
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME William J. Darwin

(a) Residence. No. ..... St. Post Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 2, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None stated.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hammond, New York
(State or country)

FATHER
13. NAME S. A. Darwin
14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER
15. MAIDEN NAME Evaline Todd
16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hosp. Cemetery Date 3-7, 1938.

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 3/5-, 1938 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1937, to Feby 4, 1938
I last saw him alive on Feby 4, 1938: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	
Other contributory causes of importance: Dyspnoea with Cerebral arteriosclerosis.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Vernon McKelvey, M. D.
(Address) Orofino - Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of CLEARWATER
City of AHSAHKA
CCC Camp S-279,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108132

Registration District No. 96
Primary Registration District No. 2157
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cardinal E. Bettis, CC7-262798

(a) Residence No. RED # 2, Arkadelphia, Arkansas St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/16/18

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC ENROLLEE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC CAMP

10. Date deceased last worked at this occupation (mo. and yr.) 1/29/38

11. Total time (years) spent in this occupation 6 Mo.

12. BIRTHPLACE (city or town) (State or country) Willon, Arkansas

FATHER

13. NAME Algie T. Bettis

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT CCC RECORDS
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Arkadelphia, Ark. Date 2-7, 1938

19. UNDERTAKER Bowen Mortuary
(Address) Lewiston Idaho

20. FILED 2-8, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-6 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-30, 1938, to 2-6, 1938

I last saw him alive on 2-6 1938.: death is said to have occurred on the date stated above, at 7:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pleurisy, suppurative, acute, involving right side of chest cause undetermined.	Unknown
Pericarditis, chronic, purulent cause undetermined. (a)	Unknown
Other contributory causes of importance: Pleuritic adhesions, chronic, entire left pleural cavity	1937

Name of operation None Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 1938
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. B. Hanson, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace (if not) Osburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108133

MAR 4 - 1938

Registration District No. 96
Primary Registration District No. 2187 Local Registrar's No. 13
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Alvin L. McLaughlin

(a) Residence. No. St. Grangeville - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME William McLaughlin
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Rebecca Cottrell
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records State Hospital North (Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date 3/10, 1938

19. UNDERTAKER Glen Colgan (Address) Grangeville

20. FILED 3/5, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 6 1938

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1937, to February 6, 1938
I last saw him alive on February 6, 1938; death is said to have occurred on the date stated above, at 8:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other contributory causes of importance: Apoplexis with Cerebral arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Bruce McElwain, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108134

Registration District No.
Primary Registration District No. 14
Local Registrar's No. 97
(No. State Hospital North
If death occurred in a hospital or institution, give its name instead of street and number)

1938

2. FULL NAME Alfred Larson
(a) Residence. No. 815 River St. St. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? 5 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mary Larson
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER
13. NAME Fred Nelson
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Erickson
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place State Hospital Cemetery Date 2-12, 1938

19. UNDERTAKER Fred A. Billberg, Hosp. Attd.
(Address) Orofino, Idaho.

20. FILED 2/14, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 11 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1938, to Feby 11, 1938
I last saw him alive on Feby 11, 1938: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Other contributory causes of importance:	
Emphasis with Cerebral Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelvey, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MAR 4 - 1938

Registration District No. 90
Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE
State File No. 108135

Local Registrar's No. 16

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME John M. Bryant

(a) Residence No. Orofino, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Levina Bryant

6. DATE OF BIRTH (month, day, and year) Mar. 19, 1879

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
58	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ezkiel
(State or country) Kentucky

FATHER
13. NAME Hyram Bryant
14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Eliza Oldfield
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Hans Bryant
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date 3/14, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 3/15, 1938 W. A. Adkisson
Registrar.

MEDICAL CERTIFICATE OF ~~DEATH~~

21. DATE OF DEATH (month, day and year) 2-12-38, 193

22. I HEREBY CERTIFY, That I attended deceased from March, 193 7, to Feb. 12, 193 8

I last saw h[illegible] alive on 2-11 193 8: death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	Jan 1938
Nephritis	Feb 1938

Other contributory causes of importance:

Coronary sclerosis with angina.	March 1937

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108136

Registration District No. 90
Primary Registration District No. 3187 (1938) Local Registrar's No. 17
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Paine

(a) Residence. No. Somerville Home St. Lewiston, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unascertained
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldo Co.
(State or country) Missouri

FATHER

13. NAME James Paine
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER

15. MAIDEN NAME Naomi ?
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Feby 23, 1938

19. UNDERTAKER F. A. Billberg Hosp. attd.
(Address) Orofino - Idaho.

20. FILED 2/25, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1938, to Feby. 22, 1938
I last saw him alive on Feby 22, 1938: death is said to have occurred on the date stated above, at 10:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Senile psychosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho.

PLACE OF DEATH
County of Clearwater
City of Teaken

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108137

MAR 4 - 1938

Registration District No. 90
Primary Registration District No. 2197 Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Olsen

(a) Residence No. St. Teaken Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nora Olsen

6. DATE OF BIRTH (month, day, and year) Mar 2 - 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Honolulu

FATHER
13. NAME Olaf Olsen
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Othelia Petersen
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Nora Olsen
(Address) Teaken Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cavendish Cem Date 2 - 20, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 2/28, 1938 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/19 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937, to Feb 17, 1938
I last saw him alive on Feb 17 1938: death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver	?
Other contributory causes of importance:	
Ascites	Aug. 1937

Name of operation Date of
What test confirmed diagnosis? Phys. Ex Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. D. Christensen, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108138

Registration District No. 35

Primary Registration District No. 4021 Local Registrar's No.

MAR 8 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Mrs. Mary Maud Shimp

(a) Residence. No. Glenns Ferry St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry C. Shimp

6. DATE OF BIRTH (month, day, and year) December 25, 1882

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Placerville
(State or country) Idaho

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Harry C. Shimp
(Address) Glenns Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glenns Rest Date Feb. 28, 1938

19. UNDERTAKER Zacher-Bay Funeral Home
(Address) Mt. Home, Idaho

20. FILED 3-2-38, 1938 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Feb. 26, 1938
I last saw her alive on Feb 26, 1938: death is said to have occurred on the date stated above, at 2:10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the breast	June 1933

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Davis M. D.
(Address) Glenns Ferry, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Mountain Home

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108139

Registration District No. 34

Primary Registration District No. 2020 Local Registrar's No. 2

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Tacha

(a) Residence. No. Mountain Home St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hetta Maud DuLany

6. DATE OF BIRTH (month, day and year) July 3. 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Winona Minnesota

FATHER

13. NAME Frank Tacha

14. BIRTHPLACE (city or town) (State or country) Bohenia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT (Address) Mrs Ernest Tacha Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Portland Crematory Feb 24 193 8

19. UNDERTAKER (Address) Zacha-Bay Funeral Home Mountain Home Idaho

20. FILED 2/23, 193 8 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 20 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wounds	
Self Inflicted from	
Colt Johnson Revolver	
Caliber 38.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2/19 1938

Where did injury occur? Mt Home Idaho Elmore Co (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury .....

Nature of injury Head & Chest

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Phil J. Free Coroner, M. D.

(Address) Gilmore Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Mountain Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108140

Registration District No. 34

Primary Registration District No. 2022 Local Registrar's No. 4

MAR 11 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Milliken

(a) Residence. No. Mt. Home St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) March 23, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	II	I2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pleasant Valley
(State or country) Ontario Canada

FATHER

13. NAME James Milliken

14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Blow

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT J. W. Beach
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Home Cemc. Date March 8 193 8

19. UNDERTAKER Zaahn Bey Funeral Home
(Address) Mountain Home Idaho

20. FILED May 9, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-10-1937, to 3-5-1938
I last saw him alive on 3-5, 1938: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1935
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.
(Address) Mtn Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108141

Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No. 4

MAR 8 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Hubert Bostic

(a) Residence No. Glenns Ferry St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Goldie Morgan

6. DATE OF BIRTH (month, day, and year) Oct. 8. 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	4	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truckman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Dept.
10. Date deceased last worked at this occupation (mo. and yr.) Nov 1937
11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER
13. NAME Lemmie H. Bostic
14. BIRTHPLACE (city or town) W. Virginia
(State or country)

MOTHER
15. MAIDEN NAME Delia Butler
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mrs. Samuel Bostic
(Address) Glenns Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glenns Rest Date Feb. 17, 1938

19. UNDERTAKER Zacher-Bey Funeral Home
(Address) Mountain Home Idaho

20. FILED Feb 17, 1938 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 14 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938, to Feb 14, 1938
I last saw h alive on Feb 14 1938: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Bladder & prostate	1934
Tuberculosis of Kidneys	1935
Tuberculosis of Intestines	Nov 1937
Paralytic ileus	Feb 13, 1938

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Davis, M. D.
(Address) Glenns Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108142

RECEIVED
MAR 8 - 1938

Registration District No. 35

Primary Registration District No. 2021 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Ella Parmley

(a) Residence. No. Glenns Ferry St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert Parmley

6. DATE OF BIRTH (month, day and year) April 29.1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Crist

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robert Parmley
(Address) Glenns Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glenns Rest Date March 2 193 8

19. UNDERTAKER Zacher-Bay Funeral Home
(Address) Mt. Home Idaho

20. FILED 3-1, 1938 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938, to Feb 27, 1938
last saw h[illegible] alive on Feb 27, 1938: death is said to have occurred on the date stated above, at 4:32 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	Feb 17 1938
Bronchiectasis	1918
Arteriosclerosis	1920
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John W. Davis, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108143

Registration District No. 27
Primary Registration District No. 219 Local Registrar's No. 17
(No.)

MAR 11 [illegible]

(If death occurred in a hospital or institution, give its name instead of street and number)

186a

2. FULL NAME Wm. John Ransom

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Permila Ransom

6. DATE OF BIRTH (month, day, and year) April 24 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME James Ransom
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Clifton
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. C. J. Goff
(Address) Preston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Linwood Memorial Park Date , 193

19. UNDERTAKER W. W. Henderson
(Address) Preston, Idaho

20. FILED Mar 8, 193 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 12 193

22 I HEREBY CERTIFY, That I attended deceased from 2-10, 193 to 2-12, 193

I last saw h. alive on 2-11 193: death is said to have occurred on the date stated above, at 9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2-10-38
Cardiac Decompensation	2-12-38

Other contributory causes of importance: Fall 2-9-38 with severe contusions back & leg makeing restricted necessary

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. R. Cully, M. D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108144

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 18

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Ann Deseret W. Harris

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josiah Harris

6. DATE OF BIRTH (month, day, and year) Dec 20 1859

7. AGE — Years: 84 — Months: 1 — Days: 26 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tarentelle (State or country) Utah

FATHER
13. NAME Lewis Whitesides
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Susan Perkins
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL. Place Fairview Cem Date Feb 20, 1938

19. UNDERTAKER M. W. Hendricks (Address) Preston, Idaho.

20. FILED Mar 8, 1938 C. W. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 16 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937 to Feb 16, 1938
I last saw her alive on Feb 15 1938: death is said to have occurred on the date stated above, at 7:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the cervix and vagina	Mar 1937

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H B Adams M. D.
(Address) Preston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Banida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108145

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 19

MAR 11 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olive Irene Baxter

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Don C. Baxter

6. DATE OF BIRTH (month, day, and year) Nov 20, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Paris
(State or country) Idaho

FATHER
13. NAME Thomas Slaght
14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER
15. MAIDEN NAME Mary M. Wigton
16. BIRTHPLACE (city or town) Cottonwood
(State or country) Utah

17. INFORMANT ~~Preston Ida~~ Don C. Baxter
(Address) Banida

18. BURIAL, CREMATION OR REMOVAL
Place Preston Ida. Date Feb 22, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston, Idaho

20. FILED Mar 8, 1938 A. W. Staker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1938, to Feb 18, 1938
I last saw h alive on Feb 18, 1938.: death is said to have occurred on the date stated above, at 1:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septic Sore Throat	Feb 15 1938
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Barnes, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Weston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108146

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 20
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlin Neal Davis

(a) Residence No. Weston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 23 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weston Idaho
(State or country)

FATHER
13. NAME Lewis A Davis
14. BIRTHPLACE (city or town) Dayton Idaho
(State or country)

MOTHER
15. MAIDEN NAME Leta Jensen
16. BIRTHPLACE (city or town) Weston Idaho
(State or country)

17. INFORMANT Leta J Davis
(Address) Weston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dayton Idaho Date Feb 24 193 8

19. UNDERTAKER M. [illegible] Hendricks
(Address) Preston Idaho

20. FILED Mar 8, 193 8 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Oct, 193 7, to Feb 22, 193 8
I last saw h[illegible] alive on Feb 21 193 8; death is said to have occurred on the date stated above, at 6 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-20-38
Other **contributory causes** of importance:	
General Intoxication (Surg Inf: Primary site undetermined)	Oct 1937

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A R Smith, M. D.
(Address) Preston, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston Idaho

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108149

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 10
(No. Gens. Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 360

2. FULL NAME Florence Martha Stephens Koford
(a) Residence No. Banida Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Arthur R. Koford

6. DATE OF BIRTH (month, day, and year) Feb. 8-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	0	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 1-30-38
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER
13. NAME A. W. Stephens
14. BIRTHPLACE (city or town) South Wales
(State or country) England

MOTHER
15. MAIDEN NAME Mary Ann Taylor
16. BIRTHPLACE (city or town) Staffordshire
(State or country) England

17. INFORMANT A. W. Stephens
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date Feb. 6, 1938

19. UNDERTAKER Loyal F. Johnson
(Address) Preston Idaho

20. FILED Mar 8, 1938 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-3 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 31st, 1938, to Feb 3rd, 1938
I last saw her alive on 2-3 1938: death is said to have occurred on the date stated above, at 6 45 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-1-38
Acute Staphylococcus infection	
Other contributory causes of importance:	
Pelvic infection	1-30-38

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) A. R. Wells M. D.
(Address Preston Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108150

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 3119
Local Registrar's No. 11

1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazner Lewis.

(a) Residence. No. Preston Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow.

6. DATE OF BIRTH (month, day, and year) Sept 11-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Wales.
(State or country) Treodyffrin

FATHER
13. NAME Evan Lewis
14. BIRTHPLACE (city or town) Merthyr
(State or country) South Wales.

MOTHER
15. MAIDEN NAME Margaret Thomas
16. BIRTHPLACE (city or town) St. Marys Hill
(State or country) South Wales

17. INFORMENT Mrs. Annie L. Johnson
(Address) Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Idaho Date 2-11, 1938

19. UNDERTAKER Geo. L. Peterson
(Address) Preston Idaho

20. FILED Mar 8, 1938 F W Bates
Registrar.
G. W. Bates

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-7 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1938, to Feb 7, 1938
I last saw h alive on Feb 6, 1938: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Causes due to old age	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Barnes M. D.
(Address) Preston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108151

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 12

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Demar Hansen

(a) Residence No. .... Preston Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER

13. NAME James V. Hansen

14. BIRTHPLACE (city or town) Preston
(State or country) Idaho

MOTHER

15. MAIDEN NAME Hilda Sullivan

16. BIRTHPLACE (city or town) St. George
(State or country) Utah

17. INFORMANT James V. Hansen
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date Feb. 11, 1938

19. UNDERTAKER Leeral L. Johnson
(Address) Preston Idaho

20. FILED Mar 8, 1938 W. W. Steele Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938, to Feb 9, 1938

I last saw him alive on Feb 9 1938: death is said to have occurred on the date stated above, at 6 C m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	Feb 6 1938
Other **contributory causes** of importance:	
Measles	Mar 1937
Rickets	Mar 1937

Name of operation .... Date of ....
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) E. R. Snyder, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

RECEIVED MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108152

Registration District No. 27
Primary Registration District No. 219
Preston Memorial
(No. ....)
Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joyce Elvira Smith

(a) Residence No. Riverdale, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 24, 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Riverdale
(State or country) Idaho

FATHER

13. NAME Samuel Smith
14. BIRTHPLACE (city or town) Riverdale
(State or country) Idaho

MOTHER

15. MAIDEN NAME Minnie Hansen
16. BIRTHPLACE (city or town) Mink Creek
(State or country) Idaho

17. INFORMANT Samuel Smith
(Address) Riverdale, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverdale, Ida. Date Feb. 11, 1938

19. UNDERTAKER O. Sherwin Webb
(Address) Preston, Idaho

20. FILED Mar 8, 1938 G. M. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-4, 1938, to 2-10, 1938
I last saw h[illegible] alive on 2-10 1938: death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	2-4-38
Peritonitis	2-6-38
Other contributory causes of importance:	

Name of operation Appendectomy Date of 2-6-38
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. R. Peuler M. D.
(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Clifton

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108153

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 14
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

157

2. FULL NAME Ella Anne Saint

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 13, 1938
7. AGE — Years | — Months | — Days | If LESS than 1 day 4 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clifton
(State or country) Idaho

FATHER
13. NAME Sherman W. Saint
14. BIRTHPLACE (city or town) Clifton
(State or country) Idaho.

MOTHER
15. MAIDEN NAME June Jenson
16. BIRTHPLACE (city or town) Weston
(State or country) Idaho.

17. INFORMANT Sherman W. Saint
(Address) Clifton, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Weston, Date Feb. 17, 1938
19. UNDERTAKER W. W. Hendricks
(Address)

20. FILED Mar 8, 1938 G. W. Stokes
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1938, to Feb 13, 1938
I last saw h[illegible] alive on Feb 13 1938: death is said to have occurred on the date stated above, at 4 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity 7 months gestation	Feb 13 1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. E. Castle, M. D.
(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108154

Registration District No. 22
Primary Registration District No. 2129
Local Registrar's No. 15

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

542

2. FULL NAME Maria Allen Larson

(a) Residence No. Preston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. Larson

6. DATE OF BIRTH (month, day, and year) June 27, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan, Utah
(State or country)

FATHER

13. NAME Alex A. Allen

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Maria Fowley

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Harold Larson
(Address) Preston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston, Idaho Date Feb. 11, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston, Idaho

20. FILED Mar 8, 1938 W. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 8 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb, 1937, to Feb 8, 1938
I last saw her alive on Feb 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma	1936
Other contributory causes of importance:	
Myocarditis	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. B. Cutler M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Franklin

RECEIVED
MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108155

Registration District No. 27
Primary Registration District No. 219
Local Registrar's No. 16

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Thomas H. Howarth

(a) Residence No. Franklin St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Thomas Howarth

6. DATE OF BIRTH (month, day, and year) 12-12-1860

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
71	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Franklin
(State or country) Idaho

FATHER

13. NAME James Howarth

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Harriet Ware

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Horace Howarth
(Address) Franklin, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Franklin, Ida. Date Feb. 17, 1938

19. UNDERTAKER A. Sherman Wells
(Address) Preston, Idaho

20. FILED Mar 8, 1938 G. W. Yates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-14 1938

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to Feb 14, 1938
I last saw him alive on Feb 14 1938: death is said to have occurred on the date stated above, at 10 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure due to	Feb 12, 1938
Other contributory causes of importance: Chronic Myocarditis & Hypertension	1935

Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) D. W. Eva Compton, M. D.
(Address) Lyon, Utah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108157

MAR 11 1938

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 249
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Ida L. Stone

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 13-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lansing Mich.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs E. J. Harder
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmanuel Date 2/9, 1938

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 2-8, 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/7 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1938, to Feb 7, 1938
I last saw her alive on Feb 7 1938: death is said to have occurred on the date stated above, at 8 = P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrilation	Jan 2

Other contributory causes of importance:

Embolism right Femoral Art Thrombosis of Right Iliac "	Jan 27 Feb 6

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) E. J. Soule M. D.
(Address) St Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Parker -

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108158

MAR 11 1938

Registration District No. 99
Primary Registration District No. 21 77
Local Registrar's No. 50

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Enoch Rhodes Dayley
(a) Residence No. Parker - St. 137
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Annie Elizabeth Severe

6. DATE OF BIRTH (month, day, and year) Feb 27 '58

7. AGE — Years: 79 — Months: 11 — Days: 14 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grantsville (State or country) Utah

FATHER
13. NAME Enoch R. Dayley
14. BIRTHPLACE (city or town) ? (State or country)

MOTHER
15. MAIDEN NAME Jannette Cooley
16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Daughter in law Leora Ricks (Address) Parker Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place ~~[illegible]~~ Parker, Ida Date 2/17, 1938

19. UNDERTAKER (Address) W. M. Hammon

20. FILED 2-11-38, 1938 Sarah B. Monk Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/14 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938, to Feb 14, 1938
I last saw h~~im~~ alive on Feb 14 1938.: death is said to have occurred on the date stated above, at 6.40 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Anemia	Feb 2 '38

Other **contributory causes** of importance:

Prostatic Hypertrophy	1932

Name of operation None Date of
What test confirmed diagnosis Clinic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) E. J. Lowe, M. D
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St Anthony RD 3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108159

MAR 11 1938

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 251

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Boyle

(a) Residence. No. St Anthony RD 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

46 21

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Miles

6. DATE OF BIRTH (month, day, and year) Nov. 6 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N K Ireland

FATHER

13. NAME James Boyle

14. BIRTHPLACE (city or town) (State or country) Ireland N K

MOTHER

15. MAIDEN NAME N K

16. BIRTHPLACE (city or town) (State or country) N K N K

17. INFORMANT (Address) Rose Boyle St Anthony RD 3

18. BURIAL, CREMATION OR REMOVAL Place Plano Date Mar. 9, 1938

19. UNDERTAKER Jean A. Keller (Address) Pegram Idaho

20. FILED 3-8, 1938 Sarah B Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3, 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to March 4, 1938

I last saw him alive on March 4, 1938; death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. B. Quigley, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Egin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108160

Registration District No. 90
Primary Registration District No. 2177
Local Registrar's No. 352

MAR 11 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

53 k

2. FULL NAME Olga Anna Cruser

(a) Residence No. Egin Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Joseph Cruser

6. DATE OF BIRTH (month, day, and year) Mar. 1-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairview
(State or country) Utah

FATHER
13. NAME Henderson Cox
14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER
15. MAIDEN NAME Martha E. Brown
16. BIRTHPLACE (city or town) Richmond
(State or country) Utah

17. INFORMANT Joseph Cruser
(Address) St. Anthony Ida. Route 2

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date Mar. 15, 1938

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Mar. 15, 1938 Jas. B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/12 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/12, 1938, to 3/12, 1938

I last saw her alive on — 193 : death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	Aug '36
Other contributory causes of importance:	
Hemorrhage of Bladder	May '37

Name of operation None Date of
What test confirmed diagnosis? Cystoscope Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. F. Poole, M. D.
(Address) St. Anthony Ida

N. B.—WHILE PLAINLY WRITTEN THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Franklin

City of ~~St. Luke~~ Parker

MAR 1 1938

STATE OF IDAHO,
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 95-8

DO NOT WRITE IN THIS SPACE

State File No. 108161

(No.) 97

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph S Rudd

(a) Residence No. Parker Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Vilate Rudd

6. DATE OF BIRTH (month, day, and year) Jan 24, 1861

7. AGE: Years 77 | Months 5 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Farmington Utah
(State or country)

FATHER

13. NAME Erastus Harper Rudd

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Harper

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Melvin J Rudd
(Address) Parker Ida

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date Mar. 4, 1938

19. UNDERTAKER Mrs. Hansen
(Address) Ucon Idaho

20. FILED 3-9, 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/27 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1938, to Feb 27, 1938

I last saw him alive on Feb 27 1938: death is said to have occurred on the date stated above, at 6:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	1928

Other **contributory causes** of importance:

Myocardial failure	1938

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

(Address Parker Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Ashton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108163

RECEIVED MAR 7 1938

Registration District No. 102
Primary Registration District No. 6
(No.)
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard. L Whittemore

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of Flora. Whittemore
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 25th 1887

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	50	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Detroit Lake,
(State or country) Minn

FATHER
13. NAME Drew. [illegible], hittemore
14. BIRTHPLACE (city or town) Livermore.
(State or country) Maine

MOTHER
15. MAIDEN NAME Minnie. F. Boss
16. BIRTHPLACE (city or town)
(State or country) Michigan

17. INFORMANT Mrs. Flora. Whittemore
(Address) Ashton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashton Idaho Date 2/9/38, 193

19. UNDERTAKER Lewis Kiser
(Address) Ashton Idaho.

20. FILED 2/8/38, 193 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/6/1938

22 I HEREBY CERTIFY, That I attended deceased from No time, 193..., to No time, 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide	
Gun shot in Head	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or ~~Homicide~~? ... Date of injury 2/6., 1938
Where did injury occur? Ashton Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify
(Signed) C. L. Wargis., M. D.
(Address) Ashton Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108164

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rachel Pass

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Richard L. Pass

6. DATE OF BIRTH (month, day, and year): April 16, 1878

7. AGE: Years 59 | Months 9 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): 1/15/38
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER
13. NAME: William Reckalt
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Harriet Berril
16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): Richard L Pass

18. BURIAL, CREMATION, OR REMOVAL
Place: Emmett, Ida Date: Jan 26, 1938

19. UNDERTAKER: C D Belchemun
(Address) Emmett, Ida

20. FILED 3/2, 1938 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1938, to Jan 24, 1938
I last saw h.er alive on Jan 23 1938: death is said to have occurred on the date stated above, at 6:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 days
Pulmonary Edema	4 days
Other **contributory causes** of importance: Septicemia	3 days

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193....
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) W K Bullock, M. D.
(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Carryl

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108167

Registration District No. 6
Primary Registration District No. 938
Local Registrar's No. 58
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Daughter of George B. Leonard - Celia Leonard
(a) Residence No. Emmett Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE — Years — Months — Days — If LESS than 1 day 3 hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER
13. NAME George B. Leonard
14. BIRTHPLACE (city or town)
(State or country) Wyoming

MOTHER
15. MAIDEN NAME Vera Hess
16. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

17. INFORMANT Mrs Elmer Hess
(Address) Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date Feb 23, 1938

19. UNDERTAKER C D Buchanan
(Address) Emmett, Ida

20. FILED 2/23, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-23 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-23, 1938, to 2-23, 1938
I last saw her alive on 2-23 1938: death is said to have occurred on the date stated above, at 8:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown cause	
Twin birth with other twin very strong and well-developed and this one weak.	
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. D.
(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108168

MAR 7 - 1938

Registration District No. [illegible]
Primary Registration District No. 6
Local Registrar's No. 136
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luize John McCuan

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Woodson Smith McCuan

6. DATE OF BIRTH (month, day, and year) Mar 27, 1865

7. AGE: Years 72 | Months 10 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2 yrs ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Johnson Co Ill.
(State or country)

FATHER
13. NAME John Sidwell
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Melinda Mize
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Mrs Everett Rose
(Address) Emmett, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date Feb 7, 1938

19. UNDERTAKER C D Buckenum
(Address) Emmett

20. FILED 2/7, 1938 J. J. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1938, to Feb. 5, 1938
I last saw her alive on Feb. 4, 1938: death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with decompensation	many years
Chronic nephritis	years

Other **contributory causes** of importance:

Pneumonia followed by congestion of lungs	Feb. 3/38

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ———, 193—
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ———

(Signed) [signature] M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108169

REC'D MAR 7 - 1938

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 46e

2. FULL NAME Frederick Feix

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 25, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Suesbrucken
(State or country) Germany

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER

15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT C. A. Westberg
(Address) Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date Feb 23, 1938

19. UNDERTAKER C. D. Buckmann
(Address) Emmett

20. FILED 2/23, 1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/23 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/18/37, 1937, to 2/22, 1938
I last saw him alive on 2/22 1938: death is said to have occurred on the date stated above, at 9 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinomatosis of liver,	June 1938
Peritoneal.	?
Primary carcinoma?	?

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K. Bullock M. D.
(Address) Emmett Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **108170**

PLACE OF DEATH MAK

County of Gem

City of Emmett

Registration District No. 9

Primary Registration District No. .....

Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Fell Cantrall

(a) Residence. No ..... Montour, Idaho St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S if of foreign birth? yrs mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Lorain Cantrall

6. DATE OF BIRTH (month, day and year) 1864 Dec 1st

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Jacksonville Oregon

PARENTS

10. NAME OF FATHER Steven L. Cantrall

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oregon

12. MAIDEN NAME OF MOTHER Mary Newlin

13. BIRTHPLACE OF MOTHER (city or town) (State or County) California

14. Informant (Address) Earl Cantrall Montour, Idaho

15. Filed 2-9-, 1938 J.L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 9 1938 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 5, 1938, to Feb 9th, 1938, that I last saw him alive on Feb 7th, 1938, and that death occurred, on the date stated above, at 3-30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with Valvular Leakage, Arteriosclerosis of Arteries - followed with Apoplexy - duration several years - Cerebral Hemorrhage one week duration

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) several yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J.L. Reynolds, M. D.

2-9-, 1938 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal: Alpha Idaho — Date of Burial: Feb. 12th 1938

20. Undertaker: A.D. Robb — Address: Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett I.D

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108171

1938
Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Leslie Mills

(a) Residence No. Emmett Hospital St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 26 1884
7. AGE: Years 56 | Months 4 | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dairy
10. Date deceased last worked at this occupation (mo. and yr.): 12/10/37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Avon Illinois
(State or country)

FATHER
13. NAME: Edgar L Mills
14. BIRTHPLACE (city or town) Prairie City Illinois
(State or country)

MOTHER
15. MAIDEN NAME: Ida Farrow
16. BIRTHPLACE (city or town) Shelbyville Missouri
(State or country)

17. INFORMANT: Bertha Marrs Ola, Ida
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date Jan 30, 1938

19. UNDERTAKER: C D Buckmun Emmett, Ida
(Address)

20. FILED Jan 29, 1938 J. A. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Jan. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938 to Jan 26, 1938
I last saw h[illegible] alive on Jan 26 1938: death is said to have occurred on the date stated above, at 2:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with decompensation and fibrillation (auricular)	6 months previous to death
Other **contributory causes** of importance: Oral sepsis	several years

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No specify ____

(Signed) [signature], M. D.
(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

RECEIVED
FEB 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108173

Registration District No. 22
Primary Registration District No. 2018
Local Registrar's No. 144

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethel May Rutherford

(a) Residence. No. ..... St. Twin Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David A. Rutherford

6. DATE OF BIRTH (month, day, and year) June 16, 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dumas
(State or country) Oregon

FATHER
13. NAME A. G. Pritchard
14. BIRTHPLACE (city or town) Galena
(State or country) Missouri

MOTHER
15. MAIDEN NAME Janeta Gilmore
16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT David A. Rutherford
(Address) Gooding Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wendell Ida Date ....., 193...

19. UNDERTAKER A. E. Thompson
(Address) Wendell Idaho

20. FILED Feb 15 1938 A. E. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-31 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938, to Jan 31, 1938
I last saw h[illegible] alive on 1-31, 1938: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-31-38
Arteriosclerosis	9 yrs
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A. E. Thompson
(Address) Wendell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108179

Registration District No. 22
Primary Registration District No. 2018
Local Registrar's No.

PLACE OF DEATH
County of Lemhi
City of Mackay
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

REGISTERED
MAR 9 - 1938

2. FULL NAME Mary Viola Johnston

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wendell Ida.

FATHER
13. NAME Francis Roy Johnston
14. BIRTHPLACE (city or town) (State or country) Viola Penn

MOTHER
15. MAIDEN NAME Blanche V. Chestnut
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Father

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED Mch 6, 1938 E. R. Simonton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 6 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193.
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) L. E. Manuel M.D.
(Address) Howe Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of 9 mi S.W. Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108180

MAR 9 - 1938

Registration District No. 2 2
Primary Registration District No. 2019
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 95

2. FULL NAME James William Spencer

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 20, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Vern Spencer
14. BIRTHPLACE (city or town) American Fork
(State or country) Utah

MOTHER

15. MAIDEN NAME Lela Wolverton
16. BIRTHPLACE (city or town) Robin
(State or country) Idaho

17. INFORMANT Vern Spencer
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wendell Cem Date 27, 193 8

19. UNDERTAKER J. R. Wiley
(Address) Jerome, Idaho

20. FILED Feb 25, 193 8 E. L. Simonton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 25 193 8

22 I HEREBY CERTIFY, That I attended deceased from Feb 22, 193 8, to Feb 25, 193 8

I last saw him alive on Feb 22 193 8: death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
mitral insufficiency	

Other contributory causes of importance:

Cardiac decompensation	

Name of operation ——— Date of
What test confirmed diagnosis? ——— Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carlyle Smail, M. D.
(Address) Jerome.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

RECEIVED
MAR 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22
Primary Registration District No. 2018

DO NOT WRITE IN THIS SPACE
State File No. 108181

Local Registrar's No. 110

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Ann O'Toole

(a) Residence. No. of Wendell Ida St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 5-31-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norton Kans

FATHER
13. NAME Michael M. O'Toole
14. BIRTHPLACE (city or town) (State or country) Atwood Kans.

MOTHER
15. MAIDEN NAME Gladys Mosier
16. BIRTHPLACE (city or town) (State or country) Oronogue Kans

17. INFORMANT (Address) M. M. O'Toole

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Norton, Kans Date 2-21-, 1938

19. UNDERTAKER A. E. Thompson (Address) Gooding Ida

20. FILED 2-21-, 1938 E. L. Simonton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-20-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-12-, 1938, to 2-20-, 1938
I last saw h alive on 2-19-, 1938; death is said to have occurred on the date stated above, at 5:50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza + Broncho Pneumonia	2-10
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Conwell M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108183

PLACE OF DEATH
County of Gooding
City of Hagerman (rural)
Registration District No.
Primary Registration District No. 24 Local Registrar's No. 44
(No. Died at home Albert H. Calkins)
(If death occurred in a hospital or institution, give its name instead of street and number.)

MAR 9 - 1938

108

2. FULL NAME Edward Wm. Valker

(a) Residence. No. Hagerman Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
m	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Valker

6. DATE OF BIRTH (month, day, and year) Feb. 27. 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Dont Know Germany

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Corpsine C. Gooding Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise Idaho Date 1-16, 1938

19. UNDERTAKER Rodney G. Gooding (Address) Rupert Idaho.

20. FILED 2-24, 1938 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 8 pm. 2/14, 1938, to He was dead upon my arrival, 193.
I last saw h alive on, 193.; death is said to have occurred on the date stated above, at 5:35 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Chronic Myocarditis	unknown
Apoplexy	5 days ago
Other contributory causes of importance:	
Acute Lobar Pneumonia (Right)	2/10/38

Name of operation None Date of
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury, 193.
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther B. Thompson, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108185

MAR 9 - 1938

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 765

(No. 159)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlene Finch

(a) Residence. No. St. Gooding Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	✓

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) January 30, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	✓	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Gooding Idaho

FATHER
13. NAME Charles Finch
14. BIRTHPLACE (city or town) (State or country) Boise Idaho

MOTHER
15. MAIDEN NAME Grace M. Steyer
16. BIRTHPLACE (city or town) (State or country) Corral Idaho

17. INFORMANT (Address) Mrs. Charles Finch Gooding Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Gooding Ida Date Feb 15, 1938

19. UNDERTAKER (Address) A. G. Thomson Gooding Idaho

20. FILED Feb 12, 1938 J. H. Timmerman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1938, to Feb 12, 1938
I last saw her alive on Feb 12, 1938; death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility,	
Mark heart muscle,	
Other contributory causes of importance: Premature birth.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) , M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding
MAR 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108186

Registration District No.
Primary Registration District No. 24 Local Register's No. 73
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harrold Dean Maxwell

(a) Residence. No. St. Gooding, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) October 12, 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gooding
(State or country) Idaho

FATHER
13. NAME Harry Maxwell
14. BIRTHPLACE (city or town) Rockwood
(State or country) Missouri

MOTHER
15. MAIDEN NAME Ruth Jones
16. BIRTHPLACE (city or town) Greenfield
(State or country) Missouri

17. INFORMANT Mrs. Harry Maxwell
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Idaho Date Feb 25, 1938

19. UNDERTAKER A. E. Thompson
(Address) Gooding Idaho

20. FILED Feb 24, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/24 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/23, 1938, to 2/24, 1938
I last saw him alive on 2/23, 1938; death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia following bronchitis	2/20/38
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Luther E. Thompson M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

MAR 3 - 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108187

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 765

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

130

2. FULL NAME Roy F. Hill

(a) Residence. No. 341 Idaho St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 28-10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flossie G. Hill

6. DATE OF BIRTH (month, day, and year) July 9, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Princeton, Missouri
(State or country)

FATHER

13. NAME James Riley Hill

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Roy F. Hill
(Address) Gooding, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 3-27-, 1938

19. UNDERTAKER G. E. Thompson
(Address)

20. FILED 3-25, 1938 J. H. Cranwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-25 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1937, to 2-25-, 1938
I last saw her alive on 2-24, 1938: death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular Renal (Bright's disease)	?

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. H. Cranwell, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

MAR 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108188

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 769

(No. 130 / If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Percy ~~Truman~~ Truman Sutphen

(a) Residence. No. / (Usual place of abode) St. Gooding Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) De Laurens South Dakota

FATHER

13. NAME Turman P. Sutphen

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Celestia Doran

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Doran T. Sutphen Gooding, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Gooding Ida Date Feb 28, 1938

19. UNDERTAKER (Address) H. E. Thompson Gooding Idaho

20. FILED 2/28/38, 193 J. H. Cranmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1938, to 2-26, 1938

I last saw him alive on 2-26, 1938; death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	2-7
Other contributory causes of importance:	
Uremia	2-15
Convulsions	2-15
Coma	2-20

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Cranmer M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108189

SEP 26 1938

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. St Valentine Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number) 7107

2. FULL NAME Jesse J Loney
(a) Residence No. Jerome Idaho St
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Rebecca
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 1 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	5	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Walla Walla
(State or country) Washington

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) " "
(State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) " "
(State or country) " "

17. INFORMANT Personal Papers
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Jan 27, 1938

19. UNDERTAKER J O R Wiley
(Address) Jerome Idaho

20. FILED 1/24, 1938 [illegible]
E. L. Simonton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 23 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Jan 23, 1938
I last saw him alive on Jan 22 1938: death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound, comminuted fracture Rt Tibia & Fibula	Jan 15, 1938
shock	Jan 15, 1938
Other contributory causes of importance:	

Name of operation Surgical Reduction Date of Jan 15, 1938
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury Jan 15 1938
Where did injury occur? Jerome Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Street intersection
Manner of injury Struck by automobile
Nature of injury Compound fracture Rt Tibia & Fibula

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Reuben C. Matson M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

RECEIVED
FEB 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108191

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 4 Sisters Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

107

2. FULL NAME Mary Veenendall

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Dick Veenendall

6. DATE OF BIRTH (month, day and year) July 26, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Idaho

MOTHER FATHER

13. NAME Alfred Anderson

14. BIRTHPLACE (city or town) (State or country) Weston Idaho

MOTHER

15. MAIDEN NAME Pnina Jenson

16. BIRTHPLACE (city or town) (State or country) Cleveland Idaho

17. INFORMANT Dick John Veenendall
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Wendell Date 2-16, 1938

19. UNDERTAKER D. A. Patterson
(Address) Jerome Ida

20. FILED 2-16, 1938 E. L. Brinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-13 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938, to Feb 13, 1938.
I last saw h[illegible] alive on Feb 12, 1938; death is said to have occurred on the date stated above, at 1[illegible] m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other **contributory causes** of importance:	
Weak heart	

Name of operation... None Date of...
What test confirmed diagnosis?... Was there an autopsy?...

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide?... Date of injury.., 193.
Where did injury occur?...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury...
Nature of injury...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify...

(Signed) ... M. D.
(Address) Wendell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108192

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. 1
(No. 44 Valentine Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Clarence Griffin

(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of Evelyn Griffin Hurst
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Worker Cook & Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cairo (State or country) Ill

FATHER
13. NAME Geo Richard Griffin
14. BIRTHPLACE (city or town) Pope Co (State or country) Ill

MOTHER
15. MAIDEN NAME Adelia Ellen Lewis
16. BIRTHPLACE (city or town) Johnson Co (State or country) Ill

17. INFORMANT Effie Mae Cox (Address) Marion Ill

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Jan 30, 1938

19. UNDERTAKER R Wiley (Address) Jerome Idaho

20. FILED 1-29, 1938 E. L. Simonton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan 27 1938

22 I HEREBY CERTIFY, That I attended deceased from June 24, 1937 to Jan 27, 1938
I last saw him alive on Jan 27 1938: death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Jan 20, 1938
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? ← Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reuben C. Matson M. D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108193

FEB 12 1938

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. SSisters Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 93C

2. FULL NAME Barclay Martin Tillman

(a) Residence. No. Jerome Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fairfield
(State or country) Tenn

MOTHER FATHER

13. NAME Barclay M Tillman

14. BIRTHPLACE (city or town) Fairfield
(State or country) Tenn

MOTHER

15. MAIDEN NAME Elizebeth Sutton

16. BIRTHPLACE (city or town) Fairfield
(State or country) Tenn

17. INFORMANT Mrs Attie Moore
(Address) Jerome, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date 2,9,, 1938

19. UNDERTAKER J. F. Hudson
(Address) Jerome Ida

20. FILED 2/10 1938 E. L. Simonton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1934, to Feb 5, 1938
I last saw h alive on Feb 4, 1938; death is said to have occurred on the date stated above, at 5:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1934
Other contributory causes of importance:	
Anginal Pectoris	1935
Hypertension	1920

Name of operation No Date of .....

What test confirmed diagnosis? - Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Reuben C. Matson M. D.
(Address) Jerome Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 21 1938

DO NOT WRITE IN THIS SPACE
State File No. 108194

PLACE OF DEATH
County of Gooding Registration District No. 22
City of Wendell Primary Registration District No. 2018 Local Registrar's No. 94
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amos Boysen

(a) Residence. No. .... St. ....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 25 yrs. mos. ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M. Elizabeth Boysen

6. DATE OF BIRTH (month, day and year) Sept 3 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer

9. BIRTHPLACE (city or town) Hockery
(State or country) Germany

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant (Address) Bernice Andersen

15. Filed Jan 7 1938 E. E. Swanston Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 6 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to Jan 6, 1938
that I last saw him alive on Jan 5, 1938
and that death occurred, on the date stated above, at 2:45 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute infectious Arthritis

.... (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) ....
.... (duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? No Date of ....
Was there an autopsy? No
What test confirmed diagnosis? ....

(Signed) W. A. Rubles, M. D.
Jan 6, 1938 (Address) Wendell, Idaho

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Wendell, Idaho	Jan 8 1938
20. Undertaker Thompson	Address Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A MARGIN RESERVED FOR ...very item of information should be carefully supplied. AGE should be stated. ...PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be prope... ...assified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding

City of Wendell

RECEIVED

MAR 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108195

1. FULL NAME No Name Hepworth

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-25-38

7. AGE — Years: X — Months: X — Days: X — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wendell

MOTHER

13. NAME Merriel Hepworth

14. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

15. MAIDEN NAME Lillie Erickson

16. BIRTHPLACE (city or town) (State or country) Weston Idaho

17. INFORMANT (Address) Merriel Hepworth Wendell, Ida

18. BURIAL, CREMATION OR REMOVAL
Place 2-26-38 Hansell, 193..

19. UNDERTAKER (Address) H. L. Jackson Jerome Ida

20. FILED 2/26, 1938 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/26, 193 8

22. I HEREBY CERTIFY, That I attended deceased from 2/25, 193 8, to 2/26, 193 8

I last saw h... alive on 2/25, 193 8; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asthenia new born infant (marasmatus) due to Partial placental degeneration	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108196

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. 5
(No. St Valentines Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virgil Curtis Bird

(a) Residence No. ____ Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos./ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Myrl Bird
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 16, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	4	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER
13. NAME Milton Bird
14. BIRTHPLACE (city or town) (State or country) Lockwood Mo

MOTHER
15. MAIDEN NAME Millie Parmeter
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT H C Bird
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Feb 9, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED Feb 9 1938
E. L. Simonton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 8 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/7/38, 193..., to 2/7/38, 193...
I last saw h... alive on 2/7/38 193...: death is said to have occurred on the date stated above, at 4:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus meningitis	7
Other contributory causes of importance:	
Bilateral otitis media	

Name of operation None Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) Orrelle Rucil, M. D.
(Address Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108197

Registration District No.
Primary Registration District No. Local Registrar's No. 4
(No. 100)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ilona Lea Mc Mahon

(a) Residence. No. St. Gooding Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls Idaho
(State or country)

FATHER
13. NAME Roger B. Mc Mahon
14. BIRTHPLACE (city or town) Lowell England
(State or country)

MOTHER
15. MAIDEN NAME Juanita Lokey
16. BIRTHPLACE (city or town) Council Ida.
(State or country)

17. INFORMANT Mrs Roger B. Mc Mahon
(Address) Gooding Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Gooding Ida. Date, 193

19. UNDERTAKER A. E. Thompson
(Address) Gooding, Ida.

20. FILED 2-28, 193 J. H. Cranmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1938, to 2-7, 1938
I last saw h~~e~~r alive on 2-7, 1938: death is said to have occurred on the date stated above, at 8:55A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia-Lobar	2-5-38
Other contributory causes of importance:	
Cardiac Failure	2-7-38
Hypostatic Congestion	1-8-38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. D.
(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

MAR 5 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108198

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 761
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carroll Gorill 1935

(a) Residence. No. ____ St. Gooding Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Jan 21, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1		13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Gooding (State or country) Idaho

FATHER
13. NAME Byron C. Gorill
14. BIRTHPLACE (city or town) Rocky Ford (State or country) Colorado

MOTHER
15. MAIDEN NAME Dorothy A. Lehman
16. BIRTHPLACE (city or town) Manby (State or country) Colorado

17. INFORMANT Mrs Byron C. Gorill (Address) Gooding Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Idaho Date Feb 5, 1935

19. UNDERTAKER A. E. Thompson (Address) Gooding Idaho

20. FILED 2-28, 1935 J. A. Konvalee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935, to Feb 3, 1935
I last saw him alive on Feb 3, 1935. death is said to have occurred on the date stated above, at 9 24 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Pneumonitis	Jan 26 1935
Other contributory causes of importance: Streptococcus Septicemia	Jan 16

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ____
(Signed) J. E. Barnett, M. D.
(Address) ____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108199

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 762

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther Caroline Rodden

(a) Residence. No. St. Gooding Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) October 19, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gooding (State or country) Idaho

FATHER
13. NAME R. C. Roddey
14. BIRTHPLACE (city or town) Brumley (State or country) Missouri

MOTHER
15. MAIDEN NAME Rosa Rigg
16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMANT E. Rodden (Address) Gooding Idaho

18. BURIAL, CREMATION OR REMOVAL Place Gooding Ida Date Feb. 6, 1938

19. UNDERTAKER A. E. Thompson (Address) Gooding Idaho

20. FILED 2-28, 193... J. H. Cameron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 4 193 8

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 193 8 to Feb 4, 193 8
I last saw h alive on Feb 4 193 8; death is said to have occurred on the date stated above, at 5-15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac - Pulmonal Manifestations	Feb 3 1938

Other contributory causes of importance:

Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. E. Jarrett, M. D.
(Address) Gooding, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville
REC'D MAR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108200

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Emma B. Darland

(a) Residence. No. Grangeville St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Gus D. Darland

6. DATE OF BIRTH (month, day, and year) Aug- 28 - 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) Feb-1938
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) Ferdinand (State or country) Ida

FATHER

13. NAME O. G. Hanson
14. BIRTHPLACE (city or town) Trondjem (State or country) Norway

MOTHER

15. MAIDEN NAME Mary Saturn
16. BIRTHPLACE (city or town) Trondjem (State or country) Norway

17. INFORMANT Husband Gus D. Darland (Address) Grangeville Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Craigmont Date 2/17, 1938

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville Ida.

20. FILED Mar 8, 1938 B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 15 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-9-, 1938, to 2-15, 1938
I last saw her alive on 2-15, 1938; death is said to have occurred on the date stated above, at 9:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Tuberculous Enteritis	
Cerebral	
Other contributory causes of importance:	
(Supinf. U.S. query - Colon Bacilla infection)	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. R. Wehrli M. D.
(Address) Grangeville Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108201

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 7

MAR 11 1938

(No. Our Lady of Consolation Hosp., Cottonwood Ida) 1 3 1
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert H. Farris

(a) Residence. No. Clearwater St.
(Usual place of abode)
Length of residence in city or town where death occurred. 55½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Farris

6. DATE OF BIRTH (month, day and year) Dec 17th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois (State or country)

FATHER
13. NAME Gilbert Hermon Farris
14. BIRTHPLACE (city or town) Indiana (State or country)

MOTHER
15. MAIDEN NAME Catherine Palitz
16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT A. G. Farris (Address) Clearwater Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clearwater Date Feb 2, 1938

19. UNDERTAKER Geo. N. Feeney Moscow Ida
(Address)

20. FILED 2-8, 1938 H. F. Orr per D. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1938, to Jan. 31, 1938
I last saw him alive on Jan. 31, 1938; death is said to have occurred on the date stated above, at 11 o'clock P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremic Toxemia Retention	
Myocardial failure	Jan 24 38
Due to Prostatic	
Hypertrophy	

Other **contributory causes** of importance:

Name of operation Suprapubic Prostatectomy Date of Jan 24 38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Harley F. Orr M. D.
(Address) Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108202

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 8
(No. St. J. & L. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

MAR 11 1938

2. FULL NAME Lester S. Wright

(a) Residence. No. Boles St. Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicati

6. DATE OF BIRTH (month, day, and year) Oct 19 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (mo. and yr.) Jan 1938
11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Galesburg Ill.

FATHER

13. NAME Coral H. Wright
14. BIRTHPLACE (city or town) (State or country) Corning Iowa

MOTHER

15. MAIDEN NAME Zelma M. Heller
16. BIRTHPLACE (city or town) (State or country) Red Oak Iowa

17. INFORMANT Wife Nicati Wright (Address) Boles Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date 2-7, 1938

19. UNDERTAKER Hanson Funeral Home (Address) Orangeville Ida.

20. FILED 2-5, 1938 W. F. Orr Registrar.
By J.B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1938, to Feb 4, 1938
I last saw h~~im~~ alive on Feb 4, 1938: death is said to have occurred on the date stated above, at 12:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drainage instituted for	
Perforated Appendicitis	Jan-17-38
Diffuse Peritonitis	Jan-17-38
Intestinal obstruction	
Operated for	Feb-4-38

Other contributory causes of importance:
Pneumonia Jan-16

Name of operation Drainage Date of ~~operation~~ Feb 4-38
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho.
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108204

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 11
(No. C. I. & C. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Mrs Johanna Heartburg

(a) Residence. No. Ferm St. Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Franz Heartburg

6. DATE OF BIRTH (month, day and year) Feb 27 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) Feb - 1938
11. Total time (years) spent in this occupation 44 yrs.

12. BIRTHPLACE (city or town) Malmo
(State or country) Sweden

MOTHER FATHER
13. NAME Oscar Bronan
14. BIRTHPLACE (city or town) Malmo
(State or country) Sweden
15. MAIDEN NAME not obt.
16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Husband Franz Heartburg
(Address) Ferm, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date 2/24, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED 2-24, 1938 W. F. Cox
By J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1938, to Feb. 23, 1938
I last saw her alive on Feb. 22, 1938: death is said to have occurred on the date stated above, at 4:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2-15-38
Hypostatic Pneumonia	2-20-38
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dudley F. Cox, M.D.
(Address) Cottonwood Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108205

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 12
(No. 1217)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allethea Elaine Hanson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	✓

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-10-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho

FATHER

13. NAME Calvin Hanson
14. BIRTHPLACE (city or town) Wacagan
(State or country) Minn.

MOTHER

15. MAIDEN NAME Wanda Kunkelman
16. BIRTHPLACE (city or town) Howard
(State or country) Kansas

17. INFORMANT Calvin Hanson
(Address) Cottonwood Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Walla Walla Date 2-28, 1938

19. UNDERTAKER Henri Taylor
(Address) by Mrs Henri Taylor Grangeville, Ida

20. FILED 2-26, 1938 W. J. Ord
per D R Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-26 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1938, to Feb 26, 1938
I last saw her alive on Feb 26 1938: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pemphigus	Feb. 10-38
Other contributory causes of importance:	

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No Reasons excluded Waiverman

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harley J. Ord M. D.
(Address Cottonwood, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

MAR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108206

Registration District No. 1 6 6

Primary Registration District No. 2184 Local Registrar's No. 439

(No.) 108

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Melvine Iverson

(a) Residence. No. Kooskia - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dollie Reed

6. DATE OF BIRTH (month, day, and year): Feb 25 — 1902

7. AGE: Years: 35 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER

13. NAME: Thomal Iverson

14. BIRTHPLACE (city or town) (State or country): Minnesota

MOTHER

15. MAIDEN NAME: Inga Thorsen

16. BIRTHPLACE (city or town) (State or country): Minnesota

17. INFORMANT (Address):

18. BURIAL, CREMATION OR REMOVAL
Place: Lolo Cemetery Date: Feb 18 1938

19. UNDERTAKER (Address): Acton Graveyard - Idaho

20. FILED Feb 17, 1938 J. M. Verbeke M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1938, to Feb 15, 1938.

I last saw h. alive on Feb 15 1938: death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Labor. Pneumonia	

Other **contributory causes** of importance:

Chronic Valvular heart-disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. M. Verbeke M.D.

(Address) Kooskia - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108207

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 9

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nadine Esther Jaszkewich

(a) Residence No. Cottonwood, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 11-21-37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho

FATHER

13. NAME Geo Jaszkewich
14. BIRTHPLACE (city or town) Bismark
(State or country) N. Dakota

MOTHER

15. MAIDEN NAME Tina G Jensen
16. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho

17. INFORMANT Mrs Geo Jaszkewich
(Address) Cottonwood Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cottonwood Date Feb 7, 1938

19. UNDERTAKER Fa Verhasvegs
(Address) Cottonwood Ida

20. FILED 2-7, 1938 M. F. Orr
Local Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-6 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1938, to Feb 6, 1938
I last saw he alive on Feb 6 1938: death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2-1-38.
Precipitated by auto attack of tuberculosis, and infection descended.	1-28-38.
Other contributory causes of importance:	

Name of operation — Clinical Date of —
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Stanley F. Orr, M. D.
(Address Cottonwood, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108208

Registration District No. 49
Primary Registration District No. 2127
Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Alta Mothorn

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Mothorn

6. DATE OF BIRTH (month, day, and year) 5-12-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	11	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME John McKay
14. BIRTHPLACE (city or town) (State or country) ____

MOTHER
15. MAIDEN NAME Susan Waller
16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT Henry Peterson
(Address) ____

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Date 2/28/38

19. UNDERTAKER Kamiah Funeral Home
(Address) Kamiah

20. FILED 2/28/38 193... Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 193 7, to Feb 26, 193 8
I last saw her alive on Sept 15, 193 7: death is said to have occurred on the date stated above, at 1:40 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
arteriosclerosis	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J M Yarbrough M. D.
(Address) Kamiah Idaho

108210

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

RECEIVED
FEB 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No. 428

DO NOT WRITE IN THIS SPACE
~~108210~~

State File No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edmund Ernest Pell

(a) Residence. No. Kooskia Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

108

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Dunn Pell.

6. DATE OF BIRTH (month, day, and year) Sept-12-1876

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
61	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crawfordville (State or country) Oregon

FATHER

13. NAME John George Pell

14. BIRTHPLACE (city or town) Missouri (State or country)

MOTHER

15. MAIDEN NAME Nancy Finley

16. BIRTHPLACE (city or town) Crawfordsville (State or country) Oregon

17. INFORMANT Rose Pell (Address) Kooskia

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date Jan 14 1938

19. UNDERTAKER Geo. Tremary (Address) Kooskia

20. FILED Jan 15, 1938 J M Tuberkurs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938, to Jan 16, 1938.
I last saw him alive on Jan 16, 1938: death is said to have occurred on the date stated above, at 12:35 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J M Tuberkurs M. D.
(Address) Kooskia Idaho

108211

DO NOT WRITE IN THIS SPACE

State File No. ~~10-240~~

PLACE OF DEATH

County of Jefferson

City of Hamer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176 Local Registrar's No. 5

(No. East of Hamer)

(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Perry B Woodard.

(a) Residence No. West of Hamer Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of Rebeca Woodard.
(or) WIFE of June 23

6. DATE OF BIRTH (month, day, and year) 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Concord
(State or country) Minnesota

FATHER

13. NAME Wm B Woodard

14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER

15. MAIDEN NAME Elizabeth Parkins

16. BIRTHPLACE (city or town)
(State or country) Minnesota

17. INFORMANT Mrs Rebeca Woodard
(Address) Hamer.

18. BURIAL, CREMATION OR REMOVAL
Place Baston Cem Date Feb 20, 1936

19. UNDERTAKER Jeff Hays
(Address) Idaho Falls Ida

20. FILED 2-19, 1936 [illegible] Registrar.

Dr. Chaney, Roberts Ida

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935 to Feb 17, 1936

I last saw him alive on Feb 17, 1936 death is said to have occurred on the date stated above, at 2:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

Myocarditis - Acute recurrent attack of old chronic

Date of onset about two years

Other **contributory causes** of importance:

Liver after death -

Name of operation - Date of -

What test confirmed diagnosis? History Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? no Date of injury no., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury -

Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. C. Chaney, M. D.

(Address) Roberts, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108213

PLACE OF DEATH
County of Jefferson
City of Menan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. [redacted]

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 8

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Reid Fullmer.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Evyleane Fullmer.

6. DATE OF BIRTH (month, day, and year) 4/14/1892

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 2/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Mapleton, Utah.

FATHER

13. NAME Samuel David Fullmer.
14. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

MOTHER

15. MAIDEN NAME Roxy Jane Kendall.
16. BIRTHPLACE (city or town) (State or country) Springville, Utah.

17. INFORMANT E.O. Fullmer
(Address) St Anthony, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City, Ida. Date 3/2, 1938

19. UNDERTAKER A.B. Eckersell
(Address) Rigby, Idaho.

20. FILED 3-1, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/26 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1938, to Feb 26, 1938
I last saw him ~~alive on~~ dead Feb 26 1938: death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 26

Other **contributory causes** of importance:

Over Work	

Name of operation Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, ~~specify~~
(Signed) Aldon Tall, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10214

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. ~~10214~~

RECEIVED MAR 8 1938

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorito Juarez.

(a) Residence No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept-8-1905

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	32	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 10-37
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Mexico.
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Mexico.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Mexico.
(State or country)

17. INFORMANT Lupe Apodaca
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 2/26, 1938

19. UNDERTAKER C B Eckersell
(Address) Rigby, Idaho.

20. FILED 2-24, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-23 1938

22 I HEREBY CERTIFY, That I ~~attended deceased from~~ XXXXXXXXXXXXXXXX to ....., 193.....
I ~~last~~ saw him ~~her~~ alive on 2-23 193 8: death is said to have occurred on the date stated above, at 10:30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Regional Illeitis.	
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thomas Jacobson M. D.
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

108215
DO NOT WRITE IN THIS SPACE
State File No. ~~10-214~~

Local Registrar's No. 10

2. FULL NAME Ephriam Andrew Zobell

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Stella May Davis

6. DATE OF BIRTH (month, day, and year) 11/4/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) Sept-36
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Provo
(State or country) Utah

FATHER

13. NAME Hans J. Zobell
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER

15. MAIDEN NAME Marie Madsen
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Henry D Zobell
(Address) Rigby Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 2/11, 1938

19. UNDERTAKER [illegible]
(Address) Rigby, Idaho

20. FILED 2/9, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-8 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-6-, 1938 to 2-8-, 1938
I last saw h~~e~~ alive on 2-7 1938; death is said to have occurred on the date stated above, at HH m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	2-3-38

Other **contributory causes** of importance:

Asthma	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address Rigby Ida

108218

DO NOT WRITE IN THIS SPACE

State File No. [illegible]

PLACE OF DEATH

County of Jefferson,

City of Hamer,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176 Local Registrar's No. 7

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William. Sommers — William Sommers. 93C

(a) Residence No. Hamer, Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

~~AGE~~ Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78 —			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country) Michigan

FATHER

13. NAME —

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Mrs. Ella Turner
(Address) Hamer Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Ida. Date 2-2, 1938

19. UNDERTAKER Pfeifer's
(Address) Idaho Falls

20. FILED 2-1, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937, to date only, 193..

I last saw him alive on Dec 26 193.. death is said to have occurred on the date stated above, at 7 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	
Death was sudden	
Other **contributory causes** of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. O. Chaney M. D.

(Address) Roberts, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108218

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 108219

MAR 16 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

77

2. FULL NAME Cassius Edwin King

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 22 - 1861

7. AGE — Years: 76 — Months: 5 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Belvedere Ill.

FATHER

13. NAME: Leander King

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Emely Milne

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Mrs. King Jerome

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cemetery Date ....., 1938

19. UNDERTAKER (Address): D. A. Stevenson Jerome

20. FILED 2/22, 1938 C. F. Heller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1938, to Feb. 20, 1938.

I last saw him alive on Feb. 20, 1938; death is said to have occurred on the date stated above, at 8:05 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Chronic Myocarditis & heart failure	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Heller, M. D.

(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Blanchard
Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108220

Registration District No. 45
Primary Registration District No.
Local Registrar's No. 1 4

(No. 1938)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther La Vert Bureau

(a) Residence. No. Blanchard, Idaho St. Spirit Lake Hospital Spirit Lake
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28-1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Diamond Lake Washington

FATHER

13. NAME Earl E. Bureau

14. BIRTHPLACE (city or town) (State or country) Dalton Minn.

MOTHER

15. MAIDEN NAME Emily E. Evans

16. BIRTHPLACE (city or town) (State or country) Wayne N. Carolina

17. INFORMANT Carl E. Bureau
(Address) Blanchard Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Fairmont Cemetery Spokane Wash. Date 1-11, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Pathdrum Idaho

20. FILED 1/10, 1938 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937, to Jan 8, 1938
I last saw her alive on Jan 8, 1938; death is said to have occurred on the date stated above, at 8:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 28-37
Rheumatic Carditis,	2 y/s ago.
Cardiac decompensation	Dec 26-'37

Other contributory causes of importance:

Acute Rheumatic fever	Dec 18-1937

Name of operation Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Forrest Tomlinson M. D.
(Address) Spirit Lake Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

RECEIVED
FEB 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Horning

DO NOT WRITE IN THIS SPACE
State File No. 108220

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 21
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Mrs. Emma J. Bartleson

(a) Residence No. Rathdrum, Idaho St. Rathdrum, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Widow

5a. If married, widowed, or divorced
HUSBAND of ----
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/4/1863

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	0	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) -----
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Penn.
(State or country)

FATHER
13. NAME John Haag
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Louisa Robacher
16. BIRTHPLACE (city or town) Penn
(State or country)

17. INFORMANT Mrs. J. W. Post
(Address) Rathdrum, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Columbia Falls Montana Date 2/2, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene, Ida.

20. FILED Feb. 2, 1938 L. C. Kroloff, M. D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/1 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938 to Feb 1, 1938
I last saw h[illegible] alive on Jan 31 1938: death is said to have occurred on the date stated above, at 8:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 days before death
Other contributory causes of importance:	
senility	

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Horning M. D.
(Address) Coeur d'Alene Idaho

Dr.R.Peterson.

PLACE OF DEATH
County of Kootenai
City of Coeur d 'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108222

Registration District No. 30
Primary Registration District No. 251
Local Registrar's No. 22
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Delbert Hayward

(a) Residence No. C.D.A Rt. #2 St.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) 11/4/1937

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Coeur d'Alene Idaho
(State or country)

FATHER

13. NAME Enos Hayward
14. BIRTHPLACE (city or town) Oregon
(State or country)

MOTHER

15. MAIDEN NAME Helen Frances
16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT Enos Hayward. C.D.A.
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ C.D.A Place Forest Cem. Date 2/5, 1938

19. UNDERTAKER Mooney Mortuary C.D.A.
(Address)

20. FILED Feb. 5, 1938 [illegible] M.D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/4/1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1938, to Feb. 4, 1938
I last saw h.i.m alive on Feb. 4 1938; death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	6 wks
Acute myocardial failure (toxic)	10 days

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. Peterson, M. D.
(Address Coeur d' Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Worley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 29
(No. 106)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 108223

2. FULL NAME Donald Eugene Breedon
(a) Residence. No. ... St. Worley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 1 | Months 5 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country) Coeur d'alene Idaho
13. NAME Harry McKinley Breedon

MOTHER
14. BIRTHPLACE (city or town) (State or country) Illinois
15. MAIDEN NAME Rosie June West
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Harry McKinley Breedon
18. BURIAL, CREMATION OR REMOVAL
Place Worley Date Feb 15 1938
19. UNDERTAKER (Address) Jaegen Funeral Home Wallace Ida
20. FILED Feb. 14, 1938 L C Rolston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Birth (Sept 1, 1936, to Feb 13, 1938.
I last saw him alive on Feb 9, 1938; death is said to have occurred on the date stated above, at 1:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute dilitation of heart	Feb 13 38
Lobar Pneumonia	Jan 30, 1938
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) ... H. Hamilton M. Gilmwood M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Post Falls. R 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10822

Registration District No. 30

Primary Registration District No. 2051 Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Murley

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Martha Murley

6. DATE OF BIRTH (month, day, and year): Jan. 13 - 1878

7. AGE — Years: 60 — Months: 1 — Days: 5 — If LESS than 1 day ..... hrs or ..... min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.): Nov. 1937

11. Total time (years) spent in this occupation: 14 yrs.

12. BIRTHPLACE (city or town) (State or country): Cornwall England

FATHER

13. NAME: Richard Murley

14. BIRTHPLACE (city or town) (State or country): Cornwall England

MOTHER

15. MAIDEN NAME: Mary Ann Tippetts

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Martha Murley R# 2. Box 71. Post Falls.

18. BURIAL, CREMATION, OR REMOVAL — Place: Pleasant View — Date: 2-23, 1938

19. UNDERTAKER (Address): Carrell Funeral Home Coeur d'Alene. Idaho

20. FILED Feb 23, 1938 — F. T. Kroeten M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2 - 18 1938

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to 2/18, 1938

I last saw h~~im~~ alive on 2/17 1938; death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs.
Abscesses	many years
Bronchial asthma	2 months

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Naturc of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify silicosis (miner

(Signed) H. F. Hemming M. D.

(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108225

Registration District No. 30

Primary Registration District No. 1051

Local Registrar's No. 36

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto Lux

(a) Residence No. 1601 - N. Park St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S., if of foreign birth? 53 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lottie Lux

6. DATE OF BIRTH (month, day, and year) Mar. 20 - 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
56	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Jeweler

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Himself

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 22 - 38

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Joseph Lux

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Richard Lux 1623 6th St. Coeur d'Alene Ida.

18. BURIAL, CREMATION OR REMOVAL Place Forest Lawn Cem. Coeur d'Alene Ida. Date 3 - 3, 1938

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 3 - 3 -, 1938 L. Kreutzer M.D. Registrar. F. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3 - 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1938, to Mar 1, 1938

I last saw him alive on ..... 193..: death is said to have occurred on the date stated above, at 7.50 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 21. 1938
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical finding Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Karl Hoffman M.D., M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108226

MAR 9 - 1938

Registration District No.
Primary Registration District No.
Local Registrar's No. 23

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shelia Joan Fredekind (Infant)

(a) Residence No. C.D.A. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): 2/13/1938
7. AGE: Years — Months — Days — If LESS than 1 day — hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Coeur d'Alene (State or country) Idaho

FATHER
13. NAME Reinhart B. Fredekind
14. BIRTHPLACE (city or town) Oklahoma (State or country)

MOTHER
15. MAIDEN NAME Emma Litzenberger
16. BIRTHPLACE (city or town) Kansas (State or country)

17. INFORMANT Reinhart B. Fredekind
(Address) R.#1. Coeur d'Alene, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. Date 1938 2/13 193

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene

20. FILED 2/15, 1938 E. C. Kretchmer M.D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/12 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to —, 193.
I last saw h— alive on Jan 12 1938. death is said to have occurred on the date stated above, at 5:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia of difficult	
labor.	
160 lb.	
Other contributory causes of importance:	

Name of operation Delivery Date of 2-12-38
What test confirmed diagnosis? Evidence was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold J. Shuman, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Peterson.

DO NOT WRITE IN THIS SPACE
State File No. 108227

Registration District No. 938
Primary Registration District No. ____ Local Registrar's No. 24
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie V. Faulkner

(a) Residence No. 1111 - 3rd St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of S. O. Faulkner

6. DATE OF BIRTH (month, day, and year) 11-15-1879

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ~ 11. Total time (years) spent in this occupation ~

12. BIRTHPLACE (city or town) Nova Scotia
(State or country)

FATHER
13. NAME John Bird
14. BIRTHPLACE (city or town) Nova Scotia
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Graham
16. BIRTHPLACE (city or town) Nova Scotia
(State or country)

17. INFORMANT S. O. Faulkner
(Address) Coeur d'Alene, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Forest Date 2/19, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED 2/19/38, 1938 L. C. Kretzer
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/16 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1937, to Feb 16, 1938

I last saw her alive on Feb 16 1938: death is said to have occurred on the date stated above, at 7:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	
Pulmonary embolus post operative	3 mo + 1 hour
Other contributory causes of importance:	
Renal esophageal shunts	5 yrs +

Name of operation Gastrostomy Date of 1-2-38
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Peterson, M. D.
(Address Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

108228

State File No.

Registration District No. 80

Primary Registration District No. 2051 Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Caroline Holm

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widowed.

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Thomas E. Holm

6. DATE OF BIRTH (month, day, and year) Sept 8 1861

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
76	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1935-1-25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

MOTHER FATHER

13. NAME N. R. Johnson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Josephine

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT T. J. Holm
(Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Post Falls Idaho Date 2-5 193?

19. UNDERTAKER Cosgrove Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED ....., 193.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-2 193?

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 193?, to Feb 2, 193?

I last saw her alive on Feb 1, 193?. death is said to have occurred on the date stated above, at 10 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	About Jan 1937

Other contributory causes of importance:

Old age	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so specify

(Signed) G. J. Benson Brooks, M. D.

(Address) Post Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108229

Registration District No. 30

Primary Registration District No. 105

Local Registrar's No. 35

(No. 17)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hugh Alonzo Harned

(a) Residence No. (Usual place of abode) St. Cataldo, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred ~ yrs. ~ mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 28- 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
/	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colville (State or country) Wash.

FATHER

13. NAME Benson A. Harned

14. BIRTHPLACE (city or town) Ada (State or country) O. T.

MOTHER

15. MAIDEN NAME Leona Lantis

16. BIRTHPLACE (city or town) Eureka, (State or country) Mont.

17. INFORMANT Benson A. Harned (Address) Cataldo Idaho

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 3-1, 1938

19. UNDERTAKER Harned Funeral Home (Address) Coeur d'Alene Idaho

20. FILED 3-1, 1938 L. C. Kreiter M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/22, 1938, to 2-27, 1938

I last saw him alive on 2/27 1938; death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	2/19/38
General peritonitis	2/21/38
Other contributory causes of importance:	

Name of operation appendectomy Date of 2/22/38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) H. B. Harned M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108230

Registration District No. 30

Primary Registration District No. 1051 Local Registrar's No. 37

(No. Sokaida Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

MAR 4 - 1938

167

2. FULL NAME John D. Buckle

(a) Residence No. Hayden Lake Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, and year) 2/25/1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (mo. and yr.) 1938

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Hayden Lake, (State or country) Idaho

FATHER

13. NAME Frank Buckle

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Susan Yost

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Nellie Buckle

(Address) Hayden Lake, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Forest Cem. Date 3-3, 1938

19. UNDERTAKER Moreau Mortuary

(Address) Coeur d'Alene, Ida.

20. FILED Feb 23, 1938 [illegible] M. D.

F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-21 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-21 1938, to 2-21, 1938

I last saw h alive on 2-21 1938: death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by shooting through the head	
#167	
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2-21 1938

Where did injury occur? County
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury Gunshot Wound

Nature of injury Gunshot wound

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Hayden Lake
Rt. #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108231

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 98
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Chas. Cuff

(a) Residence No. Hayden Lake. Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 60 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Edith

6. DATE OF BIRTH (month, day, and year) 6/2/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9/1937
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Canada
(State or country)

FATHER

13. NAME James Cuff
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Cuff
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Sarah E. Cuff
(Address) Hayden Lake

18. BURIAL, ~~CREMATION OR REMOVAL~~
C.D.A. Place Forest Cem. Date 2/22, 1938

19. UNDERTAKER The Mooney Mortuary.
(Address) Coeur d'Alene, Idaho

20. FILED Feb. 22, 1938 [illegible] M.D.
F.T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/19 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-19, 1938, to ....., 193..
I last saw him alive on 2-19- 1938: death is said to have occurred on the date stated above, at 7:00P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold Hunter, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108232

MAR 5 1938

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Angus R. MacDonald

(a) Residence No. 916 5th St. St.
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. (If nonresident give city or town and state) 66
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	w	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eugenie

6. DATE OF BIRTH (month, day, and year) 12/21/1853

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	84	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Scaler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Forestry Serv.
10. Date deceased last worked at this occupation (mo. and yr.) 1929
11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) Nova Scotia
(State or country)

FATHER

13. NAME Ronald MacDonald
14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER

15. MAIDEN NAME Flora Millis
16. BIRTHPLACE (city or town) Nova Scotia
(State or country)

17. INFORMANT Don MacDonald
(Address) Coeur d'Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~
C.D.A Place St. Thomas Date 2/25, 193 8

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene, Ida

20. FILED Feb 25, 1938 [illegible] M. D.
F.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/23/1938

22 I HEREBY CERTIFY, That I attended deceased from August, 1932, to Feb. 22, 1938
I last saw h[illegible] alive on Feb 22 1938: death is said to have occurred on the date stated above, at 7:15A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocardial Degeneration	1932.
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) John Ellwood, M. D.
(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108233

FEB 26 1938

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 2
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

130

2. FULL NAME Oliver James Webb

(a) Residence. No. Edgemere Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) June 17-1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	7	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Blanchard Valley Washington

FATHER
13. NAME Roland Webb
14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER
15. MAIDEN NAME Vina Alberta Sawyer
16. BIRTHPLACE (city or town) (State or country) Hutchinson Kansas

17. INFORMANT Roland Webb (Address) Edgemere Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blanchard Idaho Date 1-28, 1938

19. UNDERTAKER Cozad Funeral Home (Address) Coeur d'Alene Ida.

20. FILED 1-28, 1938 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1938, to 1-27, 1938
I last saw him alive on 1-27, 1938: death is said to have occurred on the date stated above, at 10:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerulonephritis	1-21-38
Other contributory causes of importance:	
Acidosis	1-26-38
Anuria	1-24-38

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Forrest Longbrigger M. D.
(Address) Spirit Lake Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

RECEIVED
FEB 28 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108234

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 3
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME George A. Mathews

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ____
6. DATE OF BIRTH (month, day, and year): Oct 20-1871
7. AGE: Years: 66 Months: 3 Days: 9 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Concord (State or country) New Hampshire

FATHER
13. NAME John Mathews
14. BIRTHPLACE (city or town) ____ (State or country)

MOTHER
15. MAIDEN NAME Mary (Mathews)
16. BIRTHPLACE (city or town) ____ (State or country)

17. INFORMANT A. B. Nelson (Address) Rathdrum Ida.
18. BURIAL, CREMATION OR REMOVAL Forest Cemetery Place Coeur d'Alene Date 2-3, 1938
19. UNDERTAKER Cassidy Funeral Home (Address) Rathdrum Ida.
20. FILED 2-3, 1938 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/29 1938
22. I HEREBY CERTIFY, That I attended deceased from did not ....., 193..., to ....., 193...
I last saw him alive on 1/29, 1938; death is said to have occurred on the date stated above, at 9:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury 1/29/38
Where did injury occur? Spirit Lake, Idaho (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Spirit Lake
Manner of injury ____
Nature of injury Drowning
24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Dr. E. H. Teed M. D.
(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108235

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 4
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Harrison D. Lockling

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Lockling

6. DATE OF BIRTH (month, day, and year) October 3 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) a few days ago
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Henry H. Lockling
14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER
15. MAIDEN NAME Eliza Pate
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) E. Clifford Lockling Spirit Lake Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Greenwood Cemetery Spirit Lake Date 2-3, 1938

19. UNDERTAKER (Address) Cassedy Funeral Home Rathdrum Ida

20. FILED Feb 3, 1938 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-7, 1937, to 1-23, 1938
I last saw him alive on 1-23, 1938: death is said to have occurred on the date stated above, at 1145 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease.	
Other contributory causes of importance: Chronic nephritis	

Name of operation — Date of ____
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) A C Spooner, M. D.
(Address) Spirit Lake Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of C. D'A. (Coeur d'Alene)

MAR 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1051

DO NOT WRITE IN THIS SPACE

State File No. 108236

Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Juliet Augustal Lussian

(a) Residence No. 613 E Empire St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Lussian

6. DATE OF BIRTH (month, day, and year) Feb. 6 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
84	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 62 yrs

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Timothy Emerson

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Juliet Emerson

16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT (Address) Mrs. Ludger Boucher

18. BURIAL, CREMATION OR REMOVAL Place Riverside Cemetery Date 3-7, 1938

19. UNDERTAKER (Address) Forrest Funeral Home Coeur d'Alene Ida.

20. FILED ....., 193.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-4 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-4-, 1938, to 2-4, 1938

I last saw her alive on 2-4- 1938; death is said to have occurred on the date stated above, at 9 30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart.	

Other **contributory causes of importance:**

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) E. H. Teed, M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108237

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 28

MAR 3 1938

(No. 8) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Kile

(a) Residence No. Coeur d'Alene Ida St. Fruitland Add.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mae E. Kile
6. DATE OF BIRTH (month, day, and year): June 9-1879
7. AGE: Years 58 | Months 5 | Days 26 | If LESS than 1 day ..... hrs or ..... min

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: minister
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Kile
14. BIRTHPLACE (city or town) (State or country): Dent-Kent

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Mae E Kile

18. BURIAL, CREMATION OR REMOVAL: Place Coeur d'Alene Ida Date 2-8, 1938
Forest

19. UNDERTAKER (Address): Cassedy Funeral Home Cd'Alene. Ida.

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-3- 1938

22. I HEREBY CERTIFY, That I attended deceased from did not did not see 2-3-, 193.8., to 2-3-, 193.8.
I last saw him alive on 2-3- 193.8.; death is said to have occurred on the date stated above, at 2.45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No. If so, specify .....

(Signed) E H Reed Coroner, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Certified Feb. 17 - Hazen Jaeger - Spokane

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108238

Registration District No. 30

Primary Registration District No. 1051

Local Registrar's No. 30

MAR 5 - 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME John H. Slagle

(a) Residence No. ..... St. St. Maries, Ida. R. 2

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. — yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-19-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
66	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME John H. Slagle

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Emma Beech

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT A. C. Slagle
(Address) St. Maries Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash. Date 2-15-, 1938

19. UNDERTAKER Conrad Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED Feb 15, 1938 L. C. Krotkus M. D.
F. I. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/2, 1937, to 2/10, 1938.
I last saw h— alive on 1/27 1938; death is said to have occurred on the date stated above, at 10:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	
Paralytic stroke	1 year 3 months
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Pt. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so specify .....

(Signed) F. C. Manning, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108239

Registration District No. 30
Primary Registration District No. 105 Local Registrar's No. 31
(No. 938) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest LeRoy Richardson

(a) Residence No. 901 9th St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

93 C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 17-1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
0	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hayden Lake Idaho

FATHER
13. NAME Roy Richardson
14. BIRTHPLACE (city or town) (State or country) Pullman Wash.

MOTHER
15. MAIDEN NAME Esther George
16. BIRTHPLACE (city or town) (State or country) Hayden Lake Idaho

17. INFORMANT Roy Richardson
(Address) 904 9th

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Date 2-17, 1938

19. UNDERTAKER Conrady Funeral Home
(Address) Coeur d'Alene, Idaho

20. FILED Feb 16, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1938, to 2-14, 1938
I last saw him alive on 2-14 1938; death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Enlarged Liver and Kidneys	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No. If so, specify .....

(Signed) O. R. Reed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108240

Registration District No. 30

Primary Registration District No. 105-1 Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Guy Sproul

(a) Residence No. (Usual place of abode) St. Hayden Lake, Ida (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ollie Sproul

6. DATE OF BIRTH (month, day, and year) 12-15-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
60	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) 2-17-1935

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Waynesfield Ohio

FATHER

13. NAME Samuel Sproul

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Elizabeth White

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT (Address) Mrs. H. R. Hefner Luna. Ohio.

18. BURIAL, CREMATION OR REMOVAL

Place Emmett, Ida. Date 2-22, 1938

19. UNDERTAKER (Address) Cassady Funeral Home Coeur d'Alene, Idaho

20. FILED Feb. 22, 1938 L. Knowles, M.D. Registrar.

F.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-21 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to Feb 21, 1938

I last saw h[illegible] alive on Feb 21 1938; death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic nephritis	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased no If so, specify —

(Signed) Harold J. Lange M. D.

(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Cataldo

MAR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108241

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 8
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lawrence N. MacPherson

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 1900

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	37	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Oregon

FATHER
13. NAME Robt. MacPherson
14. BIRTHPLACE (city or town) ..... (State or country) New York

MOTHER
15. MAIDEN NAME Kathryn Clink
16. BIRTHPLACE (city or town) ..... (State or country) Illinois

17. INFORMANT Mrs. Wells (Address) Cataldo Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Date Mar 22, 1938

19. UNDERTAKER M. C. Thornhill (Address) Kellogg, Ida.

20. FILED Mar 10, 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 22 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ..... 193...: death is said to have occurred on the date stated above, at 10:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute heart failure	

Other **contributory causes** of importance:
Mr. MacPherson was dead when I arrived. Heart attack was undoubtedly the cause of death following acute indigestion

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? — no —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Glenn McCaffery M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108242

Registration District No. [illegible]
Primary Registration District No. 12-1 Local Registrar's No. 21

MAR 9 - 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Nelson

(a) Residence No. 1109 - Coeur d'Alene Ave.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. — mos. + ds. How long in U. S., if of foreign birth? 49 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John E. Nelson
6. DATE OF BIRTH (month, day, and year): Aug. 11 - 1862
7. AGE: Years 75 | Months 5 | Days 26 | If LESS than 1 day ..... hrs or ..... min

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Jan. 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fredrikstad Norway

FATHER
13. NAME: Ole Olsen
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Don't Know.
16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMANT (Address): J. E. Nelson

18. BURIAL, CREMATION OR REMOVAL
Place Forest, C. D'A. Date Feb. 8, 1938

19. UNDERTAKER (Address): Cassidy Funeral Home

20. FILED Feb. 7, 1938 L. C. Krotchen M.D. F. G. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2 - 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937, to Jan. 24, 1938
I last saw her alive on Jan. 24 1938; death is said to have occurred on the date stated above, at 10:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1937
94 yrs.	
94 yrs	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) John O'Quade M. D.
(Address) Coeur d'Alene, Ida.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108243

Registration District No. 61
Primary Registration District No. 1021 Local Registrar's No. 315
(No. Rt. 2 Moscow Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number) 94a

2. FULL NAME Louis Erick Ostrom
(a) Residence No. Route 2 Moscow Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bernardina

6. DATE OF BIRTH (month, day, and year) Aug. 29-1835

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1911
11. Total time (years) spent in this occupation 54 yrs.

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER
13. NAME not obt. Ostrom
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER
15. MAIDEN NAME not obt.
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Daug. Mrs. Martha Olson
(Address) Route 2 Moscow Ida

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date Feb. 8—, 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho

20. FILED 3-5, 1938 Johnny Eenhoorn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 4 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1938, to Feb. 4, 1938
I last saw him alive on Feb. 2 1938: death is said to have occurred on the date stated above, at 1.30 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Other **contributory causes** of importance:	
Coronary Sclerosis.	

Name of operation None. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.....
Where did injury occur? None.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. O. Cumbow, M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108244

Registration District No. 61

MAR 12 1938

Primary Registration District No. 1011 Local Registrar's No. 316

(No. 721 E 1st)

(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Bessie Louisa Larsen

(a) Residence No. 721 E 1st St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred M. Larsen

6. DATE OF BIRTH (month, day, and year) July 18, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
51	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bedford Co. Pa.

FATHER

13. NAME John Honeychurch

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Phillipe Eplett

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Alfred M. Larsen Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date Feb. 8, 1938

19. UNDERTAKER (Address) H. R. Short Moscow, Idaho

20. FILED 2/7, 1938 Harry Eastwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1935, to Feb 5, 1938

I last saw her alive on Feb 5 1938: death is said to have occurred on the date stated above, at 1 10 pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Oct 16, 1935
Other contributory causes of importance:	

Name of operation Mastectomy Date of Oct 1935

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased If so, specify

(Signed) Edward N. Dunn, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

MAR 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108245

Registration District No. 6-1
Primary Registration District No. 10-1 Local Registrar's No. 317
(No Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Caroline Helland
(a) Residence No. Rt. 2 Moscow Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward L. Helland
6. DATE OF BIRTH (month, day, and year) May. 16-1864
7. AGE: Years 73 | Months 10 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Jan. 30-38
11. Total time (years) spent in this occupation 52yrs.

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER
13. NAME Sampson Anderson
14. BIRTHPLACE (city or town) Norway (State or country)

MOTHER
15. MAIDEN NAME Anna Shea
16. BIRTHPLACE (city or town) Wisconsin (State or country)

17. INFORMANT Son—Leonard Helland (Address) Moscow Idaho
18. BURIAL, CREMATION OR REMOVAL Place Moscow Ida Date Feb. 9th, 1938
19. UNDERTAKER Home Funeral Parlor (Address) Moscow Idaho
20. FILED 3-5, 1938 Mary Cushman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-6 1938
22 I HEREBY CERTIFY, That I attended deceased from 4/22/33, 193.. to Jan. 6, 193 8
I last saw her alive on Feb. 6 193 8: death is said to have occurred on the date stated above, at 10:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right, Type VII	
and cardiac decompensation	
Other **contributory causes** of importance:	
Longstanding myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Doyle M. Fuchs, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108246

Registration District No. 61

Primary Registration District No. 1 Local Registrar's No. 318

MAR 12 1938

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Emily McInturff

(a) Residence No. St. Johnson, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of A. R. McInturff

6. DATE OF BIRTH (month, day, and year) June 14, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
80	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME J. C. Ellis

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Nancy Kee

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Avery McInturff
(Address) Johnson, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Date, 193...

19. UNDERTAKER E. R. Short
(Address) Moscow, Idaho

20. FILED 2/7, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1938 to Feb. 6, 1938

I last saw h[illegible] alive on Feb 6 1938: death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Myocarditis	
Other contributory causes of importance: Senile psychosis	
Hypertension.	

Name of operation Abdominal wall drainage Date of 2/6/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Naturc of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. Armstrong, M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108247

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 319
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Elwood Snyder

(a) Residence No. Deary Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gertrude Snyder

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat Farmer
10. Date deceased last worked at this occupation (mo. and yr.) Jan-1938
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Montpelier
(State or country) Ohio

FATHER
13. NAME John Morris Snyder
14. BIRTHPLACE (city or town) Westmore
(State or country) Ohio

MOTHER
15. MAIDEN NAME Matilda Starr
16. BIRTHPLACE (city or town) Montpelier
(State or country) Ohio

17. INFORMANT Mrs. Gertrude Snyder
(Address) Deary, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fullmer Date 2-11-38, 1938

19. UNDERTAKER Dale E. Campbell
(Address) Pullman, Wn.

20. FILED 2-8, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/8/1938

22 I HEREBY CERTIFY, That I attended deceased from 2/2/38, 193..., to 2/8/38, 193...
I last saw him alive on 2/7/ 1938: death is said to have occurred on the date stated above, at 4/25 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Erysipelas, with streptococcic bloodstream infection	
Other **contributory causes** of importance:	
Had had a mole removed at Clarkston, Washington	

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ———, 193...
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ———
Manner of injury ———
Nature of injury ———

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ———

(Signed) Doyle M Luehr M. D.
(Address Moscow, Idaho

MARGIN RESERVED FOR BINDING

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108248

Registration District No. 21
Primary Registration District No. 1011 Local Registrar's No. 320
(No. Gritman)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Robert Lee Weeks

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/2/37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER
13. NAME Henry Weeks
14. BIRTHPLACE (city or town) Floyd Co.
(State or country) Vir.

MOTHER
15. MAIDEN NAME Minnie M. Frary
16. BIRTHPLACE (city or town) Sancooley
(State or country) Mont.

17. INFORMANT Henry Weeks
(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow, Ida. Date 2/14, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 2/14, 1938 Henry Erickson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/12 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/9/38, 193..., to 2/12/38, 193...
I last saw h. im alive on 2/9/38 193...: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Lorin J. Klaas M. D.
(Address Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108250

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 322

(No. 201 3rd St.)
(If death occurred in a hospital or institution, give its name instead of street and number) 822

2. FULL NAME Carl T. Anderson

(a) Residence No. 842 E. 7th St.
(Usual place of abode)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna

6. DATE OF BIRTH (month, day, and year) July 11-1874

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner Meat market
10. Date deceased last worked at this occupation (mo. and yr.) Feb 19-38
11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME not abt Anderson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Freda not abt
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Daug. Mrs Claire Richards
(Address) Moscow Ida

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date Feb 22 193 8

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho.

20. FILED 3-7, 1938 Mary Cunningham
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/19 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/27, 1936, to 2/19, 1938
I last saw him alive on 2/19 1938: death is said to have occurred on the date stated above, at 6P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other **contributory causes** of importance:	
Cirrhosis of liver	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Clinical

23. If death was due to exter'l causes (**violence**) fill in also the following: No
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. Cunningham, M. D.
(Address) Moscow, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108251

MAR 12 1938

Registration District No. 61
Primary Registration District No. 611 Local Registrar's No. 523

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 930

2. FULL NAME Oscar Charles Hamilton

(a) Residence No. St.
(Usual place of abode) 15 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Hamilton

6. DATE OF BIRTH (month, day, and year) 9/1/1879

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	5	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general hauling
10. Date deceased last worked at this occupation (mo. and yr.) 2/22/38
11. Total time (years) spent in this occupation 10yr.

12. BIRTHPLACE (city or town) Waitsburg,
(State or country) Washington

FATHER
13. NAME Duron Hamilton
14. BIRTHPLACE (city or town) Lynn Co,
(State or country) Oregon

MOTHER
15. MAIDEN NAME Nora Brunton
16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMANT Mrs. Minnie Hamilton
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 2/28, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 2/26, 1938 Harry Erbmore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/26 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/22, 193[illegible], to 2/26, 193[illegible]
I last saw h[illegible] alive on 2/26 193[illegible]: death is said to have occurred on the date stated above, at 7 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Operative procedure for cerebral hemorrhage	
Pneumonia	

Name of physician Dr. Mossholder Date of death 2/26/38
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Armstrong, M. D.
(Address) Moscow, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108252

MAR 26 1938

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 324
(No. R.F.D. No. 3)
(If death occurred in a hospital or institution, give its name instead of street and number) 94a

2. FULL NAME Samuel Heagy Tritt

(a) Residence No. R.F.D. No. 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of Catherine
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/14/1852

7. AGE: Years 86 | Months | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Newville
(State or country) Pa.

FATHER

13. NAME Samuel Tritt
14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Ann E. Clark
16. BIRTHPLACE (city or town)
(State or country) Pa.

17. INFORMANT Mrs. T.H. Rogers
(Address) Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Moscow Date 3/2, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 3/1, 1938 Barry Embanks
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/27 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/17, 1938, to 2/27, 1938
I last saw h[illegible] alive on 2/26 1938: death is said to have occurred on the date stated above, at [illegible] m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Angina Pectoris	
Other **contributory causes** of importance:	
Coronary sclerosis	

Name of operation None Date of
What test confirmed diagnosis Clinical was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Armstrong, M. D.
(Address) Moscow Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108253

Registration District No. 81
Primary Registration District No. 1011
Local Registrar's No. 325

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James W. Tyra

(a) Residence No. 1012 Logan St.
(Usual place of abode)

6 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Tyra

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawmill operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 9/37

11. Total time (years) spent in this occupation 25yrs.

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME John Tyra

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Elizabeth Woods

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Mrs. Minnie Tyra
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino, Ida. Date 3/2, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 3/1, 1938 Stacy Emberson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/28 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/14/, 1938, to 2-28, 1938
I last saw h— alive on 2/28 1938: death is said to have occurred on the date stated above, at 3 AM m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance: Diabetic.	

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Cumbow, M. D.
(Address Moscow, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108254

Registration District No. 6 1
Primary Registration District No. 1011
Local Registrar's No. 326

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

109

2. FULL NAME Don Leo Robbins

(a) Residence No. ..... St. .....
(Usual place of abode) 40 (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie Robbins

6. DATE OF BIRTH (month, day, and year) Aug. 8, 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME William Robbins
14. BIRTHPLACE (city or town) .....
(State or country) Ill.

MOTHER

15. MAIDEN NAME Mary McGarr
16. BIRTHPLACE (city or town) .....
(State or country) N. Y. State

17. INFORMANT Mrs. Nellie Robbins
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 3/4, 1938

19. UNDERTAKER E. R. Short
(Address) Moscow Idaho

20. FILED 3/1, 1938 Jean Funkhouser
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/28 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/25, 1938, to 2/28, 1938
I last saw him alive on 2/28 1938: death is said to have occurred on the date stated above, at 6 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other **contributory causes** of importance:	
Acute Nephritis Pneumonia	

Name of operation None. Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following: No
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Timmons, M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108255

Registration District No. 61
Primary Registration District No. 1017 Local Registrar's No. 327

(No. 807 E. Washington and A. Sts.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas D. Bumgarner

(a) Residence No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie A.

6. DATE OF BIRTH (month, day, and year) Jan. 4-1866

7. AGE — Years: 72 | Months: 1 | Days: 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (mo. and yr.) Feb. 26-38
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Springfield (State or country) Ill.

FATHER
13. NAME Leander M. Bumgarner
14. BIRTHPLACE (city or town) North (State or country) Carolina

MOTHER
15. MAIDEN NAME Elizabeth Londermilch
16. BIRTHPLACE (city or town) North (State or country) Carolina

17. INFORMANT (Wife) Minnie A. Bumgarner
(Address) 807 E. Wash. and A. Sts.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Idaho Date Mar. 2nd, 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho

20. FILED 3-9, 1938 Mary Eastwood
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 28 1938

22 I HEREBY CERTIFY, That I attended deceased from 2.26., 1938, to 2.27., 1938
I last saw h im alive on 2.27. 1938: death is said to have occurred on the date stated above, at 1:45 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Hypertension; Diabetes Mellitus	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1938
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Doyle M. Fechner M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Deary

FEB 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108256

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

110

2. FULL NAME Ruth Isobel Swan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edwin Swan

6. DATE OF BIRTH (month, day, and year) Apr. 13, 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	10	none	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Kendrick
(State or country) Ida

FATHER

13. NAME Jacob Alber

14. BIRTHPLACE (city or town) Not Known
(State or country) Missouri

MOTHER

15. MAIDEN NAME Bertha Mc Graw

16. BIRTHPLACE (city or town) Not known
(State or country) Illinois

17. INFORMANT Edwin Swan
(Address) Deary. Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Wild Rose Date 2-16, 1938

19. UNDERTAKER A. Earl Alden
(Address) Troy

20. FILED Feb 17, 1938 Mrs Chas Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1938, to Feb 13, 1938
I last saw h[illegible] alive on Feb 13, 1938: death is said to have occurred on the date stated above, at 1:07 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Feb. 12-38.
Other contributory causes of importance:	
Influenza.	Feb. 2-38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas A. Meyer, M. D.
(Address) Troy, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

County of Latah

City of Potlatch

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108257

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. 1.

FEB 3

(No.) 660 Elm St.
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Phillip Tice

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine

6. DATE OF BIRTH (month, day, and year): Jan. 5, 1864

7. AGE — Years: 73 | Months: 11 | Days: 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Master Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: W. I&M RR Shop Foreman

10. Date deceased last worked at this occupation (mo.): Oct (Yr.) 1936

11. Total time (years) spent in this occupation: 31

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Salaman M. Tice

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Mary Jack

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Mrs. Verna Elsea
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Palouse, Wash. Date: 1/4/..., 1938

19. UNDERTAKER: H. E. Kimball
(Address) Palouse, Wash.

20. FILED: Feb 4, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from November 5 —, 1937, to Jan 1, 1938.

I last saw ~~him~~ alive on Jan 1, 1938; death is said to have occurred on the date stated above, at 3:54 P M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Jan 1-1938
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) [signature] M. D.
(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of SW of Potlatch

MAR 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108258

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No. 17

(No. 4)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anton Walser

(a) Residence. No. ..... St. Potlatch Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 53 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Walser

6. DATE OF BIRTH (month, day, and year) Dec. 1, 1857

7. AGE: Years 80 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Wheat Farm

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Haldenstein Switzerland

FATHER

13. NAME John Walser

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. Anna Walser Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date 2/11, 1938

19. UNDERTAKER (Address) H. E. Kimball Palouse, Wash.

20. FILED Feb 9- 1938 F. C. Fetrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/8 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan -, 1938, to Feb. 8 -, 1938.

I last saw him alive on Jan 18, 1938; death is said to have occurred on the date stated above, at 3 P M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Feb 8-38
Other **contributory causes** of importance:	
Cerebro Sclerosis + Old Age	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) F. C. Fetrow, M. D.
(Address) Potlatch Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Avon

FEB 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108260

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

1862

2. FULL NAME Martha Jane Alexander

(a) Residence. No. Avon St.

(Usual place of abode) 33 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Soloman Alexander

6. DATE OF BIRTH (month, day, and year) Mar. 29, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union City, Ind.

FATHER

13. NAME Dixon

14. BIRTHPLACE (city or town) (State or country) Not known Indianna

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Clyde Alexander

(Address) Avon Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Avon Cemetery Date Feb. 16 1938

19. UNDERTAKER J. Earl Alden

(Address) Troy

20. FILED Feb. 17, 1938 Mrs Chas. Meyer

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1938, to Feb. 14, 1938

I last saw her alive on Feb. 12, 1938; death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of pelvis.	2-7-38
Other contributory causes of importance:	
Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb. 7 1938

Where did injury occur? In home Avon Ida

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall.

Nature of injury Bruise contusion of pelvis

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. J. Meyer, M. D.

(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

FEB 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108261

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eric Peter Granlund

(a) Residence. No. Avon, Rural St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Christina

6. DATE OF BIRTH (month, day, and year) Mar. 19 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 38

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Grangard, Sweden
(State or country)

FATHER

13. NAME Eric Peterson

14. BIRTHPLACE (city or town) Not known
(State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Axel Granlund
(Address) Deary Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date Feb. 20, 1938

19. UNDERTAKER A. E. Alden
(Address) Troy, Ida.

20. FILED Feb. 22, 1938 Mrs Chas Meyers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938, to Feb. 18, 1938.

I last saw h[illegible] alive on Feb. 18, 1938. death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-10-38
Other contributory causes of importance:	
Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Meyers M. D.

(Address) Troy Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108262

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James B. Allen
(a) Residence No. Gilmore, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) June 29, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) X
11. Total time (years) spent in this occupation 30yrs.

12. BIRTHPLACE (city or town) San Andreas,
(State or country) California

FATHER

13. NAME Hosee J. Allen
14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER

15. MAIDEN NAME Lucey A. McDuffey
16. BIRTHPLACE (city or town) Unknown
(State or country) "

17. INFORMANT Edward F. Fitzhugh Jr.
(Address) MANGR. of RANGER MINE, SALMON, IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 2/12/ , 193 8

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED Mar 10, 193 8 Lio E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/11 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A coroner's inquest was held and the jury find the deceased came to his death by means of accident occuring in a mine tunnel.	
Other contributory causes of importance:	
Shock & Internal hemmorrhage in thoriac and abdominal regions	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury 2/10/38 193.....
Where did injury occur? At Ranger Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place In Industry
Manner of injury Internal hemmorrhage.
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify.....
(Signed) Charles W. Doebler Coroner.
(Address Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108264

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 4 6 ??

2. FULL NAME Alfred Sams
(a) Residence No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) May 4, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartz Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 25yrs. 11. Total time (years) spent in this occupation 1928

12. BIRTHPLACE (city or town) Illenois
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country) Illenois

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Illenois

17. INFORMANT Mrs. Laura Stein
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Feb. 27 Date Salmon, 1938

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED Mar 10, 1938 Alice C. Pettaway Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/25/38

22 I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to Feb. 25, 1938
I last saw him alive on 2/25/38 1938: death is said to have occurred on the date stated above, at 9:10p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach, first suspected Jan. 1938; no nourishment per os for 2½ days; one year ago passed urinary calculi.	
Other contributory causes of importance:	
Death from inanition.	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify.
(Signed) O. T. Stratton, M. D.
(Address) Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108265

MAR 14 1938

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME Robert Henry Deacon
(a) Residence No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) X 1868?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Sam Smith
(Address) Salmon, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date Feb. 28, 1938
19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho
20. FILED Mar. 10, 1938 Elva E. Williams Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/25/38
22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 5:30p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
First saw this man just after death. From symptoms observed by attendants death caused by angina pectoris.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) W. T. Stratton, M. D.
(Address) Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108266

Registration District No. 49
Primary Registration District No. 2127 Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Velma Ellen Hamilton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-8-1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	0	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

FATHER
13. NAME Wm S Hamilton
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Nettie F Dwyer
16. BIRTHPLACE (city or town) Pro -
(State or country)

17. INFORMANT Ralph Hamilton
(Address) 172 Franklin St. Boise, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Kamiah Date 2-1, 1938

19. UNDERTAKER Kamiah Funeral Home
(Address)

20. FILED 3-15, 1938 Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-31 1938

22. I HEREBY CERTIFY, That I attended deceased from Many, 1937, to 1/31, 1938
I last saw her alive on 1/30, 1938; death is said to have occurred on the date stated above, at 3:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strychnine Poisoning	Unk
	Known

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Bryan M. D.
(Address) Kamiah Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

JAMES W. HAWKINS, M. D., DIRECTOR
ECHO DELL WATSON, CHIEF CLERK

Bureau of Vital Statistics

BARZILLA W. CLARK, GOVERNOR
EX-OFFICIO COMMISSIONER
OF PUBLIC WELFARE

March 18, 1938

10826
APR 7 1938

C.H. Bryan, M.D.
Kamiah, Idaho.

My dear Dr. Bryan:

On March 17th, we received the death certificate of Velma Ellen Hamilton; as to her death you certified to have occurred on Jan. 31, 1938. The certificate also indicates that it was filed with Mrs. Nell Robertson, local registrar on March 15, 1938. Cause of death was listed "Streptococcus "H" infection".

In order that we may properly codify this certificate, it is important that ~~we have the cause of~~ death listed according to the standard nomenclature. It is impossible to classify the listed cause of death as such.

I will appreciate your informing me, what in your opinion was the primary clinical cause of death and any other contibutary clinical causes of which you may have a record.

Your attention is invited to the necessity of the prompt reporting of all such vital fact as occurrence of a death. Late reports cause confusion in our statistical recording and lead to errors and erroneous interpretation.

Your cooperation in this matter in the future will be appreciated. May I hear from you promptly?

Cordially yours,

Samuel Weissross

Samuel Weissross, M.D.
Assistant Medical Director
Division of Public Health

SW/PBA

Bacterial endocarditis

C.H. Bryan

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lewis

City of Reubens

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 50

Primary Registration District No. 2129

DO NOT WRITE IN THIS SPACE

State File No. 108267

Local Registrar's No. 2

1070

1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rufus Frank Clark

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lilian Lucetta Denny

6. DATE OF BIRTH (month, day, and year) Jan. 22 1883.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Railroad Section Laborer.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus Kansas

FATHER

13. NAME McBride Clark

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Lilly M. Williams

16. BIRTHPLACE (city or town) (State or country) Madison County, Indiana

17. INFORMENT (Address) Archie B. Clark Reubens, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Reubens, Ida. Date Feb 8, 1938

19. UNDERTAKER C. E. Lewis (Address) Craigmont, Ida.

20. FILED 2/7, 1938. C. E. Lewis Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5 1938.

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1937, to 2-5, 1938

I last saw him alive on 2-5, 1938; death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronch. Pneumonia	2-2-38

Other contributory causes of importance:

Bronchiectasis	Unknown
Cardiac Asthma	"

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. H. Coleman, M. D.

(Address) Craigmont, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lewis

City of Craigmont

MAR 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 50

Primary Registration District No. 2129

Local Registrar's No. 3

DO NOT WRITE IN THIS SPACE

State File No. 108268

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Not Ronal) Green

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 9 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Craigmont Ida

FATHER

13. NAME William Lester Green

14. BIRTHPLACE (city or town) (State or country) Denver Colo.

MOTHER

15. MAIDEN NAME Loretta Jay Stevens

16. BIRTHPLACE (city or town) (State or country) Winchester Ida

17. INFORMENT (Address) W. M. Green Craigmont, Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Craigmont Date Feb 11, 1938

19. UNDERTAKER (Address) W. M. Green Craigmont, Ida

20. FILED FEB 11 1938 193 A. A. Cloon Registrar.

(Private Burial Ground)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1938, to Feb. 10, 1938

I last saw h/M alive on Feb. 10, 1938: death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	2-9-38
Other contributory causes of importance:	
Dystocia - Labor	

Name of operation None Date of

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Collins, M. D.

(Address) Craigmont Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108269

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 8
(No. Gathers Lands Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME: James Henry Winn
(a) Residence No. Rexburg, R. F. D. #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice Blanch Erikson

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	2	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) American Fork
(State or country) Utah

FATHER
13. NAME Geo J. Winn
14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER
15. MAIDEN NAME Lottie Bennett
16. BIRTHPLACE (city or town) Kaysville
(State or country) Utah

17. INFORMANT Alice Blanch Winn
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burton, Ida Date 3/8, 193 8

19. UNDERTAKER Russel Flamm
(Address) Rexburg, Idaho

20. FILED 3-8-, 193 8 Mae Heyrung
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/5-1938

22 I HEREBY CERTIFY, That I attended deceased from 2-15-, 1938, to 3-5-, 1938
I last saw him alive on 3-5- 1938: death is said to have occurred on the date stated above, at 11.50 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured appendix	before 2-15-38
Other **contributory causes** of importance: Exaustion.	

Name of operation abdominal drainage of appendicial abscess Date of 2-15-38
What test confirmed diagnosis? operation Was there an autopsy? NO (over)

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** home
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

3/7/38 (Signed) Lorin L. Rice M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg R D 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108270

Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Olsen

(a) Residence. No. Rexburg R.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Sorenson

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyrum Utah
(State or country)

FATHER
13. NAME Peter Olsen
14. BIRTHPLACE (city or town) N K
(State or country) Sweden

MOTHER
15. MAIDEN NAME Christina Nelson
16. BIRTHPLACE (city or town) N K
(State or country) Denmark

17. INFORMANT James R. Olsen
(Address) Rexburg R D 2

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date Feb 28, 1935

19. UNDERTAKER Jesse A. Keller
(Address) Rexburg Idaho

20. FILED 3-8-, 1935 Mrs. A. Egbert
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/24/1935

22. I HEREBY CERTIFY, That I attended deceased from 11/20/34, 1934, to 2/24, 1935
I last saw him alive on 2/27/, 1935: death is said to have occurred on the date stated above, at 9:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/20/35

Other contributory causes of importance:
Myocarditis
Chronic Endocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Terry M.D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108271

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 12
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virginia Olive McLean

(a) Residence No. ....
(Usual place of abode) St. ....
(If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fleming McLean

6. DATE OF BIRTH (month, day, and year) Dec 8, 1877

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Gatlby
(State or country) California

FATHER

13. NAME John S Tobney

14. BIRTHPLACE (city or town) ....
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Fanny Jamison

16. BIRTHPLACE (city or town) ....
(State or country) Pennsylvania

17. INFORMANT Fleming McLean
(Address) Paul Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Paul Date 2-19, 1938

19. UNDERTAKER Rodney Gardner
(Address) Rupert Idaho.

20. FILED 2-19, 1938 C. E. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-16 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Feb 15, 1938
I last saw her alive on Feb 15 1938: death is said to have occurred on the date stated above, at 8:30 PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other **contributory causes** of importance:	
asthma	
obesity	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? type III organism

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) F. H. Kenyon, M. D.
(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108272

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 6
(No.)

MAR 9 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lousette Patrick

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Calvin Patrick

6. DATE OF BIRTH (month, day and year): [illegible] 1868

7. AGE — Years: 69 — Months: 9 — Days: 9 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kentucky.

FATHER

13. NAME: Benjamin Warner
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Sarrah Rumsey
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT: Sarrah M Bassett
(Address): Dillon montana

18. BURIAL, CREMATION OR REMOVAL
Place: Dillon Mont. Date: Feb 17, 1938

19. UNDERTAKER: Goodman Mortuary
(Address): Rupert Idaho.

20. FILED 2-17, 1938 E M Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-7-38, 193..., to 2-16, 1938
I last saw h.e alive on 2-10 1938: death is said to have occurred on the date stated above, at 11:50 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy Cerebral.	2-2-38.

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. M. Mellauer M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108273

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 7

MAR 9 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

184

2. FULL NAME Jennie Warner

(a) Residence. No. Heyburn Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept. 3-1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — —

10. Date deceased last worked at this occupation (mo. and yr.) 2-11-38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Rupert Ida.
(State or country)

FATHER

13. NAME W. H. Warner

14. BIRTHPLACE (city or town) Lasfield Co.
(State or country) Italy

MOTHER

15. MAIDEN NAME Olive V. Christenson

16. BIRTHPLACE (city or town) St. David
(State or country) Arizona

17. INFORMANT W. H. Warner
(Address) Heyburn Ida

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Ida Date 2-13-, 1938

19. UNDERTAKER Geo. B. McCullagh
(Address) Burley-Rupert

20. FILED 2/12/, 1938 E. E. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/11/1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to last above, 193..

I last saw her alive on 2-11, 193.8.: death is said to have occurred on the date stated above, at 8 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound thru abdomen	
Other contributory causes of importance:	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 2-11, 1938

Where did injury occur? Heyburn Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury gun shot wound

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. E. Elmore, M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108274

MAR 9 - 1938 Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 8
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion D Grace

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nina Lily Grace
6. DATE OF BIRTH (month, day, and year): Dec 13 1875
7. AGE: Years: 62 Months: Days: 26 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Albany Missouri

FATHER
13. NAME: Rufus Grace
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Elizebeth Myley
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Mrs Nina Grace Rupert Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Rupert Date: Jan 11, 1938
19. UNDERTAKER (Address): Goodman Mortuary Rupert Idaho
20. FILED 2-19, 1938 C. E. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): January 9 1938
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1937, to January 9, 1938
I last saw h[illegible] alive on Jan 9 1938: death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Goitre	Fall of 1937
Other contributory causes of importance:	

Name of operation Thyroidectomy Date of 6-6-38
What test confirmed diagnosis? B.M.R. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) M. D.
(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MAR 0 1938

DO NOT WRITE IN THIS SPACE
State File No. 108275

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 9
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Walter Honsinger

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....
6. DATE OF BIRTH (month, day and year): January 15 1938
7. AGE: Years 0 | Months 0 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

FATHER
13. NAME Earl Honsinger
14. BIRTHPLACE (city or town) Minidoka
(State or country) Idaho

MOTHER
15. MAIDEN NAME Lodeta Rice
16. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

17. INFORMANT Earl Honsinger
(Address) Minidoka Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Rupert Date Jan 21, 1938

19. UNDERTAKER Goodrich Mortuary
(Address) Rupert Idaho

20. FILED 2-19, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) January 21 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-15, 1938, to 1-21, 1938
I last saw him alive on 1-21 1938: death is said to have occurred on the date stated above, at 4:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-15-38
Other **contributory causes** of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 1-15-38
193.....
Where did injury occur? At Birth at Rupert Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Rupert Ida

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108276

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 10
(No.) 167
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arles Dean Ash

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month) Nov (day) 28 (year) 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meanie
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wala Wala
(State or country) Wash

FATHER
13. NAME Arles D Ash
14. BIRTHPLACE (city or town)
(State or country) Minnesota

MOTHER
15. MAIDEN NAME Nellie Shawcross
16. BIRTHPLACE (city or town)
(State or country) South Dakota

17. INFORMANT A D Ash
(Address) Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date Jan 28, 1938

19. UNDERTAKER Goodnight Mortuary
(Address) Rupert Idaho

20. FILED 2-19, 1938 O H Elsmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Jan (day) 26 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938, to Jan 26, 1938
I last saw him alive on 193: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, ~~or homicide~~? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury gunshot wound brain
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F H Kenyon, M. D.
(Address Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108277

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 11
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jasper Stanley

(a) Residence (No. ..... St. .....)
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month) (day) (year): 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	10	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): White Sides Illinois

FATHER
13. NAME: Thos J Stanley
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Rachel Hoskins
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Clark Stanley Rupert
18. BURIAL, CREMATION OR REMOVAL Place: Rupert Date: Feb 8 193 8
19. UNDERTAKER (Address): Goodman Mortuary Rupert Idaho
20. FILED 2-19, 1938 E. M. Belmore Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) (day) and (year): Feb 6 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 193 8, to Feb 6, 193 8
I last saw h[illegible] alive on Feb 6 193 8: death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other **contributory causes** of importance: Pleurisy

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) F. H. Ramsay, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108278

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 22

(No. 531 - 6th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Mary Margaret Schiller

(a) Residence No. 531 - 6th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William M. Schiller

6. DATE OF BIRTH (month, day, and year) Mar. 30, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	10	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster (State or country) Ohio

FATHER
13. NAME George Simon
14. BIRTHPLACE (city or town) Lancaster (State or country) Ohio

MOTHER
15. MAIDEN NAME Mary Schoeffer
16. BIRTHPLACE (city or town) Lancaster (State or country) Ohio

17. INFORMANT William M. Schiller
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 2-3, 1938

19. UNDERTAKER Brewer Mann Co.
(Address) Lewiston Idaho

20. FILED Feb 3, 1938 M. M. Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-1-1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Feb 1, 1938
I last saw her alive on Feb 1 1938: death is said to have occurred on the date stated above, at 2 30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	

Other **contributory causes** of importance:

Cerebral Embolism	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. O. Clark, M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108279

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 23

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

46c

2. FULL NAME C.D.Emahiser

(a) Residence No. 826-10th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Evelyn Emahiser

6. DATE OF BIRTH (month, day, and year) 1/12/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mason Ehrman Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morrow County
(State or country) Ohio

FATHER

13. NAME A.C.Emahiser

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Russell

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Mrs. C.D. Emahiser
(Address) Lewiston Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 2-5-38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Ida.

20. FILED Feb 6, 193 8 M. K. Cooley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 193 7, to Feb. 3, 193 8

I last saw h. alive on 2/3 193 8: death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis generalized —	
Original Ca of Cecum.	
Other contributory causes of importance:	
Cachexia	

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 193

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul Gehrmann M.D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108280

MAR 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 27

(No.) Fort Lapwai Sanatorium
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilma Howard

(a) Residence. No. Browning, Montana. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Indian 2/4	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/26/17

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pt at Ft Lapwai
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanatorium
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Browning, Montana

FATHER

13. NAME Walter Howard,
14. BIRTHPLACE (city or town) (State or country) Unknown, deceased

MOTHER

15. MAIDEN NAME Annie Deveraux
16. BIRTHPLACE (city or town) (State or country) Montana

17. INFORMANT (Address) Sanatorium records Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Slickpoo Mission, Idaho. Date Feb. 7th 1938.

19. UNDERTAKER (Address) Brower-Wann Lewiston, Idaho

20. FILED 2/7, 1938 M. McCarley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) ~~XXXX~~ 2/4 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/27/35, 193..., to 2/4/38, 193...
I last saw her alive on 2/4/38, 193...: death is said to have occurred on the date stated above, at 3.50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, far advanced	???

Other contributory causes of importance:
none

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lapwai

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108281

Registration District No. 1001

Primary Registration District No. 96 Local Registrar's No. 25

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

82 (a)

2. FULL NAME Mary Three Feathers(Yokaee)

(a) Residence. No. Lapwai, Idaho. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 80 yrs.? , mos.? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
f	Indian 4/4	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Threefeathers

6. DATE OF BIRTH (month, day, and year) 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Whitebird, (State or country) Idaho

FATHER

13. NAME Watyatmuswalakalys

14. BIRTHPLACE (city or town) Whitebird, (State or country) Idaho

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) .... (State or country) Oregon

17. INFORMANT Louie Harrison, (Address) Juliaetta, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Sweetwater, Ida Date Feb. 10, 1938

19. UNDERTAKER Brower-Wann, (Address) ewiston, Idaho

20. FILED Feb 19, 1938 M. H. Conkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/7/38 193

22. I HEREBY CERTIFY, That I attended deceased from On 2/7/38, 193..., to ..., 193...

I last saw h.. alive on 2/7/38, 193...: death is said to have occurred on the date stated above, at 8:18p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/7/38
Other contributory causes of importance:	
Hypertension	??
Arterio-sclerosis.	??

Name of operation no Date of ....

What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also~~ the following:

Accident, suicide, or homicide? .... Date of injury....., 193..

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) R. A. M. Alley, M. D.

(Address) Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108282

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 27
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dominick Agost

(a) Residence No. 2026- Carson Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/28/07

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston.
(State or country) Idaho

FATHER
13. NAME Joseph Agost
14. BIRTHPLACE (city or town)
(State or country) Italy

MOTHER
15. MAIDEN NAME Rose Agost
16. BIRTHPLACE (city or town)
(State or country) Italy

17. INFORMANT George Agost
(Address) Lewiston, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Date 3-14, 1938

19. UNDERTAKER Vassar-Rawlins Co.
(Address) Lewiston, Idaho.

20. FILED Feb 16, 1938 M. H. Corkey Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 11 1938

22 I HEREBY CERTIFY, That I attended deceased from July 30, 1936, to Feb 11, 1938
I last saw him alive on Feb 11 1938: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Final Stage	Jan 1937 Jan 15 37
Other contributory causes of importance:	

Name of operation Left Pneumothorax Date of 8/0/37
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify
(Signed) J. L. Scott, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Spalding

MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108283

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 28
(No. 3 Mi NW. of Spalding)
(If death occurred in a hospital or institution, give its name instead of street and number) 82 a

2. FULL NAME Henry J. Herman

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary G. Herman

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Not available
14. BIRTHPLACE (city or town) (State or country) not available

MOTHER
15. MAIDEN NAME not available
16. BIRTHPLACE (city or town) (State or country) not "

17. INFORMANT L. G. Herman
(Address) Genesee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Genesee Ida Date Feb 13, 1938

19. UNDERTAKER Brauer Undg Co.
(Address) Lewiston Ida.

20. FILED Feb 24, 1938 W. W. Carley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 11 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h. alive on ..... 193...: death is said to have occurred on the date stated above, at 2 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Found dead.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Elliott Brower, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108284

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 29

(No. Lewiston Orchards R#2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Faber Glenn

(a) Residence No. Route #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of N. D. Glenn

6. DATE OF BIRTH (month, day, and year) June 6, 1865

7. AGE: Years 72 | Months 26 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 53 yrs

12. BIRTHPLACE (city or town) Adams
(State or country) N. York

FATHER
13. NAME O. Major Faber
14. BIRTHPLACE (city or town)
(State or country) N Y?

MOTHER
15. MAIDEN NAME Emma C. Crandel
16. BIRTHPLACE (city or town)
(State or country) N Y?

17. INFORMANT Mrs. D. D. Campbell
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date Feb 14, 1938

19. UNDERTAKER Brown Wann Co
(Address) Lewiston Ida

20. FILED Feb 24 1938 M. K. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937, to Feb 12, 1938
I last saw her alive on Feb 10 1938: death is said to have occurred on the date stated above, at 4:10 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	
Other **contributory causes** of importance:	

Name of operation Exploratory Laparotomy Date of Dec 2 '37
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. J. Scott M. D.
(Address) Lewiston, Idaho

Braddock.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108285

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 30

MAR 11 1938

(No. 1406 G Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Ruby Code

(a) Residence No. 1406 G. Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 28/1880

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry goods Merchantile
10. Date deceased last worked at this occupation (mo. and yr.) 1930
11. Total time (years) spent in this occupation 27 yrs.

12. BIRTHPLACE (city or town) Biggs, Butte Co.
(State or country) California

FATHER

13. NAME Joseph P. Code
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Randall
16. BIRTHPLACE (city or town) Lancaster Co.
(State or country) Pennsylvania

17. INFORMANT Mrs C. P. Tibbles
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date Feb. 16, 1938

19. UNDERTAKER Brauer Mann Co.
(Address) Lewiston Idaho

20. FILED Mar 3, 1938 M. V. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-14-1938

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1937, to Feb 14, 1938
I last saw her alive on Feb 14 1938: death is said to have occurred on the date stated above, at 5 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Interstate carcinoma	Sept 1937
Lungs.	
Carcinoma L. Breast	1934

Other **contributory causes** of importance:

Name of operation Amputation L Breast Date of 7-23-34
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. J. Brauer M. D.
(Address Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Baldeck.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108286

MAR 11 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 31
(No. St. Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Anna Pruett

(a) Residence No. 1408 - 8 Idaho St.
(Usual place of abode) 12 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Wilbur Pruett

6. DATE OF BIRTH (month, day, and year) Apr. 7, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vandalia
(State or country) Illinois

FATHER
13. NAME Sam Coleman
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Rebecca Green
16. BIRTHPLACE (city or town) Vandalia
(State or country) Illinois

17. INFORMANT Lloyd Pruett
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Tomeray, Wm. Date Feb. 19, 1938

19. UNDERTAKER Brauer Mann Co.
(Address) Lewiston Idaho

20. FILED 2/19, 1938 M. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-16 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20., 1935., to Feb 16, 1938.
I last saw her alive on Feb 16 1938. death is said to have occurred on the date stated above, at 9:15 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	2/16/38.
Syphilis Chronic.	
(Broncho Pneumonia)	

Other **contributory causes** of importance:

Name of operation Splenectomy. Date of 2/24/38
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. A. Bennett, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Baldeck.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108287

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 22
(No. St Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Mary Boshman

(a) Residence No. 2110 Maiden St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carl Boshman

6. DATE OF BIRTH (month, day, and year) Apr. 20 1869

7. AGE: Years 78 | Months 9 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME ——— Frye
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT William T. Boshman
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Feb. 18, 1938

19. UNDERTAKER Brauer Mortuary Co.
(Address) Lewiston, Idaho.

20. FILED Feb 19, 1938 M. V. Carey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-16 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1937, to Feb. 16, 1938.
I last saw her alive on Feb 16 1938: death is said to have occurred on the date stated above, at 8:35 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
myocardial degeneration	unknown
cancer of bladder	unknown
Senility	unknown
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph G. Bedard, M. D.
(Address) Lewiston, Idaho

Dr. t.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108288

MAR 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 33

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Earl Eades

(a) Residence No. Grants Pass, Ore St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1913

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Joseph Eades
14. BIRTHPLACE (city or town) Grants Pass, Ore
(State or country)

MOTHER

15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT St Joseph's Hospital
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida Date 2/9/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston Idaho

20. FILED Mar 8 193 8 M. H. Caskey
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-16 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-2, 193 8, to 2-16, 193 8

I last saw him alive on 2-16 193 8; death is said to have occurred on the date stated above, at 11:50 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun shot wound Right frontal region - Bullet penetrating brain	2-2-38
Other **contributory causes** of importance:	
Pneumonia, pneumococcus (from perforated frontal sinus)	2-10-38

Name of operation Debridement of wound - Left temporal region Date of 2-2-38
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident, suicide, or homicide~~? Suicide Date of injury 2-2-38 193
Where did injury occur? Lewiston - Nez Perce County State of Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Jungle "Transient camp"
Manner of injury 25 Cal Colt automatic
Nature of injury Penetrating gun shot wound of head

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. S. Douglas, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108290

MAR 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 35

(No. 950)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Anthony Himm

(a) Residence. No. 1210 J St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Himm

6. DATE OF BIRTH (month, day, and year): Dec. 11, 1873

7. AGE — Years: 64 | Months: 2 | Days: 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Insurance
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: John Himm
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER
15. MAIDEN NAME: Elizabeth Fox
16. BIRTHPLACE (city or town) (State or country): no record

17. INFORMANT (Address): Dora Himm, Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Feb. 26, 1938

19. UNDERTAKER (Address): Brauer Mort. Co. Lewiston, Idaho

20. FILED Feb 27 1938 T. M. McCaskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937 to Feb 22, 1938
I last saw him alive on Feb 21, 1938: death is said to have occurred on the date stated above, at 7:45a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart block	Feb 13-37
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul D. Johnson M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108291

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 26

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Arthur N Johnson

(a) Residence No. Clarkston, Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Irene C Cate

6. DATE OF BIRTH (month, day, and year) May 7 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Jan 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Alba
(State or country) Oregon

FATHER

13. NAME Philip Johnson

14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Mary Grooms

16. BIRTHPLACE (city or town) Forest Grove
(State or country) Oregon

17. INFORMANT Mrs A N Johnson
(Address) Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Pendleton, Ore Date 2/26, 1938

19. UNDERTAKER H R Merchant
(Address) Clarkston, Washington

20. FILED 2-28, 1938 M M Cauley
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-24, 1938, to 2-24, 1938

I last saw h[illegible] alive on 2-24 1938: death is said to have occurred on the date stated above, at 3 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis	
Chronic Nephritis	
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Clarkston Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108292

MAR 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 37

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Francis Barrill

(a) Residence No. Headquaters, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
~~Male~~ Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Edward N. Barrill

6. DATE OF BIRTH (month, day, and year) 8/20/72

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Missouri

FATHER

13. NAME Andrew Wilkerson

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Jane Camel

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT E. N. Barrill
(Address) Headquaters Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date 2/26/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Mar 4, 193 C. M. Corkey Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/24/38

22 I HEREBY CERTIFY, That I attended deceased from Feb 10, 193 8, to Feb 24, 193 8

I last saw her alive on Feb 23 193 8.: death is said to have occurred on the date stated above, at 6:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction from old post operative adhesions	Feb 20
Other contributory causes of importance:	

Operation Exploratory Laparotomy Date of Feb 23

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) P. Smith Johnson M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108293

PLACE OF DEATH

County of Lewis (Nez Perce)

City of Lapwai (Lewiston)

Registration District No. 1009

Primary Registration District No. 9e

Local Registrar's No. 38

MAR 2 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Wilbur Baellmeck

(a) Residence. No. Iras Apartments St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

184

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Baellmeck

6. DATE OF BIRTH (month, day and year): Apr 23 1886

7. AGE: Years 51 | Months 10 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ford

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country): Calumbus Ohio

FATHER

13. NAME: Frank Baellmeck

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Rosea ?

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Mrs Grace Baellmeck Lewiston Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 3/, 1938

19. UNDERTAKER (Address): Bonner Undertaking Co. Lewiston Idaho

20. FILED Feb 28 1938 M. A. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1938, to Feb 26, 1938.

I last saw him alive on Feb 26, 1938; death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

Shock & Hemorrhage

Date of onset .....

Other contributory causes of importance:

Accidental - gun shot wound - axilla & arm

Name of operation Wound Sutured Date of 2/26/38

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/26 1938
Where did injury occur? Lewiston Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury accidental - gun shot.
Nature of injury gun shot wound.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilbur W. Hall M. D.
(Address) Lewiston Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108294

PLACE OF DEATH

County of Nez Perce

City of Lapwai

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 39

MAR 11 1938

(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Owen Slickpoo

(a) Residence. No. Pendleton, Oregon. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
m	Indian full	s

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/4/25

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc School boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Culdesac,
(State or country) Idaho

FATHER

13. NAME Sam Slickpoo

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Bessie Joshua

16. BIRTHPLACE (city or town)
(State or country) Oregon

17. INFORMENT
(Address) Sanatorium records Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Slickpoo Mission, Ida. Date Feb. 28th, 193 8

19. UNDERTAKER Brower-Wann,
(Address) Lewiston, Idaho.

20. FILED March 3, 193 8 M. K. Carkey
Registrar.

MEDICAL CERTIFICATE OF DEATH

2/26/38

21. DATE OF DEATH (month, day, and year) 2/26/38 193

22. I HEREBY CERTIFY, That I attended deceased from 9/20/37, 193, to 2/26/38, 193

I last saw him alive on 2/25/38, 193: death is said to have occurred on the date stated above, at 2:34a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic fever	2/23/38
Acute myocarditis	2/24/38
Other contributory causes of importance:	
Childhood tuberculosis(inactive)	???

Name of operation none Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph M. Abbey, M. D.

(Address) Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108295

PLACE OF DEATH

County of Oneida

City of Malad

MAR 8 - 1938

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 7

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME Grant Williams

(a) Residence. No. Malad Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 24 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	I	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Berton E Williams

14. BIRTHPLACE (city or town) (State or country) Lucine Utah

MOTHER

15. MAIDEN NAME Rachel May Peabody

16. BIRTHPLACE (city or town) (State or country) Malad Idaho

17. INFORMENT (Address) B. E. Williams Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Burial Feb 20, 1938

19. UNDERTAKER (Address) J. Sam Duncan Malad Idaho

20. FILED Feb 23 1938 M J Tenno Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 3, 1938, to Feby 18, 1938

I last saw him alive on Feby 17, 1938: death is said to have occurred on the date stated above, at 6:15AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feby 6 38
had a cold before pneumonia began.	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? ← Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ← Date of injury , 193

Where did injury occur? ←
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ←

Nature of injury ←

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) V. A. Grant, M. D.

(Address) Malad Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2061

DO NOT WRITE IN THIS SPACE
State File No. 108296

Local Registrar's No. 5

JAN 5 - 1938

85

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Edna Daniels

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 22 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Daniel M Daniels

14. BIRTHPLACE (city or town) (State or country) Brigham Utah

MOTHER

15. MAIDEN NAME Catherine Elizabeth Owens

16. BIRTHPLACE (city or town) (State or country) Malad Idaho

17. INFORMENT (Address) L A Daniels Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Feb 8, 1938 Burial

19. UNDERTAKER (Address) J. Berry Jensen Malad Idaho

20. FILED Feb 23, 1938 M J Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 6 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.., to Feb 6, 1938

I last saw her alive on Feb 5, 1938; death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. A. Mabey M.D.

(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad City

RECEIVED MAR 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108297

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 6

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Stuart McKay

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice Sparks McKay

6. DATE OF BIRTH (month, day, and year) February 15, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Malad City
(State or country) Oneida, Idaho

FATHER

13. NAME James McKay

14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER

15. MAIDEN NAME Mary Margaret Stuart

16. BIRTHPLACE (city or town) Provo
(State or country) Utah

17. INFORMANT Mrs. James McKay
(Address) Malad City Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Malad City Cem Date Feb. 18, 1938

19. UNDERTAKER Henry B. McCulloch
(Address) Burley, Idaho

20. FILED 2/16, 1938 M. J. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/15 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Feb. 16, 1938
I last saw ~~him~~ alive on 2-14, 1938; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2-15-38

Other contributory causes of importance:
Myocarditis

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. O. Grant, M. D.
(Address) Malad, Ida.

108298

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 26

Primary Registration District No. 2069

File No. 8

Registered No.

1. PLACE OF DEATH

County of Oneida

City of Holbrook (938 N8 St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eva Bunn Sasser

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: W

5. ~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~ (Write the word.): Widow

6. DATE OF BIRTH: Nov 8 1861 (Month) (Day) (Year)

7. AGE: 76 Yrs. 3 Mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business or establishment in which employed (or employer): housekeeper

9. BIRTHPLACE (State or Country): Pikeville N.C.

10. NAME OF FATHER: Jesse Bunn

11. BIRTHPLACE OF FATHER (State or Country): Katie (Katie)

12. MAIDEN NAME OF MOTHER: ~~Bessie~~ Mowler

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luther Blaine Sasser Jr.

(Address) Holbrook Ida.

15. Filed Feb 23 1938 M. J. Kerns Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 22 1938 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1929 to Feb 22 1938 that I last saw her alive on Feb 20 1938 and that death occurred on the date stated above, at 1:35 A.M.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) ..... Yrs. ..... mos. 3 ds.

Contributory (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. M. Mahon M. D.

2/23 1938 (Address) Malad Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 2 yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? —

Former or usual residence —

19. PLACE OF BURIAL OR REMOVAL: Removal to Garland Utah

DATE OF ~~BURIAL~~ Removal: Feb 25 1938

20. UNDERTAKER: Mr. Shaw Tremonton Utah

ADDRESS: Garland Utah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY; PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida USED
City of Malad
MAR 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 108299

Local Registrar's No. 9

(No.) 113
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Ashel Jones

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Adams

6. DATE OF BIRTH (month, day, and year) June 19 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1920
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER
13. NAME William E Jones
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Lucretia Lusk
16. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah

17. INFORMENT (Address) Vernon Jones Inkom Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Mar 1, 1938

19. UNDERTAKER (Address) J. Berry Benson Malad Idaho.

20. FILED Mr 28, 1938 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 26 1938

22. I HEREBY CERTIFY, That I attended deceased from 1930, 193[illegible], to Feb 26, 1938
I last saw h... alive on ..., 193...; death is said to have occurred on the date stated above, at 3:15AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. H. Mate, M. D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of Bruneau

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108300

Registration District No. 24
Primary Registration District No. 2020
Local Registrar's No. 3
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nornam William Grant

(a) Residence. No. Bruneau St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Winter

6. DATE OF BIRTH (month, day, and year) March 27. 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Merchandise
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago (State or country) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Pennsylvania (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Pennsylvania (State or country)

17. INFORMANT Mrs Norman Grant
(Address) Bruneau Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bruneau Cemetery Feb. 22 193 8

19. UNDERTAKER Zacher - Bey Funeral Home
(Address) Mountain Home Idaho

20. FILED Mar 9, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/20 - 193 8

22. I HEREBY CERTIFY, That I attended deceased from Jan 15-, 193 8, to Feb. 19-, 193 8
I last saw him alive on Feb-17-, 193 8: death is said to have occurred on the date stated above, at - 8 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
- Colitis Chronic -	
Other contributory causes of importance:	
Dont Know.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) H. H. Cooper, M. D.
(Address) Grandview, Idaho

PLACE OF D... H

County of Owhyee

City of Murphy.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108301

Registration District No. 43rd

Primary Registration District No. 2120

Local Registrar's No. 44

MAR 12 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Arthur Brooks.

(a) Residence No. Murphy, Idaho. St. .....

(Usual place of abode)

Length of residence in city or town where death occurred 2 Years yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 5. 1914.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	9.	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME John. A. Brooks.

14. BIRTHPLACE (city or town) Texas.
(State or country)

MOTHER

15. MAIDEN NAME Ida Foster.

16. BIRTHPLACE (city or town) Oklahoma.
(State or country)

17. INFORMANT John. A. Brooks.
(Address) R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Feb. 1., 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED Feb 3, 1938 R.H. Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 29 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Jan. 28 1938.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Self-inflicted	
gun shot wounds -	
through heart -	
death immediate	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: suicide

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? January 29 1937 Murphy, Owyhee County Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place House

Manner of injury Self-inflicted

Nature of injury gun shot wounds

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Earl Grant, M. D.

(Address) Owyhee County Coroner Murphy, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108302

Registration District No. 107

Primary Registration District No. ..... Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Smeltz

(a) Residence No. Homedale Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month) Feb (day) 14 (year) 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) —
(State or country) —

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) —
(State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country) —

17. INFORMANT Frank Davis
(Address) Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wooden Cem. Date 2/23 1938

19. UNDERTAKER E. V. Peckham
(Address) Caldwell Ida

20. FILED 3/5, 1938 Ida Hawkins
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) Feb (day and year) 19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead unbeknown	
probable Heart Block	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt. E. Gillett, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of New Plymouth Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108305

Registration District No. 4
Primary Registration District No. 1008 A
Local Registrar's No. 14

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse Rogers Wells.

(a) Residence No. New Plymouth Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nora Anne Rogers Wells
6. DATE OF BIRTH (month, day, and year): July 7th 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Marysville Marshall Co Kansas

FATHER
13. NAME: Alphonso Wells
14. BIRTHPLACE (city or town) (State or country): not known

MOTHER
15. MAIDEN NAME: Nancy Shepherd
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT: J. P. Wells
(Address): Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: New Plymouth Ida. Date: 2-22-, 1938.

19. UNDERTAKER: Edith Sanders
(Address): Payette Idaho.

20. FILED 2/22/38 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2-19 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 193., to Feb. 19, 193.
I last saw him alive on Feb. 19 193. : death is said to have occurred on the date stated above, at 8:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Feb. 19, 38
Other contributory causes of importance:	
Arteriosclerosis	
Hypertension	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jesse E. Davis, M. D.
(Address) New Plymouth, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108306

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 15
(No. .....)

FEB 26 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Gilbert Voigt.

(a) Residence No. ..... St. .....
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Dec 10-1937.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho

FATHER
13. NAME Alvin G. Voigt.
14. BIRTHPLACE (city or town) Nyssa
(State or country) Oregon

MOTHER
15. MAIDEN NAME Lillian P. Kindred
16. BIRTHPLACE (city or town) .....
(State or country) Colo.

17. INFORMANT Alvin G. Voigt
(Address) New Plymouth Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Ida. Date 2-23, 1938

19. UNDERTAKER Ethel Anderson
(Address) Payette Idaho

20. FILED 2/22/38, 193.0 J. E. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-22 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 193.7, to Feb. 22, 1938
I last saw him alive on Feb 21 193.8; death is said to have occurred on the date stated above, at 4:14 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Hydrocephalus	Birth
Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) O. Parkinson, M. D.
(Address) Payette Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Full name if child not yet named

PLACE OF DEATH
County of Payette
City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FEB 26 1938

DO NOT WRITE IN THIS SPACE
State File No. 108307

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

157C

2. FULL NAME Marcus Lawson Essex.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6. DATE OF BIRTH (month, day, and year) 2-20-1938.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Plymouth
(State or country) Idaho.

FATHER

13. NAME Lawson Marcus Essex.
14. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa.

MOTHER

15. MAIDEN NAME Stella Mabel Moore
16. BIRTHPLACE (city or town) Council
(State or country) Idaho.

17. INFORMANT Lawson Marcus Essex
(Address) New Plymouth Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Idaho Date 2-22-, 1938.

19. UNDERTAKER Edith Sundin.
(Address) Payette, Idaho.

20. FILED 2/22/38 193 J. B. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/22 1938.

22 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1938, to Feb 22, 1938.
I last saw him alive on Feb 21 1938: death is said to have occurred on the date stated above, at 1:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac failure	9
This child had every appearance of being a normal child at birth.	

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. C. Paxton M. D.
(Address Payette Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108308

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 17

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George D. Keele

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia A Powell Keele

6. DATE OF BIRTH (month, day, and year) Oct-14-1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) St Louis Co Missouri

MOTHER FATHER
13. NAME Payton Smith Keele
14. BIRTHPLACE (city or town) (State or country) Tennessee
15. MAIDEN NAME Elizia Mayfield
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Chas Hartung
(Address) Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Ida. Date 2-27-, 1938

19. UNDERTAKER Edith Sanders
(Address) Payette Idaho

20. FILED 2/28/38 193.. J. B. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/24/38

22 I HEREBY CERTIFY, That I attended deceased from 1936, 193.., to 1938, 193..
I last saw him alive on Jan 193.8: death is said to have occurred on the date stated above, at 2 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	2/24/38
Other **contributory causes** of importance:	
Arteriosclerosis	
Myocardial degeneration	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) J. R. Burnward M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108309

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 18

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME John Rands

(a) Residence. No. Fruitland, Ida. St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elvira Rands 1859

6. DATE OF BIRTH (month, day and year) Jan 7 1839 1?-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	1 6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) 2-10-27

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Brussels
(State or country) Canada

FATHER

13. NAME Wm Rands

14. BIRTHPLACE (city or town) —
(State or country) England

MOTHER

15. MAIDEN NAME Anna Spalding

16. BIRTHPLACE (city or town) —
(State or country) Ireland

17. INFORMANT Elvira J. Rands
(Address) Fruitland Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Ida Date Mar 1, 1938

19. UNDERTAKER Earl Richardson
(Address) Ontario Ore.

20. FILED 3/1/38, 193..... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 193.8, to Feb. 26, 193.8
I last saw him alive on Feb. 26, 193.8; death is said to have occurred on the date stated above, at 10:55 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Feb. 25, 38
Other **contributory causes** of importance:	
Senility	
Chronic Hypocondritis	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so specify.....
(Signed) Jos. E. Davis, M. D.
(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Am. Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10851

MAR 7 1938

Registration District No. 25
Primary Registration District No. 2077 Local Registrar's No. 7
(No. Schilz Memorial Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

1455

2. FULL NAME Edie Verena Wade

(a) Residence No. American Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gerald Wade

6. DATE OF BIRTH (month, day, and year) Aug. 25-1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	5	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1-3-38
11. Total time (years) spent in this occupation Five yr

12. BIRTHPLACE (city or town) Am. Falls (State or country) Idaho.

FATHER
13. NAME Rolf Lounsbury
14. BIRTHPLACE (city or town) Smoyville (State or country) Utah

MOTHER
15. MAIDEN NAME Clara Gamble
16. BIRTHPLACE (city or town) Malta (State or country) Idaho.

17. INFORMANT Mrs. Clara Lounsbury (Address) American Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls Ida Date Feb. 20, 1938

19. UNDERTAKER A. W. Davis (Address) Am. Falls, Idaho.

20. FILED 2-19, 1938 Irene Baling Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-16 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-4-38, 193..., to 2-16-, 1938
I last saw her alive on 2-16 1938: death is said to have occurred on the date stated above, at 9:50a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Puerperal Septicemia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. F. Straw M. D.
(Address American Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Power
City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108311

Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 5
(No. Home: 4 mi. West)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emmaline Helen Royce

(a) Residence No. 4 miles West Am. Falls Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Apl. 12 - 1855

7. AGE: Years 82 | Months 9 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 8 yrs.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: George W. Riggs
14. BIRTHPLACE (city or town) (State or country): Conn.

MOTHER
15. MAIDEN NAME: Cynthia Fuller
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Willard Royce
(Address) Am. Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Boise, I. D. Date Mar 4, 1938

19. UNDERTAKER: A. W. Dance
(Address) Am. Falls, Ida.

20. FILED 2-14, 1938 Irene Spaling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Feb 9 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.5, to Feb 9, 193.8.
I last saw her alive on Feb 1 193.8: death is said to have occurred on the date stated above, at 4:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Arterio Sclerosis	
Org. Valvular heart disease	
Chr. Nephritis.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Farrell, M. D.
(Address) American Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108312

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 8

(No. Power County Hospital at Am. Falls,
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Ernest Wells

(a) Residence No. Springfield, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fleeta M. Sackett

6. DATE OF BIRTH (month, day, and year) April 24-1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on own farm

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) Woodruff, Oneida
(State or country) Idaho.

FATHER

13. NAME Erastus Nelson Wells

14. BIRTHPLACE (city or town) Willard,
(State or country) Utah.

MOTHER

15 MAIDEN NAME Marietta Moon

16. BIRTHPLACE (city or town) Dixey,
(State or country) Utah.

17. INFORMANT Hugh H. Wells
(Address) Springfield Ida

18. BURIAL, CREMATION OR REMOVAL
Place Springfield Date Feb 28, 1938.

19. UNDERTAKER E J Peck
(Address) Blackfoot, Idaho.

20. FILED 2/26, 1938 Irene Baling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 25 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938, to Feb 25, 1938

I last saw h— alive on Feb 25 1938: death is said to have occurred on the date stated above, at 1: 9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Feb 22 1938
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. C. Markman M. D.

(Address Aberdeen Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls
Neeley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108313

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 9

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Rudger Stanger

(a) Residence No. Residence at Neeley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alta Hunt

6. DATE OF BIRTH (month, day, and year) Oct 18. 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation d/c

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER

13. NAME George W. Stanger

14. BIRTHPLACE (city or town) Ogden
(State or country) Utah

MOTHER

15. MAIDEN NAME Sarah Ellen Knight

16. BIRTHPLACE (city or town) Slaterville
(State or country) Utah

17. INFORMANT Mrs John R. Stanger
(Address) Neeley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Am Falls Date Mar 1st, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 3-1—, 1938 Irene Paling
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) February 26th 1938

22 I HEREBY CERTIFY, That I attended deceased from July 8, 1938, to February 26, 1938

I last saw him alive on 2-26 1938: death is said to have occurred on the date stated above, at 10:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Spleenic carcinoma involving flectured colon.	
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. J. Logan, M. D.

(Address American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Power
City of Am. Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108314

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 10
(No. Beasley Home Am. Falls)
(If death occurred in a hospital or institution, give its name instead of street and number)

MAR 7 - 1938

2. FULL NAME Eda Williams Wallace Hoyddauff

(a) Residence No. Roy, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 20-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	0	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 3 yrs ago. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Galena
(State or country) Illinois

FATHER
13. NAME Charles Wallace
14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER
15. MAIDEN NAME Miss Dale
16. BIRTHPLACE (city or town)
(State or country) England.

17. INFORMANT Myrtle Jordo
(Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Date Mar 4, 1938

19. UNDERTAKER A. W. Dunn
(Address) Am. Falls, Idaho.

20. FILED 3/4, 1938 Irene Paling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-28 1938

22 I HEREBY CERTIFY, That I attended deceased from June 9, 1937, to February 28, 1938
I last saw her alive on Feb. 28 1938: death is said to have occurred on the date stated above, at 3:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Egan M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Cataldo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108315

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 7

(No. Coeur d'Alene River near Cataldo, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren J. Harvey

(a) Residence. No. N 4203 Stevens St., Spokane, Wash St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Norma Harvey

6. DATE OF BIRTH (month, day, and year) Sept 8 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	4	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washington Water Power Spokane, Washington
10. Date deceased last worked at this occupation (mo. and yr.) Jan 14 1938
11. Total time (years) spent in this occupation 1 day

12. BIRTHPLACE (city or town) O'Neil
(State or country) Nebraska

FATHER
13. NAME Nathan Harvey
14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME Unobtainable
16. BIRTHPLACE (city or town)
(State or country) Unobtainable

17. INFORMANT Mrs. Norma Harvey
(Address) N 4203 Stevens St., Spokane, Wash

18. BURIAL, CREMATION OR REMOVAL
Place Greenwood Cemetery Spokane, Wash Date Feb 21, 1938

19. UNDERTAKER P. F. Thornhill
(Address) Kellogg, Idaho

20. FILED Mar 10 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 14 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ..... 193...: death is said to have occurred on the date stated above, at 9:45 P.M. m.
The principal cause of death and related causes of importance were as follows:

Drowned in Coeur d'Alene River near Cataldo
Contributory to Intoxication

Other contributory causes of importance: None

Date of onset

Name of operation ..... Date of .....
What test confirms diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193...
Where did injury occur? Coeur d'Alene River near Cataldo
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. While boating
Manner of injury Fell out of boat
Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Coroner
(Signed) .....
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108316

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 9
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

MAR 14

2. FULL NAME Patricia Anna Thompson
(a) Residence No. Kellogg St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug. 6, 1936
7. AGE: Years 1 | Months 6 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montana (State or country)

FATHER
13. NAME John Thompson
14. BIRTHPLACE (city or town) Montana (State or country)

MOTHER
15. MAIDEN NAME Lucille Sherman
16. BIRTHPLACE (city or town) Montana (State or country)

17. INFORMANT John Thompson (Address) Kellogg Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Montana Date Mar. 1, 1938

19. UNDERTAKER P. J. Thornhill
(Address) Kellogg Idaho

20. FILED Mar. 10, 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 26, 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1938, to Feb. 26, 1938
I last saw her alive on Feb. 26 1938: death is said to have occurred on the date stated above, at 11:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Tonsilitis	1-29-38
acute glomerulo Nephritis,	2-2-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Rene R Vaucher, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Page

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108317

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 10

(No. 0)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gustaf Edward Bloomquist

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Gustaf Bloomquist
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Nonny
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Edward Bloo
(Address) Page Idaho

18. BURIAL, CREMATION OR REMOVAL Idaho
Place Plummer Date March 4 1938

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg, Idaho

20. FILED March 1, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938, to March 1st, 1938
I last saw him alive on Feb 25, 1938: death is said to have occurred on the date stated above, at 8:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Senility	?
Other contributory causes of importance: Chronic degenerative myocarditis	?

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) Lewis R Vance, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

MAR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108318

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 11
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Andrew Knowlton Johnson

(a) Residence. No. .... St. .... Junction City Wisconsin
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola Johnson 1896

6. DATE OF BIRTH (month, day, and year) Mch. 26, ~~1938~~

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	41	11	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Creamery Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Andover
(State or country) South Dakota

FATHER
13. NAME Alfred Johnson.
14. BIRTHPLACE (city or town) ....
(State or country) Minnesota

MOTHER
15. MAIDEN NAME Anna May Lewis
16. BIRTHPLACE (city or town) ....
(State or country) Wisconsin

17. INFORMANT .... Mrs. Anna Reed
(Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Junction City, Wisconsin Date Mch. 7, 1938

19. UNDERTAKER .... M.C. Thornhill
(Address) Kellogg, Idaho

20. FILED Mch 5, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mch. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to March 4, 1938
I last saw him alive on March 4, 1938: death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	March 4
Other contributory causes of importance:	
arteriosclerotic heart disease	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) A. F. Galloway, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 10321

State File No.

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 21

(No. Providence Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Jessie Bircher

(a) Residence No. Kellogg Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: John Bircher

6. DATE OF BIRTH (month, day and year): Mar. 15, 1884

7. AGE: Years 53 | Months 10 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER

13. NAME: John ~~Swanson~~ Herman

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: John Bircher
(Address) Kellogg, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Kingston Date: Feb. 5, 1938

19. UNDERTAKER: P. J. Thornhead
(Address) Kellogg Idaho

20. FILED Feb 9, 1938 John D. Beers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Feb. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1938, to Feb 2nd, 1938

I last saw her alive on Feb 2nd 1938: death is said to have occurred on the date stated above, at 4:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Peritonitis following resection Sigmoid & Colon for obstruction.	
Other **contributory causes** of importance:	
Hysterectomy & resection of sigmoid	4/26-38

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? (Sup. Inf. - Hysterectomy - for fibroid uterus)

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. B. Lindsay M. D.

(Address) Kellogg Idaho

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108322

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 22
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Emelia Thompson

(a) Residence No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John William Thompson

6. DATE OF BIRTH (month, day, and year) June 24-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	7	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Esau West
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Cristina
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Emma E. Thompson
(Address) Mullan Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Ole Elm Neph Date Feb 5, 1938

19. UNDERTAKER Blunt Bower Undt
(Address) Wallace Ida.

20. FILED Feb 14, 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 11 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-11, 1938, to 2-11, 1938

I last saw her alive on 2/11 1938: death is said to have occurred on the date stated above, at 10-45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage, Cerebral	10:30 A.M. 2/11/38
Other **contributory causes** of importance:	
Cirrhosis Hepatis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. L. Duell, M. D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108323

RECEIVED MAR 11 1938

Registration District No. 70
Primary Registration District No. 1011
(No. Providence Hosp.)
Local Registrar's No. 23

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Della Kathleen Talbot

(a) Residence No. Osburn Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 25 1937

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace Ida.
(State or country)

FATHER
13. NAME Theodore Talbot
14. BIRTHPLACE (city or town) Spokane Wash.
(State or country)

MOTHER
15. MAIDEN NAME Ethryn Golding
16. BIRTHPLACE (city or town) Butte Mont.
(State or country)

17. INFORMANT Theodore Talbott
(Address) Osburn Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Portland Ore. Date Feb 14 1938

19. UNDERTAKER J. J. Beer (Wards)
(Address) Wallace Ida.

20. FILED Feb 14, 1938 John Beer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 12 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw her alive on ..... 193.....: death is said to have occurred on the date stated above, at 5.50 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2 days

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? No Examination

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Dr. S. Howard, M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108324

Registration District No. 10
Primary Registration District No. 10
Local Registrar's No. 24

(No. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Ross

(a) Residence No. Avery Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1 yrs ago.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Texas.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town)
(State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Not known.

17. INFORMANT Co Hospital Records.
(Address) Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida Date Feb 18, 1938

19. UNDERTAKER J A Burr wards
(Address) Wallace Ida.

20. FILED Feb 7, 1938 John Burr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Feb 14, 1938

I last saw him alive on Feb 14 1938: death is said to have occurred on the date stated above, at 1 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W C Sinclair, M. D.
(Address) Kellogg Ida

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108325

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 25
(No. CD Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alex Kendrick
(a) Residence No. Same Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Catherine Kendrick

6. DATE OF BIRTH (month, day, and year) Oct 17 1870

7. AGE: Years 66 | Months 3 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Jacksonville Ore.

FATHER
13. NAME James Kendrick
14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER
15. MAIDEN NAME Hannah Lessure
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Mrs C. Kendrick
(Address) Same Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date Feb 25 1938

19. UNDERTAKER C A Bower
(Address) Wallace Ida.

20. FILED Feb 24, 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 22 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1938, to Feb 22, 1938
I last saw him alive on Feb 22. 1938: death is said to have occurred on the date stated above, at 4:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary T.B. & Cardiac de-compensation	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Burke

RECEIVED
MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108326

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 26

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Gallagher

(a) Residence No. Burke Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Bridget Gallagher

6. DATE OF BIRTH (month, day, and year): Nov 20 1868

7. AGE: Years 69 | Months 3 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: Martin Gallagher
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Bridget Gildea
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Bridget Gallagher
(Address): Burke Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Spokane Wn Date: Feb 28, 1938

19. UNDERTAKER: J A Bower Cwards
(Address): Wallace Ida

20. FILED: Feb 26, 1938 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Feb 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1938, to Feb 16th, 1938
I last saw h/im. alive on Feb 16 1938: death is said to have occurred on the date stated above, at 4:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a) Myocarditis, Chronic	?
Other **contributory causes** of importance:	
Nephritis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner
(Signed) Ephi Bruce, M. D.
(Address Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108327

FEB 17 1938

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 3

(No.) 159
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Gibson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Boy	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jan 4, 1938

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg
(State or country)

FATHER
13. NAME Maynard Gibson
14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER
15. MAIDEN NAME Evelyn Shaw
16. BIRTHPLACE (city or town) Alberta
(State or country)

17. INFORMANT Maynard Gibson
(Address) Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date Jan 16, 1938

19. UNDERTAKER P. J. Thornhill
(Address) Kellogg Idaho

20. FILED Feb. 9, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Jan. 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1938 to Jan 14, 1938
I last saw him alive on Jan 14 1938: death is said to have occurred on the date stated above, at 10 30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Interna Neonatorum	

Other **contributory causes** of importance:

Premature 7 months delivery

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. C. Taylor M. D.
(Address Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108328

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 18
(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Louise Belts.
(a) Residence No. 0 Black Bear St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Mar 23 1931
7. AGE: Years 6. Months 10 Days 14. If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Willis Springs Mo.

FATHER
13. NAME: Carl E Belts.
14. BIRTHPLACE (city or town) (State or country): Kansas.

MOTHER
15. MAIDEN NAME: Blanch Louise Ratliff
16. BIRTHPLACE (city or town) (State or country): Galena Kansas.

17. INFORMANT: Carl E Belts. (Address) Black Bear Ida.
18. BURIAL, CREMATION OR REMOVAL. Place: Wallace Ida Date: Feb 9, 1938
19. UNDERTAKER: J Bower (wards) (Address) Wallace Ida
20. FILED: Feb 8, 1938. John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 7 1938
22 I HEREBY CERTIFY, That I attended deceased from 2/7, 1938, to 2/7, 1938
I last saw her alive on 2/7 1938; death is said to have occurred on the date stated above, at 1:30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1 Skull, fracture of	2/7/38
Other **contributory causes** of importance:	
Femur, fracture (left)	2/7/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/7, 1938
Where did injury occur? Near Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public highway
Manner of injury Struck by auto
Nature of injury See above.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Frank Buell, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108329

Registration District No. 51
Primary Registration District No. 2087 Local Registrar's No. 15
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lettie Morris

(a) Residence No. 304 - 13 Ave No St.
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Adam Henry Morris
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 65 | Months 8 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nevada Mo

FATHER
13. NAME: J. N. Sallee
14. BIRTHPLACE (city or town) (State or country): Montgomery Co Mo.

MOTHER
15. MAIDEN NAME: Sallee McGarvan
16. BIRTHPLACE (city or town) (State or country): Montgomery Co Mo.

17. INFORMANT (Address): Charley Sallee Twin Falls

18. BURIAL, CREMATION OR REMOVAL Place: Burley Date: 2-4-1938

19. UNDERTAKER: Evans & Johnson (Address) Burley Ida. L. Johnson

20. FILED 2-4, 1938 Marian Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-2-1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1937 to Feb 22, 1938
I last saw her alive on Feb 22 1938: death is said to have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3 yrs
Influenza	2/16/38

Other contributory causes of importance:

Senility	
Debility.	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Calvin Wilmarth M. D.
(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Burley

MAR 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108330

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vera Mae Lillibridge (Lillibridge) 130

(a) Residence No. Burley Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/15/21

7. AGE: Years 16 | Months 4 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Edgewood Iowa

FATHER

13. NAME: Clausan Lillibridge
14. BIRTHPLACE (city or town) (State or country): Edgewood Iowa

MOTHER

15. MAIDEN NAME: Ethel Coffin
16. BIRTHPLACE (city or town) (State or country): Manchester Iowa

17. INFORMANT: Clausan Lillibridge
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 3/15, 1938

19. UNDERTAKER: Evans & Hagman
(Address) Burley L. Johnson

20. FILED 3/15, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/12 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1937 to ~~Jan~~ Mar 12, 1938

I last saw h~~er~~ alive on ~~Jan~~ Mar 12 1938: death is said to have occurred on the date stated above, at 9:30 ~~P~~ A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Anemia	2/11/38
Uraemia	2/18/38

Other **contributory causes** of importance:

Nephrosis	1926
Pyelonephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) John W. Templeton M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl
R.F.D. ...

MAR 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108331

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. ...
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaretta J. Barstaw

(a) Residence No. ... St. ...
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M. D. L. Barstaw

6. DATE OF BIRTH (month, day, and year) 5-7-1861

7. AGE: Years 76 | Months 9 | Days 4 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (mo. and yr.) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Swalatin
(State or country) Ore.

FATHER
13. NAME Geo. C. Day
14. BIRTHPLACE (city or town) ...
(State or country) Indiana

MOTHER
15. MAIDEN NAME Sarah Jane Painter
16. BIRTHPLACE (city or town) ...
(State or country) Mo.

17. INFORMANT M. D. L. Barstaw
(Address) Buhl, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 2/14, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl L. Johnson

20. FILED 2/14, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/11 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct ..., 1937 to present ..., 193...
I last saw her alive on Feb. 9 1938; death is said to have occurred on the date stated above, at 9.15 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with Left sided paralysis	Dec 1937
Chronic myocarditis	years

Other **contributory causes** of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) M. A. Drake, M. D.
(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108332

MAR 16 1938

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. 6)
(If death occurred in a hospital or institution give its name instead of street and number)

93C

2. FULL NAME Erwin G. Barton

(a) Residence No. 401 - 11th Ave No St.
(Usual place of abode)
Length of residence in city or town where death occurred 5-7 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of Mary Martha Barton
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/7/1858

7. AGE: Years 79 | Months 9 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Fredrick Barton
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Erwin G. Barton
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 3/17, 1938

19. UNDERTAKER Evans & Johnson
(Address) Burley L. J. Johnson

20. FILED 3/17, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/10 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938, to ....., 193.....
I last saw him alive on Feb. 10 1938; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	years
Acute myocardial insufficiency	2 weeks

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. G. Davis, M. D.
(Address) Burley Ida.

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108333

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. Buhl Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas Ralph Hasenmeyer

(a) Residence No. Clover, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 0

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: X | Months: 1 | Days: 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buhl (State or country) Ida

FATHER
13. NAME Paul Hasenmeyer
14. BIRTHPLACE (city or town) Emma (State or country) Mo

MOTHER
15. MAIDEN NAME Edith Whitaker
16. BIRTHPLACE (city or town) Carthage (State or country) Mo

17. INFORMANT Paul Hasenmeyer (Address) Clover Ida

18. BURIAL, CREMATION OR REMOVAL Place Clover Date 2/19 1938

19. UNDERTAKER Evans & Johnson (Address) Buhl Ida

20. FILED 2/19, 1938 Anastasia W. Haley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/17 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/28, 1938, to 2/17, 1938
I last saw him alive on 2-17 1938: death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Nedia	2/15/38
Cerebral Abscess	2/16/38
Intussusception Meningitis	2/16/38
Other contributory causes of importance:	
Emaciation	1 month

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John W. Winter M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Buhl.

R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108334

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

FILED MAR 10 1938

54 h

2. FULL NAME Nettie Gunterman

(a) Residence No. St.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 18 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. A. Gunterman

6. DATE OF BIRTH (month, day, and year) 11/20/1879

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burton Co. Mo.

FATHER

13. NAME J. H. Miller

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Anna Stevens

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT W. A. Gunterman
(Address) Buhl Ida

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 2/18, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl L. J. Johnson

20. FILED 2/18, 1938 Annette Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/15 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1938, to 2-15, 1938

I last saw her alive on Feb 6 1938: death is said to have occurred on the date stated above, at 2 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sarcoma of Spindle cells of Uterus, Bladder Kidney + Liver	Autumn

Other **contributory causes** of importance:

Name of operation abdominal exploration Date of 12-2-37

What test confirmed diagnosis? Lab Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) H. T. Parkinson, M. D.

(Address Twin Falls. Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Castleford

R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 105335

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archey Benton Buck

(a) Residence No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of Stella
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov. 30/1885

7. AGE — Years: 52 | Months: 2 | Days: 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Avila Mo

MOTHER

13. NAME: Benton Buck

FATHER

14. BIRTHPLACE (city or town) (State or country): Avila Mo

MOTHER

15. MAIDEN NAME: Margaret Myers

16. BIRTHPLACE (city or town) (State or country): Neb

17. INFORMANT (Address): Mrs Nora Pennington Castleford

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Mar 2, 1938

19. UNDERTAKER: Evans & Johnson
(Address) Buhl. D. Johnson

20. FILED 3/2, 1938 Irma Lee Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 2/16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 193[illegible], to , 193

I last saw him alive on Feb 17 1938; death is said to have occurred on the date stated above, at 2:a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-16-38
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. E. Drake M. D.

(Address Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Drake

PLACE OF DEATH
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108336

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Leahy

(a) Residence No. Hotel Burley St.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Leahy

6. DATE OF BIRTH (month, day, and year) 7/4/1867

7. AGE: Years 70 | Months 7 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Carsey
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT J. Leahy (Address) Burley, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Burley Date Feb. 12, 1938

19. UNDERTAKER Evans & Johnson (Address) Burley, Idaho

20. FILED 2/12, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/9 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937, to Feb 9, 1938.
I last saw h[illegible] alive on Feb 9 1938: death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	2/9/38
Influenzal Pneumonia	Dec 6/37
Cystitis	

Other contributory causes of importance:

Senility	
Obesity	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) John W Wheeler M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Wheeler

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108337

MAR 11 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

91

2. FULL NAME Dora Lind Johnston,

(a) Residence No. Twin Falls, Idaho. Route #1. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	divoreed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Peter B. Johnston

6. DATE OF BIRTH (month, day, and year) March 16-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	10	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Grantsville,
(State or country) Utah

FATHER
13. NAME John Lind,
14. BIRTHPLACE (city or town) .....
(State or country) Sweden.

MOTHER
15. MAIDEN NAME Gillette
16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT Peter Johnston, Jr.
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cemetery Date 2-9, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 2-10, 1938 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-5 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-5, 1937, to Feb. 5, 1938
I last saw her alive on Feb. 5th, 1938; death is said to have occurred on the date stated above, at 7:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Coronary Sclerosis	"
Myocarditis	1910
Hypertension	1928
Coronary occlusion	2-5-38
Other contributory causes of importance:	
Obesity	1920

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harwood K. Stowe, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Filer Ida

MAY 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108338

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 20

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Louis V Harms

(a) Residence No. .... Filer Ida. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 30/38

7. AGE — Years: .... Months: .... Days: 10 — If LESS than 1 day .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Ida
(State or country)

FATHER

13. NAME A J Harms

14. BIRTHPLACE (city or town)
(State or country) Nebr.

MOTHER

15. MAIDEN NAME Lois Lehamm

16. BIRTHPLACE (city or town)
(State or country) Okla

17. INFORMANT Lois Lahmamm Harms
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Feb 7, 1938

19. UNDERTAKER Fred E Drake
(Address)

20. FILED 2-8-, 1938 Twin Falls
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/6 1938

22 I HEREBY CERTIFY, That I attended deceased from ...., 193...., to ...., 193....

I last saw h.... alive on .... 193....: death is said to have occurred on the date stated above, at 5 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation None Date of ....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Geo C Hadley, M. D.

(Address Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 21

DO NOT WRITE IN THIS SPACE

State File No. 108339

(No.) Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harrison Robert Hice

(a) Residence No. Arrington Cabin #5 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Alice Hice

6. DATE OF BIRTH (month, day, and year) 8/22/1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Adeline Steenis
(Address) Reno, Nevada

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Ida. Date 2/8, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 2-10-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/4 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1937, to 2-4, 1938

I last saw h[illegible] alive on 2-4 - 1938: death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock & Senility	

Other contributory causes of importance:

Bronchial Pneumonia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.

(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108340

Registration District No. 38
Primary Registration District No. 2085
Local Registrar's No. 22

MAR 11 1939

(No. County Farm)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME John J Breen

(a) Residence No. (Usual place of abode) County Farm St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Unown

6. DATE OF BIRTH (month, day, and year) Nov 26 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey ~~New York~~

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mr. Howard Buhl Ida

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date Feb 9, 1938

19. UNDERTAKER Fred E Drake
(Address) Twin Falls

20. FILED 2-10-, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-6- 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-1, 1938, to 2-6, 1938

I last saw h~~im~~ alive on 2-5 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
aortic stenosis	
Mitral insufficiency	Indefinite
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ~~ext'l~~ causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193.....
Where did injury occur? Buhl
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury [illegible]
Nature of injury [illegible]

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible], M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 108341

Registration District No.
Primary Registration District No. 2085
Local Registrar's No. 23

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora Fehrenbacker

(a) Residence No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Fehrenbacker

6. DATE OF BIRTH (month, day, and year) Aug 27 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER
13. NAME Alonzo Ellenwood
14. BIRTHPLACE (city or town) New Hampshire
(State or country)

MOTHER
15. MAIDEN NAME Clarance Brown
16. BIRTHPLACE (city or town) Ill Ill
(State or country)

17. INFORMANT Roy Ellenwood
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place [redacted] Date Feb 11, 1938

19. UNDERTAKER Fred R Drake
(Address) Ida

20. FILED 2-10-, 1938 J. W. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-8 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-12, 1938, to 2-8 1938
I last saw her alive on 2-8- 1938: death is said to have occurred on the date stated above, at 4:10 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic heart disease	1937
Cardiac failure	1937

Other **contributory causes** of importance:
Kidney disease

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [redacted] M.D.
(Address) Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 10834

Registration District No.
Primary Registration District No. 2085
Local Registrar's No. 24
(No. Twin Falls Co. Farm)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Brewser

(a) Residence No. Twin Falls, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. 6 mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unk.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 60			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Unk.
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Mr. W. Shipman
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place County Cem. Filer, Ida. Date Feb. 16, 1938

19. UNDERTAKER White Mortuary
(Address) Twin Falls, Idaho

20. FILED 2-16-1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) February 14, 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-6, 1938, to Feb. 14, 1938
I last saw him alive on Feb. 14 1938: death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Epileptic	2-6-38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature] M. D.
(Address) Twin Falls, Idaho

Lewis

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108343

MAR 11 1939

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 25
(No. 141 3rd Ave W)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archie L. Stuart

(a) Residence No. 141 3rd Ave W St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Eva Ferguson

6. DATE OF BIRTH (month, day, and year) 10/24/1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Missonni

FATHER
13. NAME Unknwon
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknwon
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. R.E. Reynolds
(Address) Castleford, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida. Date 2/16, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls Idaho

20. FILED 2-17, 1938 J.P. Rumpler Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/13 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 13th, 1938, to Feb 13th, 1938, I last saw h[illegible] alive on Feb 13 1938: death is said to have occurred on the date stated above, at 9:30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ch Myocarditis	
Other **contributory causes** of importance:	
Influenza	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Clinical

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? If so specify
(Signed) H E Lamb, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108344

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 27

MAR 4 1

(No. Wood's Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Gerald Robert Chapman

(a) Residence No. City of Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/16/1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Kenneth W. Chapman

14. BIRTHPLACE (city or town) Cleveland
(State or country) Idaho

MOTHER

15. MAIDEN NAME Maxine Allred

16. BIRTHPLACE (city or town) Richfield
(State or country) Utah

17. INFORMANT J.E. Allred
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert, Idaho Date 2/13, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 2-18-, 1938 S.C. Phillips
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 17 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 16th, 1938, to Feb 17th, 1938
I last saw him alive on Feb 17th 1938: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth about 7 mos.	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Clinical

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify
(Signed) H. C. Lund, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10345

RECEIVED
MAR 11 1938

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 28

(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Howard Leon Lawrence,

(a) Residence No. St.
(Usual place of abode) 0 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-21-1938

7. AGE Years	Months	Days	If LESS than 1 day 3 hrs. or ..... min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER
13. NAME Howard Lawrence
14. BIRTHPLACE (city or town) Howard,
(State or country) Kansas

MOTHER
15. MAIDEN NAME Lorene Compton
16. BIRTHPLACE (city or town) Atcheson,
(State or country) Kansas

17. INFORMANT Howard Lawrence
(Address) Filer, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls cemetery Date 2-21-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 3-21-, 1938 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 21, 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-21, 1938, to 2-21, 1938
I last saw him alive on 2-21 1938: death is said to have occurred on the date stated above, at 8:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Waldo B. Lawrence M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Passed

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 178346

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 29

(No. Twin Falls County Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sharon Leelee Christian

(a) Residence No. Twin Falls, Ida. R.F.D. 2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 2/16/1937

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME O.W. Christian

14. BIRTHPLACE (city or town) Ruskin
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Letha Hagler

16. BIRTHPLACE (city or town) St. Louis
(State or country) Missouri

17. INFORMANT O.W. Christian
(Address) Twin Falls, Ida. R.F.D. 2

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 2/17, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 2-17-, 1938 J.W. Cummings Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/14 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938, to Feb 14, 1938

I last saw h[illegible] alive on Feb 13 1938: death is said to have occurred on the date stated above, at 8:30A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Br. pneumonia	Feb 9, 38

Other **contributory causes** of importance:

Name of operation ----- Date of -----

What test confirmed diagnosis? Clinical and Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. T. Payne, M. D.

(Address) Twin Falls, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108347

MAR 11 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 30

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1070

2. FULL NAME EDWARD BYRON JONES

(a) Residence No. Twin Falls, Idaho. Rt. #2. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(~~or WIFE of~~) Josie Jones

6. DATE OF BIRTH (month, day, and year) 3-12-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Kempville,
(State or country) Ontario, Canada

FATHER

13. NAME Byron William Jones,

14. BIRTHPLACE (city or town) ....
(State or country) England

MOTHER

15. MAIDEN NAME Jane Harris,

16. BIRTHPLACE (city or town) ....
(State or country) North Ireland

17. INFORMANT Mrs. Jane J. Little.
(Address)

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Arco, Idaho Date 2-25, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho.

20. FILED 3-25, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/24 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-21, 1938, to 2/24, 1938

I last saw h[illegible] alive on 2/24 1938: death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho pneumonia.	

Other contributory causes of importance:

old age.	

Name of operation .... Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) O. H. Drake M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10834

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 31

(If death occurred in a hospital or institution, give its name instead of street and number) (No.) Twin Falls Lds. Gen. Hospital

2. FULL NAME James Lawrence Riggs

(a) Residence No. Buhl, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 24 - 1932

7. AGE: Years 6 | Months 1 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER
13. NAME W. L. Riggs
14. BIRTHPLACE (city or town) Ashland
(State or country) Nebraska

MOTHER
15. MAIDEN NAME Eula Peterson
16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT W. L. Riggs
(Address) Buhl Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa - Ida. Date 2/26, 193 8

19. UNDERTAKER L. L. Phillips
(Address) Twin Falls Idaho

20. FILED 2-26, 193 8

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/25-1938

22 I HEREBY CERTIFY, That I attended deceased from 2/7, 1938, to 2/25, 1938
I last saw him alive on 2/25 1938: death is said to have occurred on the date stated above, at 9:20 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxic Myocarditis (Acute)	2/13/38

Other **contributory causes** of importance:

Labor Pneumonia (Left Upper)	2/10/38
Empyema Left Chest	2/13/38

Name of operation Rib Resection Date of 2/15/38
What test confirmed ~~diagnosis~~? X-ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward H McGratney, M. D.
(Address) Buhl Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108349

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 32

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

184

2. FULL NAME Robert Lee Kelso,

(a) Residence No. Twin Falls, Idaho. Route #2 St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of July 17, 1919

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER

13. NAME Harvey Lee Kelso (deceased)

14. BIRTHPLACE (city or town) _____
(State or country) Oklahoma

MOTHER

15. MAIDEN NAME Lucy Ellen Stuller

16. BIRTHPLACE (city or town) Pureair,
(State or country) Missouri

17. INFORMANT Howard Kelso,
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Twin Falls cemetery Date 2-25, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 2-26-38 1938 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 23, 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193__, to 2-23, 1938

I last saw h____ alive on _____ 193__; death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shotgun wounds, left chest neck & face	2/23/38

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? exam & history Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/23 193 8.
Where did injury occur? Twin Falls Co. 3mi. So & ¼ E.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public place
Manner of injury Gunshot wound
Nature of injury Ruptured carotid artery, left

24 Was disease or injury in any way related to occupation of deceased? No If so, specify. _____

(Signed) George C. Heller, M. D.
(Address) Twin Falls Idaho

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108350

MAR 11 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 33

(No.) Twin Falls County Farm
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Robert M. Fowler

(a) Residence No. Twin Falls County Farm St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Feb. 19, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Unk.
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Mrs. M. Harman
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Filer County Plot Date 3/2 1938

19. UNDERTAKER White Mortuary, Inc
(Address) Twin Falls, Idaho

20. FILED 3-28, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-25 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to 2-25, 1938
I last saw him alive on 2-23 1938; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decay	Unknown
Other contributory causes of importance:	
Chronic Nephritis	Unknown

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [signature] M. D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 108351

MAR 11 1938

Registration District No.
Primary Registration District No. 2085
Local Registrar's No. 34
(No. Twin Falls Co. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry B. Speirs

(a) Residence No. 1 Burke - Calif. apts St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: J. E. Speirs

6. DATE OF BIRTH (month, day, and year): Jan. 27, 1884

7. AGE: Years 54 | Months 4 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cairings N. Va.

MOTHER FATHER
13. NAME: Dent Queen
14. BIRTHPLACE (city or town) (State or country): Not Known
15. MAIDEN NAME: Josephine Langaretta
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: J. E. Speirs
(Address): Burke

18. BURIAL, CREMATION OR REMOVAL
Place: Burke Date: 3/7, 1938

19. UNDERTAKER: Evans & Johnson
(Address): Burke Evans & Johnson

20. FILED MAR 7, 1938 J. A. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 2/26 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1938, to Feb. 26, 1938
I last saw h.er alive on Feb 22 1938: death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of liver.	—
2. Chronic Cholecystitis	—
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) V. H. Anderson, M. D.
(Address) Burke, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108352

MAR 1 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 35
(No. Twin Falls Co. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1070

2. FULL NAME Ansel Fish

(a) Residence No. 345 7th Ave E St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Caroline Fish

6. DATE OF BIRTH (month, day, and year) Oct 5-1851

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	86	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) New York

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Ronald Kevan
(Address) 345 7th Ave E

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida. Date 2/25, 1938

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3-1-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/22 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938, to Feb 22, 1938
I last saw h[illegible] alive on Feb 22 1938: death is said to have occurred on the date stated above, at 9:05 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Pneumonia Bronchial Type IV	Feb 17, 1938

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? Path IV Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) C. R. Wagner, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108353

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 36

(If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls General Hospital

2. FULL NAME Richard Wesley Learned

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 2/24/1938

7. AGE — Years | — Months | — Days | If LESS than 1 day 4 hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME H. W. Learned
14. BIRTHPLACE (city or town) Kimberly
(State or country) Idaho

MOTHER
15. MAIDEN NAME Mildred Hoover
16. BIRTHPLACE (city or town) ?
(State or country) Nebraska

17. INFORMANT H. W. Learned
(Address) Kimberly-Dag. R. F. D. 1

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Idaho Date 2-26, 1938

19. UNDERTAKER A. E. Pfilipsen
(Address) Twin Falls - Idaho

20. FILED 2-27, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/24 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/24, 1938, to 2/24, 1938

I last saw h[illegible] alive on 2/24 1938: death is said to have occurred on the date stated above, at 8:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
Immaturity	2/24/38

Other **contributory causes** of importance:

Jaundice, acute	
Catarrhal pneumonia	

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Davis M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Murtaugh

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108354

MAR 11 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 37

(No. Murtaugh, Idaho R1F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1242

2. FULL NAME Maylon B. Boley

(a) Residence No. Murtaugh, Idaho R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Orilla Boley

6. DATE OF BIRTH (month, day, and year) 1/14/1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) American Fork
(State or country) Utah

FATHER

13. NAME S.M. Boley
14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Bourne
16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Mrs. Chas. Haight
(Address) Burley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 2/25, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3-2-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/23 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937 to Feb 23, 1938
I last saw h[illegible] alive on Feb 4 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Cirrhosis of Liver	August 1937
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify .....
(Signed) Robert A. Laughlin M. D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 108355

MAR 11 1938

Registration District No.
Primary Registration District No. 2085
Local Registrar's No. 38

(No. T. F. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1070

2. FULL NAME Robert Harvey Wood

(a) Residence No. Kimberly - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-25-37

7. AGE: Years 1 | Months 1 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Harvey Wood
14. BIRTHPLACE (city or town)
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Carrie Powell
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Harvey Wood
(Address) Kimberly - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida. Date 3/2, 1938

19. UNDERTAKER L. L. Phillips
(Address) Twin Falls - Ida.

20. FILED 3-7, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/1 1938

22 I HEREBY CERTIFY, That I attended deceased from February 27, 1938, to March 1, 1938
I last saw him alive on Mar. 1 1938: death is said to have occurred on the date stated above, at 4:00 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia - Bilateral	Feb. 28 1938

Other **contributory causes** of importance:
None

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Charles B. Seymour, M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twinn Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Registration District No.

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 108356

Local Registrar's No. 39

MAR 11 1938

(No. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Myrtle Lela Hoover

(a) Residence No. Twin Falls St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur L Hoover

6. DATE OF BIRTH (month, day, and year) [illegible]

7. AGE: Years 29 | Months | Days | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Ark

FATHER

13. NAME [illegible] A Coatney

14. BIRTHPLACE (city or town)
(State or country) Ark

MOTHER

15. MAIDEN NAME Edna hayurst

16. BIRTHPLACE (city or town)
(State or country) Ark

17. INFORMANT
(Address) Joe Standlee

18. BURIAL, CREMATION OR REMOVAL
Place Rock Creek Date March 3 193 8

19. UNDERTAKER F E Drake
(Address) Twin Falls

20. FILED 3-3-, 193 8 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 27 193 8

22. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 193 8, to Feb 27, 193 8

I last saw h[illegible] alive on Feb 17 193 8; death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs. Acute	

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H C Lamb M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of McCall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108357

Registration District No. 15

Primary Registration District No. ____ Local Registrar's No. 2

F 3 - 1938

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Alferd Hentley

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Hentley

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	II	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Mike Hentila

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Martha Hentley McCall Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Finish Cem. Date ____, 193

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Feb 3, 193 Myrtle M. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) [illegible] 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 to 2/2, 193 8
Body only
I last saw h... alive on ____, 193 ; death is said to have occurred on the date stated above, at 4 3/4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease.	

Other contributory causes of importance:

None.

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Don S. Numbers, M. D.
(Address) DON S. NUMBERS, M. D.
DISTRICT SURGEON FOR THE UNION PACIFIC
McCALL, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10835

Registration District No. 86

Primary Registration District No. 1810

Local Registrar's No. 3

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura A Swisher

(a) Residence No. 919 E Park St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of E. H. Swisher

6. DATE OF BIRTH (month, day, and year) 2-4-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dent Co.
(State or country) Missouri

FATHER

13. NAME Wm Nash

14. BIRTHPLACE (city or town)
(State or country) N. Ca.

MOTHER

15. MAIDEN NAME Elizabeth J. Knox

16. BIRTHPLACE (city or town)
(State or country) N. Ca.

17. INFORMANT E. H. Swisher
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parkland, Ore Date 1-30-, 1938

19. UNDERTAKER L. C. Northcutt
(Address) Weiser Idaho

20. FILED 2/8, 1938 Minnie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-28-1938

22 I HEREBY CERTIFY, That I attended deceased from 3/1, 1937, to 1/28, 1938

I last saw her alive on 1/27 1938: death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma	1934
Right breast & Axillary glands - Perjuitine	
& ribs and intercostal structures. Blood supply to	
Other contributory causes of importance: right arm nearly obliterated, F.X.R	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. L. Richardson M. D.

(Address Weiser, Idaho

Richardson

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108360

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 7 6
(No. Little Flower Hospt)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mallissa Hall
(a) Residence No. Crystal St. Little Flower Hosp.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of B. T. Hall

6. DATE OF BIRTH (month, day, and year) 9-15-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	5	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Reuben Lipton
14. BIRTHPLACE (city or town) (State or country) No. Colorado

MOTHER
15. MAIDEN NAME Dorthy Hall
16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Hannah B. Hall
(Address) Wallgate, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Date 3-2-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED Mch 5, 1938 Marie Hazelton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-27-1938

22 I HEREBY CERTIFY, That I attended deceased from 2/26, 1938, to 2/27, 1938
I last saw her alive on 2/27 1938: death is said to have occurred on the date stated above, at 11 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2/26/38
Other contributory causes of importance:	
Uremia	2/24/38
Coma	2/27/38

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Frances L. Richardson, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier
MAR 18 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108361

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No. 82)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Thomas Burke

(a) Residence No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Caroline Brestyl

6. DATE OF BIRTH (month, day, and year): Apr 6-1860

7. AGE: Years 77 | Months 10 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: C.P. Road Section
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer retired 7 yrs.
10. Date deceased last worked at this occupation (mo. day yr.): 1931
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Clayton City Iowa

FATHER
13. NAME: John Burke
14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER
15. MAIDEN NAME: Mary Kerr
16. BIRTHPLACE (city or town) (State or country): Montreal Canada.

17. INFORMANT (Address): Arthur Burke Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Montpelier Idaho Date: Feb 19 1938

19. UNDERTAKER: F.D. Williams
(Address): Montpelier Idaho

20. FILED Feb 19th 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 16 1938 (Feb 16, 1938)

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1938, to Feb 16, 1938
I last saw h alive on Feb 16 1938: death is said to have occurred on the date stated above, at 12:30 A m.

The **principal cause of death** and related causes of importance were as follows: Cer. Hemorrh

Apoplexy — Date of onset Feb 13, 1938

Other **contributory causes** of importance:

Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H.W. Peay M. D.
(Address) Montpelier Ida

R

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

108362

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108362

1938 Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No. 466)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olga [redacted] Gruning

(a) Residence No. Montpelier St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gotfred Gruning

6. DATE OF BIRTH (month, day, and year) Nov 16 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME ? Eschler
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mrs James Whitehead
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Date Feb 19, 1938

19. UNDERTAKER [redacted]
(Address) Montpelier Idaho

20. FILED Feb 19th 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 15 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 193[illegible], to Feb 15, 1938
I last saw her alive on Feb 15 1938: death is said to have occurred on the date stated above, at 6:47 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	Unknown
Other **contributory causes** of importance: Ulcer of Stomach	12 yrs

Name of operation No Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, (specify)

(Signed) Reed [redacted] M. D.
(Address) Montpelier Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

108363

PLACE OF DEATH
County of Bannock
City of Bancroft,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 108363
Local Registrar's No. 9

aug 9 10 H 71

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick Mc Grath Harkins

(a) Residence. No. Bancroft, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella Harkins

6. DATE OF BIRTH (month, day, and year) 3/17/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Section foreman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P.Railroad
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Stonefield, County of Mayo, Ireland

FATHER
13. NAME Unknown Harkins
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Mc Grath
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. Ella Harkins Bancroft, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Soda Springs, Date 3/9/1938, 193

19. UNDERTAKER (Address) E. S. Whitman Soda Springs Ida

20. FILED Mar- 7-1938, 193 Mrs. G. G. Fuhr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/6-38 193

22. I HEREBY CERTIFY, That I attended deceased from 1923, 193..., to Mar-6- 1938, 193...
I last saw him alive on Marc- 5-, 1938: death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility, acute	
nephritis, and uremic	
poisoning.	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) G. G. Fuhr, M. D.
(Address) Bancroft, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

108364

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED MAR 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108364

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 30

(No. Veterens Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

12/12

2. FULL NAME Mfiel T. Bailey

(a) Residence No. Columbia Hotel St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(~~or WIFE~~) of Edith Bailey

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1893

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	44	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Russia

FATHER

13. NAME Thomas Bailey

14. BIRTHPLACE (city or town)
(State or country) Russia

MOTHER

15. MAIDEN NAME Domna -----

16. BIRTHPLACE (city or town)
(State or country) Russia

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date March 17, 1938
Morris Hell

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 3-17, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

13

21. DATE OF DEATH (month, day and year) Mar. 1938

22 I HEREBY CERTIFY, That I attended deceased from March 6, 1938, to March 13, 1938
I last saw him alive on March 13 1938: death is said to have occurred on the date stated above, at 8:03 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Appendicitis, acute, suppurative	3-5-38
Other **contributory causes** of importance:	
Peritonitis, generalized	3-8-38

Name of operation Appendectomy Date of 3-6-38
What test confirmed diagnosis? Clinical findings & operation Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. McCLELLAN, M. D.
(Address) V.A., Boise, Idaho

108365

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108365

MAR 19 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 43
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Heber Guymon

(a) Residence No. 229 Jefferson St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie M.

6. DATE OF BIRTH (month, day, and year) Mar. 7, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mt. States
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tel. Co. employe
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 20 yr.

12. BIRTHPLACE (city or town) Minersville
(State or country) Utah

FATHER

13. NAME Heber Guymon
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Helen McKnight
16. BIRTHPLACE (city or town)
(State or country) Australia

17. INFORMANT Mrs Marie Guymon
(Address) 229 Jefferson

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Mar. 9, 1938

19. UNDERTAKER Edwards Funeral Home
(Address) Pocatello Idaho

20. FILED 3-9, 1938 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 5 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1937, to May 5, 1938
I last saw him alive on May 5 1938: death is said to have occurred on the date stated above, at 11.55 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 1937
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) W. W. Crothers, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108366

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108366

MAR 19 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 40

(No. 645 2nd Ave N)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dwight Edward Shumway

(a) Residence No. 645 2nd Ave N St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Mrs. Catherine Shumway

6. DATE OF BIRTH (month, day, and year) 6-18-1865

7. AGE: Years 72 | Months 8 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Racine
(State or country) Wisconsin

FATHER
13. NAME Henry Shumway
14. BIRTHPLACE (city or town) Racine
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME Jane Bundy
16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Mrs. Catherine Shumway
(Address) 645 2nd Ave N - City

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Memorial Date 3-4, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3-3-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-1 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1938 to ~~Mar 2~~ Mar 1, 1938
I last saw h~~e~~ alive on ~~Mar 1~~ Feb 28, 1938 death is said to have occurred on the date stated above, at 5 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	?
TB	
Other **contributory causes** of importance:	
Cystitis	Jan 1938

Name of operation 0 Date of -
What test confirmed diagnosis? Urine Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify -
(Signed) G.E. Langenwalter M. D.
(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
MAR 25 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

copy 108367

DO NOT WRITE IN THIS SPACE

State File No. 108367

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 412-11th St
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Downey

(a) Residence. No. 412-11th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Timberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potlatch Forests Inc
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Traverse City
(State or country) Michigan

FATHER

13. NAME Michael Downey
14. BIRTHPLACE (city or town)
(State or country) U. S. A.

MOTHER

15. MAIDEN NAME Sarah ——
16. BIRTHPLACE (city or town)
(State or country) U. S. A.

17. INFORMANT Mazie Capson
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Mar. 7, 1938

19. UNDERTAKER Brower Mortuary Co.
(Address) Lewiston Idaho

20. FILED Mar 11, 1938 E. M. Corkery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	
Found dead	
attendance Physicians attended Sts Cause of Death	
Other contributory causes of importance:	
Influenza Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. M. Brower Coroner
(Address) Lewiston, Idaho
Nez Perce County

108368

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108368

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 28

(No.) dup 108773
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William I. Rounds

(a) Residence No. Route #1, Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maizie Rounds

6. DATE OF BIRTH (month, day, and year) 1-26-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Clarinda,
(State or country) Iowa

FATHER
13. NAME Charles W. Rounds
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER
15. MAIDEN NAME Cora Elizabeth Andrews
16. BIRTHPLACE (city or town Missouri Valley
(State or country) Iowa

17. INFORMANT Mrs. J. D. Poole
(Address) Ogden, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-15-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 3-14, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-12-1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193—, to ——, 193—
I last saw h— alive on —— 193—: death is said to have occurred on the date stated above, at 12:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause of Death unknown other than Natural	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. H. McCann Coroner M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108369

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108369

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 96
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Allen McVicker

(a) Residence No. 416 So 4th. St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

9 (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Helen McVicker
6. DATE OF BIRTH (month, day, and year): Oct. 22 1891
7. AGE: Years 46 | Months 5 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) North Bend
(State or country) Neb:

FATHER
13. NAME Mathew McVicker
14. BIRTHPLACE (city or town) Belfast
(State or country) Ireland

MOTHER
15. MAIDEN NAME Elizabeth Millar
16. BIRTHPLACE (city or town)
(State or country) Ill:

17. INFORMANT Helen McVicker
(Address) 416 so. 4th Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/24, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-24, 1938 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-22 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-18, 1938, to 3-22, 1938
I last saw him alive on 3-22 1938.: death is said to have occurred on the date stated above, at 6.05 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis Generalized	3-18-38
Ruptured Appendicitis	3-16-38
Other **contributory causes** of importance:	

Name of operation Abdominal Drainage Date of 3-18-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) [illegible], M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

108370

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108370

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 37

MAR 23 1938

(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marilyn June Price

(a) Residence No. 704-3rd St South, St. Nampa Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 4 1934

7. AGE: Years 3 | Months 9 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Columbus Kansas

FATHER
13. NAME: B. W. Price
14. BIRTHPLACE (city or town) (State or country): Columbus, Kansas.

MOTHER
15. MAIDEN NAME: Sarah Alice Martin
16. BIRTHPLACE (city or town) (State or country): Kansas.

17. INFORMANT: B. W. Price
(Address) 704-3rd So. Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Boise Date: Mar. 28 1938

19. UNDERTAKER: John C. Sandberg
(Address) Blackfoot Ida

20. FILED: Mar. 22, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): March 19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 7:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Head crushed left temple	
Internal head injuries	

Other **contributory causes** of importance:

Auto accident at 4 P.M.	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-19, 1938
Where did injury occur? 3 miles So. Blackfoot, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place: Public Place (Yellowstone Highway)
Manner of injury: Child skidded on wet pavement and was struck by on coming car
Nature of injury: Head crushed, Internal head injuries

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John C. Sandberg Coroner.
(Address) Blackfoot Idaho.

108371

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108371

Registration District No. 30
Primary Registration District No. 105 Local Registrar's No. 49
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Robert E. Matlock
(a) Residence No. Post Falls, Idaho St. Post Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie

6. DATE OF BIRTH (month, day, and year) 3/23/1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yardworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Falls Lumber co.
10. Date deceased last worked at this occupation (mo. and yr.) 12/1937
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER
13. NAME Preston H. Matlock
14. BIRTHPLACE (city or town) Ky.
(State or country)

MOTHER
15. MAIDEN NAME Kerlista Ann ----
16. BIRTHPLACE (city or town) Ky.
(State or country)

17. INFORMANT Mrs. Maggie Matlock
(Address) Post Falls Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Washington Date 3/24, 1938
Stepto

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED 3-24, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/21/1938

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1938, to March, 1938
I last saw h[illegible] alive on 3-21 1938. death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Uremia from prostatic	
stenosis, obstruction	

Name of operation none Date of —
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [illegible], M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108372

DO NOT WRITE IN THIS SPACE

State File No. 108372

PLACE OF DEATH

County of Washington

City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 2051 Local Registrar's No. 51

APR 4 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Burt Smith

(a) Residence. No. Post Falls Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

95

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) June 11- 1869

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
68	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Several years | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) Don't know

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Richard Lauterbach (Address) Post Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Latourell, Ida. Date 3/30, 1938

19. UNDERTAKER Cassidy Funeral Home (Address) Rathdrum Ida

20. FILED 3-30, 1938. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933, to 3/27, 1938

I last saw him alive on 3/25 1938. death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	
Senile dementia	
(93 yrs)	

Other contributory causes of importance

Has been in morbid state for 5 years	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Coeur d'Alene,

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

4-7-38.

TAUTENHAHN'S OLD PEOPLES HOME
POST FALLS IDAHO

Dept of Public Welfare
Boise, Idaho.

Will you please make correction in Mr. Smith's age in years. If subtracted correctly you'll find it should be 68 yrs. Foolishly we need less. ly paid this 50 cts now please lets have it correct. Thank you.

Mrs. R. Tautenhahn
Post Falls
Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108373

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108373

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 27

APR 5 1938

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank A. Taylor

(a) Residence No. 255 Field Avenue St. Toledo, Ohio
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) Jan. 25, 1885

7. AGE: Years 53 | Months 1 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) LaCrosse
(State or country) Wisconsin

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Masters Road Date March 12, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 3-12 1938 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-4 1938

22 I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to March 4, 1938
I last saw him alive on March 4 1938: death is said to have occurred on the date stated above, at 9:35 Pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2-25-38
Other **contributory causes** of importance:	

Name of operation None Date of ----
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) J. H. McClellan, M. D.
(Address) V.A., Boise, Idaho

168 374

PLACE OF DEATH
County of Kem
City of Emmett

APR 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108374

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 94

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victor Henry Sheldreen

(a) Residence No. Emmett Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 28 1882

7. AGE — Years: 56 — Months: 0 — Days: 20 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 3/16/38
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) River Falls
(State or country) Wisconsin

FATHER

13. NAME Ole Sheldreen
14. BIRTHPLACE (city or town) .....
(State or country) Norway

MOTHER

15. MAIDEN NAME Sagat Frivold
16. BIRTHPLACE (city or town) .....
(State or country) Norway

17. INFORMANT John A Sheldreen
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 3/21, 1938

19. UNDERTAKER C O Stockman
(Address) Emmett Ida

20. FILED 3/21, 1938 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/18 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on Head upon arrival 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia.	
Coronary Occlusion	3/18/38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Kauffman, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108375

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108375

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 36
(No. 2109)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvin Paul Hansen

(a) Residence No. P.O. Box 2221 St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Elinor Lucille Manson Hansen

6. DATE OF BIRTH (month, day, and year): Nov. 29 1903

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	34	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Field Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: The Aluminum Cooking Utensil Co
10. Date deceased last worked at this occupation (mo. and yr.): March 19 1938
11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (city or town) (State or country): Salt Lake County Utah.

FATHER

13. NAME: Joseph A Hansen
14. BIRTHPLACE (city or town) (State or country): Salt Lake County Utah.

MOTHER

15. MAIDEN NAME: Dorothy Loffle
16. BIRTHPLACE (city or town) (State or country): Salt Lake County Utah.

17. INFORMANT (Address): Grant D. Hansen 535 So. University Ave. Provo, Utah

18. BURIAL, CREMATION OR REMOVAL: Salt Lake City, Utah. Date: Mar. 1938

19. UNDERTAKER (Address): John C. Sandberg Blackfoot, Idaho

20. FILED: Mar. 22 1938
Mrs. Hales E. Farnsworth
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): March 19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck	
Chest Crushed over Heart	

Other contributory causes of importance:

Auto accident	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-19-38, 1938.
Where did injury occur? 3 mi. No. Blackfoot, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place (Yellowstone Highway)
Manner of injury: Car skidded on wet pavement and struck by on coming car.
Nature of injury: Broken Neck + Chest Crushed.

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) John C. Sandberg Coroner
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

108376

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108376

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 13

APR 4 1938

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Pearl Rember

(a) Residence No. 713 N. Topeka St. St. Anaheim, Calif.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced
~~HUSBAND of~~ (or) WIFE of Frank B. Rember.

6. DATE OF BIRTH (month, day, and year) 2-3-1907

7. AGE — Years: 31 | Months: 1 | Days: 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2-25-38
11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) Denver Colo
(State or country)

FATHER

13. NAME L. A. Wrenchers
14. BIRTHPLACE (city or town) Bellevue Ida
(State or country)

MOTHER

15. MAIDEN NAME Ethel Kreebone
16. BIRTHPLACE (city or town) Colo,
(State or country)

17. INFORMANT Frank B. Rember
(Address) 713 N. Topeka St. Anahe[illegible] Cal

18. BURIAL, CREMATION OR REMOVAL
Place Anaheim Calif. Date ....., 193..

19. UNDERTAKER P. McGoldrick
(Address)

20. FILED 3-31, 1938 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-22-1938

22 I HEREBY CERTIFY, That I attended deceased from 2/27, 1938, to 3/22, 1938
I last saw her alive on 3/22 1938: death is said to have occurred on the date stated above, at 9.30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/27-38
R. Lateral	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in ~~any~~ way related to occupation of deceased? No ~~Yes~~, no, specify .....

(Signed) E. W. Jost M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108377

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108377

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 248

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles EDWIN Boge

(a) Residence. No. Challis St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MILDRED

6. DATE OF BIRTH (month, day, and year) FEB 13 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining Engineer.
10. Date deceased last worked at this occupation (mo. and yr.) Mar 1931
11. Total time (years) spent in this occupation 18.

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME Henry
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Lucy Schlenk
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Robert Hammond
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Challis Ida. Date Mar. 22, 1937

19. UNDERTAKER John Lee Mortuary Ida
(Address)

20. FILED Mar 24, 1937 Elma Jo Kenney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/19 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1937, to 3/19, 1937
I last saw him alive on 3/19, 1937: death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/13/37
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) C. E. Kelley, M. D.
(Address) Challis

108378

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108378

Registration District No.

Primary Registration District No. 28

Local Registrar's No. 61

(No. St. Anthony Hosp. 2161)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archie Guy Yates

(a) Residence No. 558 West Fremont St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Verna Yates

6. DATE OF BIRTH (month, day, and year) Nov. 4 1892

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Propriator Oasis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. bar.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ashton
(State or country) Missouri

FATHER

13. NAME Scott Yates

14. BIRTHPLACE (city or town) unknown
(State or country) Ohio

MOTHER

15. MAIDEN NAME Susan Sheperson

16. BIRTHPLACE (city or town) unknown
(State or country) Missouri

17. INFORMANT Mrs Verna Yates
(Address) Pocatello Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Rockland Date March 28, 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED 3-26, 1938 D Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 25, 1938

22 I HEREBY CERTIFY, That I attended deceased from March 23, 1938, to Mar 25, 1938

I last saw him alive on Mar 25 1938: death is said to have occurred on the date stated above, at 4 00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 19

Other **contributory causes** of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R D Harvey, M. D.

(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108379

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108379

Registration District No. 2
Primary Registration District No. 100 4
Local Registrar's No. 79

APR 8 1938

(No. 515 S. 15)

(If death occurred in a hospital or institution, give its name instead of street and number)

43

2. FULL NAME Abram Isaac Michael

(a) Residence No. 515 So. 15th St. St. Rt. 1. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada G. Michael

6. DATE OF BIRTH (month, day, and year) Aug. 10th. 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Madison
(State or country) Wis.

FATHER

13. NAME George W. Michael

14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER

15. MAIDEN NAME Eliza House

16. BIRTHPLACE (city or town)
(State or country) U.S.A.

17. INFORMANT Jesse Michael
(Address) 1521 - N. 13th

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-17, 1938

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 3-15, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-14 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-12-, 1938, to 3-14-, 1938

I last saw him alive on 3-14-1938: death is said to have occurred on the date stated above, at 3 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis	
and Hedt Cerious	
Other contributory causes of importance:	
Hypertension. -	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Bowl, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108360

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Franklin

City of Preston

RECEIVED

APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108380

Registration District No. 27

Primary Registration District No. 214

Local Registrar's No. 24

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie May Porter Mead.

(a) Residence. No. Preston St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wallace A Mead

6. DATE OF BIRTH (month, day, and year): Feb 8- 1874

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
64	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

MOTHER FATHER

13. NAME: Nahum B. Porter

14. BIRTHPLACE (city or town) (State or country): Ossin Livingston N.Y.

15. MAIDEN NAME: Rachel Ann Murray

16. BIRTHPLACE (city or town) (State or country): Auburn Cayuga N.Y.

17. INFORMANT (Address): Wallace A. Mead Preston Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Preston Idaho Date: March 23 1938

19. UNDERTAKER (Address): Lewis L. Johnson Preston Idaho

20. FILED 4-8, 193.8 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 20- 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Febr. 1- 1938, to Mar 20 1938

I last saw her alive on Mar 20 1938; death is said to have occurred on the date stated above, at 4:10 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	Mar 11- 1938

Other **contributory causes** of importance:

Influenza followed by bronchitis	Febr. 1- 1938

Name of operation: None Date of: -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) G. W. States, M. D.

(Address) Preston Idaho

108381

PLACE OF DEATH
County of Madison
City of Sugar City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108381

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 14
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James C. Neibaur

(a) Residence No. Sugar City Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

95b2

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Elizabeth Croft Neibaur

6. DATE OF BIRTH (month, day, and year) Feb 2-1862

7. AGE: Years 76 | Months 1 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah.

FATHER
13. NAME Joseph W. Neibaur
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Bramshaw
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Elizabeth Neibaur (Address) Sugar City Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar Date Mar. 26, 1938

19. UNDERTAKER W. H. Hanson (Address) St. Anthony Idaho

20. FILED 4-4, 1938 Mrs. H. Haymond Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/22 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1938, to Mch 22, 1938
I last saw h. / ~~was~~ alive on 3-15 1938: death is said to have occurred on the date stated above, at 6 30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	
Other **contributory causes** of importance:	
Nephritis	

Name of operation None Date of operation
What test confirmed diagnosis? Vals Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3/31/38 (Signed) Louis H. Neil, M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

67-5-15 108382

PLACE OF DEATH
County of Wash.
City of Weiser (or R—)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108382

APR 11 1938

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 11
(No. Litter Flower Roof.)
(If death occurred in a hospital or institution, give its name instead of street and number)

940

2. FULL NAME Timothy W. Barton

(a) Residence No. Country St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mollie Barton

6. DATE OF BIRTH (month, day, and year) 8-15-187[illegible]

7. AGE: Years 66 | Months 7 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ~~Kentucky~~ Henry Co. Tenn.
(State or country)

FATHER
13. NAME Green Berry Barton
14. BIRTHPLACE (city or town)
(State or country) Tenn.

MOTHER
15. MAIDEN NAME Mary Jane Walker
16. BIRTHPLACE (city or town)
(State or country) Tenn.

17. INFORMANT Delbert Barton
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Date 4-3- 1938

19. UNDERTAKER L.B. Northam
(Address) Weiser Idaho

20. FILED Apr 8, 1938 Maria Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1938, to 3/30, 1938
I last saw him alive on 3/30 1938: death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~Stroke~~	
Coronary Occlusion	3/30/38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F.A. Schmidt, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Reg. 108382

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108383

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 38
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Percy Linwood Frank
(a) Residence No. Route #2 Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX —
4. Color or Race —
5. Single, Married, Widowed or Divorced (write the word) —

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pearl Gertrude

6. DATE OF BIRTH (month, day, and year) March 17 1875

7. AGE: Years 62 | Months 11 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa Wisconsin

FATHER
13. NAME Joseph Edward Frank
14. BIRTHPLACE (city or town) Buffalo (State or country) N. Y.

MOTHER
15. MAIDEN NAME Anna Ammerman
16. BIRTHPLACE (city or town) N. Y. (State or country) N. Y.

17. INFORMANT Irving Frank (Address) Route #2 Nampa

18. BURIAL, CREMATION OR REMOVAL
Place New City Cemetery Date 3/15, 1938

19. UNDERTAKER Dirk Talley (Address) Nampa, Ida.

20. FILED Apr. 1, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/12 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 7:15 ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coroner's Jury Verdict	
Collision of Auto driven	
by Percy L. Frank and	
Ford Roadster on road	
between Caldwell & Nampa	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 3/12, 1938
Where did injury occur? Stated about (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Road.
Manner of injury Stated about
Nature of injury Punctured Lung & Chest Crushed

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dirk D. Talley M. D. Coroner
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

108384

PLACE OF DEATH
County of Fremont
City of St. Anthony Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108384

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 338

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin J. Kiel

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Gladys Watson Kiel

6. DATE OF BIRTH (month, day, and year) Sept. 15-1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	51	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lawrence
(State or country) Utah

FATHER
13. NAME Robert N. Kiel
14. BIRTHPLACE (city or town) Springville
(State or country) Utah

MOTHER
15. MAIDEN NAME Lucinda Elmer
16. BIRTHPLACE (city or town) Payson
(State or country) Utah

17. INFORMANT Gladys W. Kiel
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rigby Date Mar. 9, 1938

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 3/9, 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/6 1938

22 I HEREBY CERTIFY, That I attended deceased from February 26, 1938, to March 5, 1938.
I last saw him alive on March 4 1938: death is said to have occurred on the date stated above, at 10:ff m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2/26/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John C. Rushton, Jr. M.D.
(Address) St. Anthony, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

108386

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108386

RECEIVED APR 12 1938

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number) No. Veterans Administration

2. FULL NAME Robert L. Little

(a) Residence No. 1650 Center Avenue St. Payette, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Irene Little

6. DATE OF BIRTH (month, day, and year) May 18, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Vernon Little

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Myra Pettis

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Payette, Idaho Date April 9, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 4-9, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-8-1938

22 I HEREBY CERTIFY, That I attended deceased from March 30, 1938, to April 8, 1938

I last saw him alive on April 8 1938: death is said to have occurred on the date stated above, at 11:30a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease,	
Aortic Stenosis & Insufficiency	1931
Mitral Stenosis & Insufficiency	

Other **contributory causes** of importance:

Name of operation None Date of ---

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury Homeward

24 Was disease or injury in any way related to occupation of deceased? , If so, specify

(Signed) J. H. McCLELLAN, M. D.

(Address) V.A., Boise, Idaho

J. H. McClellan

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108387

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108387

Registration District No. 2
Primary Registration District No. 2004
Local Registrar's No. 84

(No. 311 E. Bannock
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis. B. Davis.

(a) Residence No. Mc Call, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
1 Month.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Myrtle. E. Davis.

6. DATE OF BIRTH (month, day, and year) Apr. 21. 1884.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	10.	24.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Grande, Ore.
(State or country)

FATHER
13. NAME Marion. Davis.
14. BIRTHPLACE (city or town) Ohio.
(State or country)

MOTHER
15. MAIDEN NAME Blanche. A. Willey.
16. BIRTHPLACE (city or town) Mich.
(State or country)

17. INFORMANT Mrs. Myrtle. E. Davis.
(Address) Mc Call, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Mc Call, Idaho. Mar 18 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 3-16, 1938. R. L. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-15 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1938, to Mar. 15, 1938
I last saw h[illegible] alive on 3-15 1938: death is said to have occurred on the date stated above, at 12:00 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mutral heart disease & decompensation	

Other contributory causes of importance:

Brights disease	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108388

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Clarksfork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108388

Registration District No. 80
Primary Registration District No. 2157
Local Registrar's No. 23

(No. Clarksfork, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 4 1938

2. FULL NAME William E. Johnston

(a) Residence. No. Clarksfork, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilma Marie Johnston

6. DATE OF BIRTH (month, day, and year) March 23, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Venice County (State or country) Michigan

FATHER

13. NAME Henry D. Johnston

14. BIRTHPLACE (city or town) Farmington (State or country) Michigan

MOTHER

15. MAIDEN NAME Sadie E. Simpson

16. BIRTHPLACE (city or town) Belleview (State or country) Iowa

17. INFORMANT Hilma M. Johnston (Address) Clarksfork, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Clarksfork, Ida Date Mar. 6, 1938

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.

20. FILED Mar 7 1938 Orville Crisp. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probable infection from boil	
History of Diabetes since 1932.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. G. Moon Coroner.
(Address) Sandpoint, Idaho.

Moon Mortuary
Lawrence G. Moon
Sandpoint, Idaho

APR 11 1938

April 8, 1938

Bureau of Vital Statistics
Department of Public Welfare
Boise, Idaho

Dear Sir:

We wish to obtain a certified copy of the Death Certificate of William E. Johnston, deceased March 3, 1938. Enclosed please find 50¢/

The place of birth and the date of birth are wrong and the age, also, on the certificate. Will you please correct these and send us the copy with the corrected data.

He was born in Owosso, Venice Co., Michigan.
His date of birth was March 23, 1877.
His age was 60 yrs. 11 mo. 10 days.

Yours truly,
MOON MORTUARY
by H. B. Moon

10838

#108389

PLACE OF DEATH
County of Twin Falls
C. Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108389

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No. 4
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barnett Eugene Lowell
(a) Residence No. Buhl, Idaho St. R.F.D.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~: Maud Lowell
6. DATE OF BIRTH (month, day, and year): July 13, 1884
7. AGE: Years 53 | Months 8 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (mo. and yr.): June 1938
11. Total time (years) spent in this occupation: 1 yrs.

12. BIRTHPLACE (city or town) (State or country): Not Known, Wisconsin

FATHER
13. NAME: George Lowell
14. BIRTHPLACE (city or town) (State or country): Not Known, Wisconsin

MOTHER
15. MAIDEN NAME: Nancy E. Taylor
16. BIRTHPLACE (city or town) (State or country): So. Carolina

17. INFORMANT (Address): George Lowell, Buhl, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Buhl Date: April 13, 1938
19. UNDERTAKER (Address): B. T. Albertson, Buhl, Idaho
20. FILED: 4/12, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 12, 1938
22 I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to April 10, 1938
I last saw him alive on April 10, 1938: death is said to have occurred on the date stated above, at 5 42 H. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Pneumonia, Lobar	Jan. 1, 1938
2. Bronchial Asthma	1 year ago.
3. ~~Cancer~~	

Other **contributory causes** of importance:

Acute cardiac decompensation	Apr. 1, 1938
Chronic alcoholism	

Name of operation None Date of
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Vern H. Anderson, M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108390

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108390

Registration District No. 2
Primary Registration District No. 1014 Local Registrar's No. 117
(No. Leopard Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Franklin Gilshire

(a) Residence No. 1615 Warm Springs St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 7- 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38 1900	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney at law
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grangeville
(State or country) Idaho

FATHER
13. NAME James F. Gilshire
14. BIRTHPLACE (city or town) Greene County
(State or country) Tennessee

MOTHER
15. MAIDEN NAME Lucie Bundren
16. BIRTHPLACE (city or town) Sandridge
(State or country) Tennessee.

17. INFORMANT James F. Gilshire
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 4/12, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-13, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 10th, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw him Dead 4/10 193 8. death is said to have occurred on the date stated above, at About 2: A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural.	
Found Dead In His Room.	
No Indication of Foul Play	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. T. McCann Coroner ~~M. D.~~
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108391

PLACE OF DEATH
County of Latah
City of ~~Moscow~~ Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108391

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Englebret B. Dahlquist

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jenny Dahlquist

6. DATE OF BIRTH (month, day, and year) 9/14/'83

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Tuner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Dahlquist
14. BIRTHPLACE (city or town) ~~Sweden~~ (State or country) Sweden

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Richard Dahlquist
(Address) Seattle, Wash.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane, Wn. Date 4/7, 193 8

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED Apr 9, 1938 A. P. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/5 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Not known, probably accidental, drowning	

Other **contributory causes** of importance:

Disappeared Mar. 25, '38 found Apr. 5, '38	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. R. Short Coroner, M.D.
(Address Moscow, Ida.

10839 ✓

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108392

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 38
(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James McLeod

(a) Residence No. Route #4 St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(~~or WIFE of~~) Christine McLeod

6. DATE OF BIRTH (month, day, and year) Jan. 27, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WPA Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2-24-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Scotland

FATHER
13. NAME James McLeod
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER
15. MAIDEN NAME Christine Waite
16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Meridian, Idaho Date April 11, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 4-11, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-7-~~193~~ 8

22 I HEREBY CERTIFY, That I attended deceased from February 24, 1938, to April 7, 1938
I last saw him alive on April 7, 1938: death is said to have occurred on the date stated above, at 10:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Wound, Crushing & Lacerated, left leg	2-24-38
Other **contributory causes** of importance:	
Gas Bacillus Pyogenic Infection; Toxemia secondary to infection	2-27-38

Name of operation Debridement & Suture, wound Date of 2-24-38
What test confirmed diagnosis? Left leg and thigh Was there an autopsy? No Clinical Findings and Laroratory examination

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? yes Date of injury 2-24, 1938
Where did injury occur? Boise, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Industry
Manner of injury Truck backed up unexpectedly crushing left leg
Nature of injury Wound, crushing & ~~lacerated~~, left leg

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify WPA Foreman

(Signed) J. H. McCLELLAN, M. D.
(Address) V. A., Boise, Idaho

J. H. McClellan

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108393

PLACE OF DEATH
County of Valley
City of Roseberry Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108393

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 4
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 5 1938

2. FULL NAME Anna Elizabeth Strode

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Strode

6. DATE OF BIRTH (month, day, and year) Nov 14th 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Blackfoot Idaho
(State or country)

FATHER
13. NAME -----Marian
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT John Strode
(Address) Roseberry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 3/24th, 1938

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Mar 23, 1938 Myrtle M. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/27 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937, to Mar 15, 1938

I last saw h-- alive on Mar 15 1938: death is said to have occurred on the date stated above, at 7:40 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of lung bowel & pancreas	to Dec 18/37
Other contributory causes of importance: Bronchitis	Mar 15/38

Name of operation Colostomy Dr Tenney Boise Date of
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) W. O. Hopkins, M. D.
(Address McCall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108394

Registration District No. 9-10

Primary Registration District No. 9-10

Local Registrar's No. 1

APR 1 1938

(No _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

9 dia

2. FULL NAME Fred B. Morrell

(a) Residence No. Route #1 Eagle St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stella Morrell

6. DATE OF BIRTH (month, day, and year) 1-3-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Barnesville
(State or country) Kansas

FATHER

13. NAME E. G. Morrell

14. BIRTHPLACE (city or town) Perry,
(State or country) Illinois

MOTHER

15. MAIDEN NAME Delnetta Justus

16. BIRTHPLACE (city or town) Prescott,
(State or country) Kansas

17. INFORMANT William McBratney
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star Cemetery Date 3-18-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 3/17, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-15-1938

22 I HEREBY CERTIFY, That I attended deceased from March 6th, 1938, to March 15, 1938

I last saw him alive on March 10 1938: death is said to have occurred on the date stated above, at 5:10 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	5 15 38.
Arteriosclerosis + Chronic Myocarditis	

Other **contributory causes** of importance:

Heart Block (P.S.T.)	3/9/38.
Arteriosclerosis (Pulmonary)	Years?

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193—.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Dr. J. M. Davis, M. D.

(Address Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Meridian Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108395

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 3

APR 11 1938

1072

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth C Neill

(a) Residence. No. Meridian Idaho St. ....
(Usual place of abode) Meridian Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 15 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) Dec 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Reads Landing (State or country) Minnesota

FATHER

13. NAME Thomas Mateer

14. BIRTHPLACE (city or town) Belfast (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah J McMaster

16. BIRTHPLACE (city or town) Belfast (State or country) Ireland

17. INFORMANT W-S-Mateer W S Mateer (Address) Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cem Date Mar 15, 1938

19. UNDERTAKER Summers Funeral Home (Address) Boise Idaho

20. FILED 3-14, 1938 W. H. Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 12 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Mar 12, 1938
I last saw h.. alive on Mar 12, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Mar 1-38
Other contributory causes of importance:	

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193...
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) E E Jewell, M. D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Meridian Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108396

APR 11 1938

Registration District No. 1

Primary Registration District No. 2395 Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Franklin L Norman

(a) Residence. No. Meridian Idaho St.

(Usual place of abode) Meridian Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Ahrend Norman

6. DATE OF BIRTH (month, day, and year) Nov 25 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1935 Yes

11. Total time (years) spent in this Occupation Life

12. BIRTHPLACE (city or town) (State or country) Mason City Ills

FATHER

13. NAME George Norman

14. BIRTHPLACE (city or town) (State or country) Mason City Ill

MOTHER

15. MAIDEN NAME Eliza Wagoner

16. BIRTHPLACE (city or town) (State or country) Mason City Ill

17. INFORMANT Mrs F-L-Norman
(Address) Meridain Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date Mar 21, 1938

19. UNDERTAKER W-S-Mataar
(Address) Meridain

20. FILED Mar 21, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1938, to 3-18, 1938

I last saw him alive on 3-18, 1938; death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal apoplexy	3-13-38
Other contributory causes of importance: Cardiac failure	3-13-38

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 193~

Where did injury occur? ~
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) Jos. M. Thoman M. D.

(Address) Meridian, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108397

Registration District No. 9+10

Primary Registration District No. 9+10 Local Registrar's No. 2

APR 1 1938

(No.) 37

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elbridge Gary Morrell

(a) Residence No. Route #1 Eagle St.

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delnetta Morrell

6. DATE OF BIRTH (month, day, and year) 12-25-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Perry (State or country) Illinois

FATHER

13. NAME Elbridge Morrell

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Margaret Reed

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mattie Murrow

(Address) Blue Mound, Kansas

18. BURIAL, CREMATION OR REMOVAL

Place Star Cemetery Date 3-18, 1938

19. UNDERTAKER William McBratney

(Address) Boise, Idaho

20. FILED 3/17, 1938 Registrar.

Eagle Idaho.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-16 1938

22 I HEREBY CERTIFY, That I attended deceased from March 6th, 1938, to March 16, 1938

I last saw him alive on March 15, 1938: death is said to have occurred on the date stated above, at 8:00 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcic Sorethroat with Septicemia	March 10, 1938 March 16, 1938.
Other **contributory causes** of importance:	
chronic myocarditis	
Arteriosclerosis - Failing Compensation - Heart Block.	

Name of operation — Date of —

What test confirmed diagnosis? Typical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193.....

Where did injury occur? —

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Dr. J. M. Snyder, M. D.

(Address Boise, Idaho

PLACE OF DEATH
County of Ada
City of Near City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108398

APR 12 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 25
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anthony S. Thompson

(a) Residence No. Ada Co: Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/18/1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME No Record
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Records od Ada Co: Hospital
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 3/9, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-8, 1938 W. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar. 5th, 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to 3-5, 1938
I last saw h— alive on 3-5 1938: death is said to have occurred on the date stated above, at 11: A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	4 days

Other **contributory causes** of importance:

myocarditis	3 yrs

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify
(Signed) J. Wilmeth, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108399

APR 12 1938

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 26

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1070

2. FULL NAME John Conyers

(a) Residence No. Star, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mae Conyers

6. DATE OF BIRTH (month, day, and year) May 22, 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Texas
(State or country)

FATHER

13. NAME Not attainable

14. BIRTHPLACE (city or town) Not attainable
(State or country)

MOTHER

15. MAIDEN NAME Not Attainable

16. BIRTHPLACE (city or town) Not attainable
(State or country)

17. INFORMANT Dessie Lankford
(Address) Caldwell Ida. R.1.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 3/12, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-11, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-9 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 1937, to 3-8, 1938

I last saw h— alive on 3-8 1938.: death is said to have occurred on the date stated above, at ? m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	3 days
Other **contributory causes** of importance:	
Senile	2 yrs

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J W Edmund, M. D.

(Address Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108400

Registration District No. 2004

Primary Registration District No. 8

Local Registrar's No. 29

(No. Idaho State Penitentiary)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ROSS DRAPER

(a) Residence No. Idaho State Penitentiary St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 27th. 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Albie, (State or country) Missouri

FATHER

13. NAME Jesse Draper (Deceased)

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Naoma Draper

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Records of Ida: State Penitentiary (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place Penitentiary Date 3/14, 1938

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 3-16, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 11th. 1938

22 I HEREBY CERTIFY, That I attended deceased from 193 , to 193 , Dead 3/11 1938

I last saw him alive on 193 8: death is said to have occurred on the date stated above, at About 3. P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural	
Found Dead in His Room	
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) J. W. McCann Coroner M. D.

(Address) Boise Idaho

Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108401

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 31
(No. Ada County Hos.)
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 12 1938

2. FULL NAME Howard L. Gilbert
(a) Residence No. Ada Co. Hosp. St.
(Usual place of abode) about 28 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie Gilbert
6. DATE OF BIRTH (month, day, and year): Sept 26 1859
7. AGE: Years 79 | Months 5 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): U.S. Ga. Gilbert

FATHER
13. NAME: Stephan L. Gilbert
14. BIRTHPLACE (city or town) (State or country): N. York

MOTHER
15. MAIDEN NAME: Emeline Seaman
16. BIRTHPLACE (city or town) (State or country): Ve. St. Me

17. INFORMANT: E. L. Gilbert
(Address): Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 3/19, 1938

19. UNDERTAKER: Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-18, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar. 14 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to 3-14, 1938
I last saw h.. alive on 3-14 1938: death is said to have occurred on the date stated above, at 3. P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Bronchitis	4 days

Other **contributory causes** of importance: Senile

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) J. W. Almond, M. D.
(Address) Boise

Almond

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108402

APR 12 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 324

(No. 94 1/2)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clark Earl Walters

(a) Residence No. 8th and Garden streets St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henrietta Walters

6. DATE OF BIRTH (month, day, and year) June 4, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Union County
(State or country) Iowa

MOTHER FATHER
13. NAME W. S. Walters
14. BIRTHPLACE (city or town) Van Wert County
(State or country) Ohio
15. MAIDEN NAME Laune Elizabeth Jackson
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Henrietta Walters
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 3-21-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 3-19, 1938 R. S. Kurtz
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-17-1938

22 I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to March 17, 1938
I last saw h. alive on March 17 1938.: death is said to have occurred on the date stated above, at 10:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-16-38
Other **contributory causes** of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? Heart Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. Almond M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108403

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 33

APR 12 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvina Louisa Kuehl

(a) Residence No. 5th and Orchard Streets St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. T. Kuehl

6. DATE OF BIRTH (month, day, and year) 2-10-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Klein Waabs,
(State or country) Germany

FATHER
13. NAME Otto F. Thies
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Rebecca Brookman
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Thekla Kuehl
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-26-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise

20. FILED 3-25, 193 8 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-23-193 8

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 193 4, to March 23, 193 8
I last saw her alive on March 21, 193 8: death is said to have occurred on the date stated above, at 12:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Has been paralysed	
for a number of years	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Thurbeck, M. D.
(Address Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108404

APR 12 1938
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 34
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etta Rambo

(a) Residence No. 901 North 27th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse O. Rambo

6. DATE OF BIRTH (month, day, and year) 3-27-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sangman County
(State or country) Illinois

FATHER
13. NAME Joseph Sinsabaugh
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER
15. MAIDEN NAME Nancy Hall
16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMANT Mrs. Ollie Carpenter
(Address) Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star Cemetery Date 3-27-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 3-26, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-22 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-5, 193 8, to 3-22-, 193 8
I last saw her alive on 3-21 193 8: death is said to have occurred on the date stated above, at 6:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancinoma of Stomach	unknown
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical exam. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) O. F. Swindell, M. D.
(Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise
RECEIVED
APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108405

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 61
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Breckenridge

(a) Residence No. Route # 4. Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John G. Breckenridge

6. DATE OF BIRTH (month, day, and year) Aug. 9. 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	6	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mayfield
(State or country) Idaho

FATHER
13. NAME James O. Corder
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER
15. MAIDEN NAME Anna Blalock
16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT John G. Breckenridge
(Address) Route # 4. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Mar. 4. 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 3-2, 1938 A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH Mar.

21. DATE OF DEATH (month, day and year) 1. 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1938, to Mar. 1, 1938
I last saw he alive on Mar. 1 1938: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 17 1938
(Hemiplegia)	

Other contributory causes of importance:

Age & Arterio Sclerosis	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193...
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? ✓ If so, specify
(Signed) Emmett Clewett, M. D.
(Address) 105 N. 8th

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

REC'D APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108406

Registration District No. 2

Primary Registration District No. 204

Local Registrar's No. 62

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Alberta Whillock

(a) Residence No. 903 N. 7th Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Westerman Whillock

6. DATE OF BIRTH (month, day, and year) 8-3-1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Store

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) San Francisco, California

FATHER

13. NAME Swingle

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mabel Graham

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Westerman Whillock
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarendale Date 3-3-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 3-2, 1938 A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-1 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-25, 1938, to Death, 193

I last saw h[illegible] alive on 3-1 1938: death is said to have occurred on the date stated above, at 5:45 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Perforation adeno-carcinoma sigmoid	2-25-38

Other **contributory causes** of importance:

Septic pneumonia.	2-27-38

Name of operation Colpotomy Date of 2-28-38

What test confirmed diagnosis? → Was there an autopsy? yes.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Hart, M. D.

(Address) Early (Boise)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING Shaw-Mack

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108407

APR 14 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 64
(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Juana Uberuaga

(a) Residence No. 310 Grove St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Uberuaga

6. DATE OF BIRTH (month, day, and year) 3/9/1883

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	54	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Matricu (State or country) Spain

FATHER
13. NAME Domingo Arriola
14. BIRTHPLACE (city or town) Mindaro (State or country) Spain

MOTHER
15. MAIDEN NAME Francisca Amas
16. BIRTHPLACE (city or town) Matricu (State or country) Spain

17. INFORMANT Mrs Juanita Aldrich (Address) Boise

18. BURIAL, CREMATION OR REMOVAL Place St Johns Date 3-3-, 1938 Boise

19. UNDERTAKER Schreiber & McCause (Address)

20. FILED 3-4, 1938 R. B. Karpe Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 27 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-15, 1938, to 2-27-, 1938
I last saw h[illegible] alive on 2-27 1938 death is said to have occurred on the date stated above, at 7:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-15-38

Other **contributory causes** of importance:
Cirrhosis
Nephro-sclerosis
Hypertension
Partino-thyroid

Name of operation Spinal Puncture Date of
What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Shaw, M. D.
(Address) Boise, Idaho

Privett

PLACE OF DEATH
County of Ada
City of Boise

APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108408

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 65
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas W. Graves

(a) Residence No. 611 Grove Street St.
(Usual place of abode)
Length of residence in city or town where death occurred 36 yr. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2. 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clark County
(State or country) Illinois

FATHER
13. NAME William Graves
14. BIRTHPLACE (city or town) Vinton County
(State or country) Ohio

MOTHER
15. MAIDEN NAME Rachel Dixon
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Stephen S. Graves
(Address) 115 Main Street, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/3/ 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 3-4, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. Mar.

21. DATE OF DEATH (month, day and year) 1. 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 193 8, to 3-1, 193 8
I last saw h~~im~~ alive on 3-1 193 8: death is said to have occurred on the date stated above, at 1/15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Lobar pneumonia	2-21-38
Other **contributory causes** of importance:	
Fibrosis of Lung with acute Influenza. Abscess	1920.

Name of operation ~ Date of
What test confirmed diagnosis? Sput. Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury, 193
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. B. Privett, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108409

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 66

APR 12 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph G. Korn, Jr.

(a) Residence No. 1926 North 15th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ******

6. DATE OF BIRTH (month, day, and year) 5-1-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER

13. NAME Joseph G. Korn

14. BIRTHPLACE (city or town) .....
(State or country) Missouri

MOTHER

15. MAIDEN NAME Alice Flannery

16. BIRTHPLACE (city or town) .....
(State or country) North Dakota

17. INFORMANT Joseph G. Korn
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Johns Date 3-7-1938, 193..

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 3-5, 1938 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-4- 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-16, 1938, to death, 193..

I last saw him alive on 3-3 1938; death is said to have occurred on the date stated above, at 4:00 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	Indefinite
Other **contributory causes** of importance:	
Gastric Hemorrhage	3-4-38

Name of operation Blood transfusion Date of 2-26-38
What test confirmed diagnosis? Blood Smears Was there an autopsy? NO

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) R. T. West, M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108410

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 67

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Joyce Dowell

(a) Residence No. 902 McKinley Ave. St.

(Usual place of abode) 20 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stephen Dowell

6. DATE OF BIRTH (month, day, and year) March 31 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walker Co
(State or country) Georgia

FATHER

13. NAME Mr Kirkus

14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Stephen Dowell
(Address) 902 Mckinley. Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 3/7, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-5, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/4 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/1, 1938, to 3/3, 1938

I last saw her alive on 3/3 1938: death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	1937.
Cardiac Decompensation	1937.
Gangrene of foot (R)	1938.

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emmett R. Jones, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108411

APR 12 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 68

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1578

2. FULL NAME Infant Keener

(a) Residence No. 1123½ Lee Street. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of March 5. 1938

6. DATE OF BIRTH (month, day, and year) March. 5. 1938

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 2 min.
No	No	No	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

FATHER

13. NAME Robert L. Keener

14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER

15. MAIDEN NAME Garpile Dickerson

16. BIRTHPLACE (city or town)
(State or country) Georgia

17. INFORMANT Robert L. Keener
(Address) 1123½ Lee Street, Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/7/ 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 3-5 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. Mar.

21. DATE OF DEATH (month, day and year) 5 193 8

22. I HEREBY CERTIFY, That I attended deceased from March 5, 193 8, to March 5, 193 8
I last saw him alive on March 5 193 8: death is said to have occurred on the date stated above, at 3:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Monstrosity	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Bogue M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108412

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 69

APR 12 1938

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME John Calvin Casey

(a) Residence No. Rt. 4 Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 14 1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wright Co.
(State or country) Missouri

FATHER

13. NAME James Wesley Casey

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Rachael Widener

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Edward W. Casey
(Address) Star Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star Boise Date 3-6-1938

19. UNDERTAKER Schaefer & McCausland
(Address)

20. FILED 3-5-1938 R. Phillips
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1938 to March 2, 1938

I last saw h. alive on March 2 1938. death is said to have occurred on the date stated above, at 11.45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	June 1937

Other **contributory causes** of importance:

Name of operation Removal of Colon Date Feb 17 1938
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify?

(Signed) Edward W. Casey for
(Address 411 Cantrell Blvd Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108413

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 71

APR 14 1938

(No. 710 Franklin St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Jessie May McCrum

(a) Residence No. 710 Franklin St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leon, Iowa
(State or country)

FATHER

13. NAME Snyder

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. J. S. Springer
(Address) 710 Franklin St.

18. BURIAL, CREMATION OR REMOVAL
Pioneer cemetery Date 3/7/38, 193

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 3-7, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-5 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-1-38, 193..., to 3-5-38, 193...

I last saw her alive on 3-5 1938: death is said to have occurred on the date stated above, at 5 10 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertensive cardio-vascular renal disease	1932
Other **contributory causes** of importance:	
Myocardial failure	2-28-38

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Springer, M. D.

(Address Boise, Idaho

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108414

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 72

APR 14 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Matilda Knight

(a) Residence No. 921 North 6th St.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sidney Knight

6. DATE OF BIRTH (month, day, and year) Dec 2-1844

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
93	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Landau
(State or country) England

FATHER
13. NAME Godfyer
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Martha Burdit
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT [illegible]
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Boise
Place Morris Hill Date 3-9-, 1938

19. UNDERTAKER Schreiber & Williams
(Address) Boise Ida

20. FILED 3-9-, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-8 1938

22 I HEREBY CERTIFY, That I attended deceased from January 16th, 1938, to 3/3, 1938
I last saw her alive on 3/8 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	?

Other **contributory causes** of importance: None

Name of operation None Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. L. Allen, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108415

APR 14 1938
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 73
(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Douillot

(a) Residence No. Idaho City St. Idaho City Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sept 14th. 1861

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parkersville
(State or country) Oregon

FATHER

13. NAME August Douillot
14. BIRTHPLACE (city or town) ~~Fra~~ XXX
(State or country) France

MOTHER

15. MAIDEN NAME Margaret Adele Flett
16. BIRTHPLACE (city or town)
(State or country) Oregon

17. INFORMANT Ernest J. Carpenter
(Address) Idaho City Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/10, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-10, 1938 W. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-8 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1938, to Mar 9, 1938
I last saw h~~is~~alive on 3-8 1938: death is said to have occurred on the date stated above, at 12:25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Nephritis	Past Years
Other contributory causes of importance:	
Cardiac Dilitation	9 days

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. M. Bransom M. D.
(Address)

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108416

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 74

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. 1014½ Main)

2. FULL NAME Harry Newell

(a) Residence No. 1014½ Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1873
7. AGE: Years: About 65; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Appleton (State or country) Wisconsin

FATHER
13. NAME Edgar Newell
14. BIRTHPLACE (city or town) U. S. A. (State or country)

MOTHER
15. MAIDEN NAME Alice Fykes
16. BIRTHPLACE (city or town) Appleton (State or country) Wisconsin

17. INFORMANT Carrie L. Bertschausmy (Address) Boise 1007 N. 13th St.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 3/12, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-10, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 8th 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw him alive on Dead 3/8, 1938 death is said to have occurred on the date stated above, at About 2: A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural	
Found Dead In Bed In His Room	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. V. McLaurin Coroner M. D.
(Address) Boise Idaho

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10841

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 75
(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isabelle King

(a) Residence No. 1710 2 St. Kuna Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of L. L. King

6. DATE OF BIRTH (month, day and year) July 30, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Red Boiling Springs Tenn.

FATHER

13. NAME John H. Green
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Melissa Brandon
16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT L. L. King
(Address) Kuna Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Kuna Ida Date 3/6, 1938

19. UNDERTAKER B. A. Robinson
(Address) Meridian Ida

20. FILED 3-10, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-3 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-1, 1938, to 3-3, 1938
I last saw her alive on 3-3 1938: death is said to have occurred on the date stated above, at 8:45 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephro-sclerosis	?
Other **contributory causes** of importance: Chronic myocarditis	?
Bronchitis	?
Emphysema, senile	?

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. O. Shaw M. D.
(Address) Boise Idaho

tion on back of certificate.

Swindell

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108418

Apr 16 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 76

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Elmer N. Hart

(a) Residence No. 1301 Broadway St.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daisy F. Hart

6. DATE OF BIRTH (month, day, and year) 4-16-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painting Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) Clark County
(State or country) Iowa

FATHER

13. NAME Peter Hart
14. BIRTHPLACE (city or town) Wisconsin
(State or country)

MOTHER

15. MAIDEN NAME Lila Hazelton
16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Daisy N. Hart
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-11-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 3-11, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-9 1938

22 I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to March 9, 1938
I last saw h— alive on 3-9 1938: death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs
Other contributory causes of importance:	
Nephritis	6 mos

Name of operation nil Date of
What test confirmed diagnosis? Prin Was there an autopsy? Electrocardiogram

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? nil
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) T W Almond M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hokes - L

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10841

Registration District No. 2004
Primary Registration District No. 2004 Local Registrar's No. 77
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

Apr 16 1938

95b

2. FULL NAME Heber Johnson

(a) Residence No. 1217 East Franklin Street St.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice L. Johnson

6. DATE OF BIRTH (month, day, and year) 10-18-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kiln Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Industry
10. Date deceased last worked at this occupation (mo. and yr.) 6-9-1935
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) Orid. Idaho
(State or country) Bear Lake County

FATHER

13. NAME Andrew Johnson
14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER

15. MAIDEN NAME Christina Sorenson
16. BIRTHPLACE (city or town) Copenhagen
(State or country) Denmark

17. INFORMANT Mrs. Alice L. Johnson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 3-8-1935, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 3-12, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-5- 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug., 1937, to March, 1938
I last saw him alive on 3-5- 1938: death is said to have occurred on the date stated above, at 11:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease.	1936.

Other contributory causes of importance:

Cardiac Failure	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) O. Truly T. Hokes
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr. West

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108429

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 78

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

186a

2. FULL NAME Mary Fry

(a) Residence No. Route #1 St. Eagle, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George W. Fry

6. DATE OF BIRTH (month, day, and year) 4-8-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marion County
(State or country) Iowa

FATHER

13. NAME Joseph Robinson

14. BIRTHPLACE (city or town) Marion County
(State or country) Iowa

MOTHER

15. MAIDEN NAME Indiana Funk

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Otto J. Fry
(Address) Route #1, Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star Cemetary Date March 16, 1935

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 3-15, 1935 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-12-1935

22 I HEREBY CERTIFY, That I attended deceased from 8-9, 1933, to Death, 193.

I last saw h[illegible] alive on 3-11 1935: death is said to have occurred on the date stated above, at 12:30p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (apoplexy). left.	3-8-35.

Other **contributory causes** of importance:

1. Senility
2. Puncture lt temporal artery left 3-8-35

Name of operation None Date of

What test confirmed diagnosis? Phys findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following: Contributary

Accident, suicide, or homicide? accident Date of injury 3-8-35, 193.

Where did injury occur? at home
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fell cutting left temporal artery

Nature of injury With onset of apoplexy.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. West M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108421

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 80

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

46b

2. FULL NAME John J. Diehl

(a) Residence No. Valley Road Ada County St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15 1859

7. AGE — Years: 78 | Months: 7 | Days: 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl Bauer

(Address) Boise RD. I

18. BURIAL, CREMATION OR REMOVAL

Place Cloverdale Date 3-16, 1938

19. UNDERTAKER Schreiber & McCann

(Address)

20. FILED 3-15, 1938 K. F. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-13 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1938, to March 13th, 1938.

I last saw him alive on March 13th 1938: death is said to have occurred on the date stated above, at 3.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
of Stomach & pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John Bauer M. D.

(Address Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108422

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 81
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion Gerald Mills

(a) Residence No. ... St. Garden Valley Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 16 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	9	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boise Payette
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME William John Mills
14. BIRTHPLACE (city or town) Granite Creek
(State or country) Idaho

MOTHER
15. MAIDEN NAME Katherine Josephine Leary
16. BIRTHPLACE (city or town) Granite Creek Idaho
(State or country) Idaho

17. INFORMANT W L Mills
(Address) Garden Valley Ida

18. BURIAL, CREMATION OR REMOVAL
Place St John's Date 15/1938, 193

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-16, 1938 E. C. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 193 8 to March 13, 193 8
I last saw h[illegible] alive on March 12 193 8: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Meningitis (pneumococcic)	1 week ago
Emphysema — acute —	5 weeks ago

Other **contributory causes** of importance:

Pneumonia - lobar	8 weeks ago

Name of operation Rib resection Date of Feb 3+24 1938
What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Howard M Coleman M. D.
(Address 411 Eastman Bldg Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hamilton

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108424

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 83

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sandra Ann Haggard

(a) Residence No. 901 No 7th. St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Mar. 15th 1938

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day 30 hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boise Idaho

FATHER

13. NAME: Henry Haggard

14. BIRTHPLACE (city or town) (State or country): Wickersham Wash:

MOTHER

15. MAIDEN NAME: Kathryn O'Leary

16. BIRTHPLACE (city or town) (State or country): Grass Valley Ore.

17. INFORMANT (Address): Henry Haggard Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Bend Ore. Date: 3/16, 1938

19. UNDERTAKER: Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-16, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3-15 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-15, 1938, to 3-15, 1938

I last saw her alive on 3-15 1938: death is said to have occurred on the date stated above, at 4-10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxiation in utero	
Breech presentation, short cord 12 inches which caused separation placenta and	
Other contributory causes of importance: severing of cord at placental site.	3-15-38

Name of operation: Artificial Respiration 30 minutes

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) O. B. Hamilton M. D.

(Address) Boise Idaho

Forney

PLACE OF DEATH

County of Ada

City of Boise

Apr 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108425

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 85

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

111 A

2. FULL NAME David Wesley Edwards

(a) Residence No. Route # 4 Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 15, 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Johnson Co.
(State or country) Indiana

FATHER

13. NAME Jesse Edwards

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Robert Smith
(Address) Route # 4 Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Morris Hill cemetery Date 3/17/38 193

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 3-17 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/15 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1938 to 3-15, 1938

I last saw him alive on 3-15 1938: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	

Other contributory causes of importance:

Primary Suppuration Pulmonary Congestion	2/26/38

Name of operation — Date of —
What test confirmed diagnosis? Natural Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. W. Forney, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108426

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 86

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wiley E. Villers

(a) Residence. No. St. Alphonsea Hospital St. Mountain Home Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) January 18, 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	I	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cowboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Littletown W. V.
(State or country) West Virginia

MOTHER FATHER

13. NAME Samuel Villers

14. BIRTHPLACE (city or town) Clarksburg
(State or country) West Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT George E. Hendricks
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Home Date March 17, 1938

19. UNDERTAKER Zachar-Bay Funeral Home
(Address) Mt. Home Idaho

20. FILED 3-17 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1938, to 3-16, 1938
I last saw ~~him~~ alive on 3-16, 1938; death is said to have occurred on the date stated above, at 11-33 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis	3-8-38
Other contributory causes of importance: Ruptured appendical abscess	3-8-38

Name of operation Open & drain Date of 3-8-38
What test confirmed diagnosis? — Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. O. Hamilton M.D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108427

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 87
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Jessie Holland Capps
(a) Residence No. Atlanta Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Goldie E Baker
6. DATE OF BIRTH (month, day and year): 6-1870
7. AGE: Years 68 | Months 0 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Prospector
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Centerville Idaho

FATHER
13. NAME: James H. Baker
14. BIRTHPLACE (city or town) (State or country): Glasgow Scotland

MOTHER
15. MAIDEN NAME: Elizabeth Lockhead
16. BIRTHPLACE (city or town) (State or country): Glasgow Scotland

17. INFORMANT (Address): Mrs E. J. Ballentyne Atlanta Ida
18. BURIAL, CREMATION OR REMOVAL: Cemetery Date 3/13 1938
19. UNDERTAKER (Address): C. V. Peckham Caldwell Ida
20. FILED 3-17, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/11 1938
22 I HEREBY CERTIFY, That I attended deceased from 2-24, 1938, to 3-11, 1938
I last saw h-m alive on 3-11 1938.: death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1937
Other contributory causes of importance:	
Cachexia	1938

Name of operation Exploratory Laparotomy Date of 2-25-38
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) M Bohm, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108428

Registration District No. 2
Primary Registration District No. 6,04 Local Registrar's No. 88
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James P. Bryce 137

(a) Residence No. [illegible] St. Meridian Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Anna Bryce

6. DATE OF BIRTH (month, day, and year) 6-1-1861

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Missouri

FATHER
13. NAME James P. Bryce
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Helen Hamilton
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Anne Bryce
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 3-18, 1938

19. UNDERTAKER E. W. Robinson
(Address) Meridian Ida

20. FILED 3-21, 1938 N. S. Karp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 16 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-26, 1938, to 3-14, 1938
I last saw him alive on 3-14 1938: death is said to have occurred on the date stated above, at 7:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	11-26-38

Other **contributory causes** of importance:

Prostatic Hyper-trophy	

Name of operation Cystotomy Date of 11-26-38
What test confirmed diagnosis? None Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) Jos. M. Thomas, M. D.
(Address) Meridian, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108425

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 89
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Allen Still

(a) Residence No. (Usual place of abode) St. Twin Falls Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hazel Still

6. DATE OF BIRTH (month, day, and year) Nov 28 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyampom (State or country) Calif:

FATHER

13. NAME Frank Still

14. BIRTHPLACE (city or town) Burlington (State or country) Iowa

MOTHER

15. MAIDEN NAME Maud Sperry

16. BIRTHPLACE (city or town) Sperry (State or country) Iowa.

17. INFORMANT Hazel Still (Address) Twin Falls Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Glenns Ferry Date 3/22, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-21, 1938 A. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-19 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-21, 1938, to 3-19, 1938

I last saw ~~him~~ alive on 3-19 1938: death is said to have occurred on the date stated above, at 8:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
See. 25-1937 Had Pneumonia followed by Empyema -	12-25-37
	1-1-38
Other **contributory causes** of importance: Pneumonia - 3-13-38	3-13-38
Died during crisis 3-18-38	3-18-38

Name of operation Resection rib Date of 3-2-38
What test confirmed diagnosis? Lab Was there an autopsy? No (and X-Ray) + Surgery

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Hamilton M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108430

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 90

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

10 5a

2. FULL NAME Robert W. Jefferson

(a) Residence No. 1117 North 8th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Zelda D. Jefferson

6. DATE OF BIRTH (month, day, and year) 1-19-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER

13. NAME William E. Jefferson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Forster

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Zelda D. Jefferson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 3-22-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 3-22 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-19 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-5, 1938, to death, 193..

I last saw h. alive on 3-18 1938.: death is said to have occurred on the date stated above, at 3:00a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis (Sudden cardiac failure)	3-19-38

Other **contributory causes** of importance:

Ulceration, larynx severe (Vincents angina type) Malnutrition

Name of operation None Date of

What test confirmed diagnosis Laboratory tests & Was there an autopsy? No Laryngeal photo

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman F. West, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108431

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 91
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry Dexter Rice

(a) Residence No. 1164 River St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Feb. 3rd. 1938

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Dexter Doyle Rice
14. BIRTHPLACE (city or town) Lannigan
(State or country) Missouri

MOTHER
15. MAIDEN NAME Geneva Rita Martin
16. BIRTHPLACE (city or town) Picabo
(State or country) Idaho

17. INFORMANT Dexter Rice
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Knowlton Heights Canyon Co. Date 3/22, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-22, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar. 20 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to Dead 3/20, 1938; I last saw him alive on 3/20 1938; death is said to have occurred on the date stated above, at 3:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown. But Natural.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. McCann Coroner M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108432

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 92

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mamie Werling Imus

(a) Residence No. Rt: 1 Caldwell St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Imus

6. DATE OF BIRTH (month, day, and year) 12/20/1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Passaic
(State or country) New Jersey

FATHER

13. NAME Joseph Werling

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Werling

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT W. C. Imus
(Address) Rt. 1 Caldwell

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Date 3/24, 1938

19. UNDERTAKER Case Furn. Co.
(Address) Caldwell Idaho

20. FILED 3-22 1938 E. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to 3-22, 1938

I last saw her alive on 1-m 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured Cervical Vertebra & Complete Paralysis	1/6/38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 1/1/35, 193.....
Where did injury occur? Ada County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Highway
Manner of injury Auto accident
Nature of injury turned turtle

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. Tomes, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108433

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 93

(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fay Lucile Moulton

(a) Residence No. Wilder Flat 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ira N. Moulton

6. DATE OF BIRTH (month, day, and year) 4-1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	0	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard
(State or country) Kansas

FATHER
13. NAME W. F. Allenbaugh
14. BIRTHPLACE (city or town)
(State or country) Not known.

MOTHER
15. MAIDEN NAME Mary McBride
16. BIRTHPLACE (city or town)
(State or country) Not known.

17. INFORMANT Ira N. Moulton
(Address) Wilder Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Cem. Date 3/2 1938

19. UNDERTAKER V. E. Eckhart
(Address) Wilder Ida

20. FILED 3-23, 1938 R. L. Skelton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/27 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-27-38, 193..., to 2-27-38 193...
I last saw her alive on 2-27-38 193...: death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	1937?
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Springer
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

RECEIVED APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108434

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 94

1070

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John. W. Miller.

(a) Residence No. Placerville, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1863.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75.	0	0.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisconsin.
(State or country)

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT C.C. Fairchild.
(Address) Centerville, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Hillsboro Wisconsin. Date Mar. 24, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 3-23, 1938. R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) March 20 1938

22 I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to March 21, 1938

I last saw him alive on March 20 1938: death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	March 14 1938
Arteriosclerotic heart disease	1930

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard M. Chelsvig M.D.

(Address 411 Eastman Bldg Boise.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108435

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 95

APR 12 1938

(No.) 104
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Louis Moritz

(a) Residence No. 911 State St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sept: 15th 1889

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 48 | Months: 6 | Days: 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Spokane
(State or country) Wash:

FATHER
13. NAME August J. Moritz
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Francis Stein
16. BIRTHPLACE (city or town) Kentuckey
(State or country) Germany

17. INFORMANT Mrs Henry Moritz
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pioneer Cemetery 3/26 193 8

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-24, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-22 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1937, to Mar 22, 1938
I last saw h[illegible] alive on 3/22 1938.: death is said to have occurred on the date stated above, at 2.15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3-11-38
Suffocate Pocterial Endocarditis	7-1-37
Other **contributory causes** of importance:	
Hypertty sidosis —	1934

Name of operation None Date of —
What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) R. E. Hamilton, M. D.
(Address Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108436

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 97
(No.)

1571

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roscoe Clark Keeton

(a) Residence No. 410 S. 18th street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-18-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, (State or country) Idaho

FATHER

13. NAME Harvey Francis Keeton

14. BIRTHPLACE (city or town) Mitchel (State or country) Oregon

MOTHER

15. MAIDEN NAME Dorothy F. Bowan

16. BIRTHPLACE (city or town) Billings, (State or country) Montana

17. INFORMANT H. F. Keeton
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-25-, 1938

19. UNDERTAKER William McBratney
(Address) Boise Idaho

20. FILED 3-25, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-23-, 1938, to 3-24-, 1938

I last saw him alive on 3-23- 1938: death is said to have occurred on the date stated above, at 5:05 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Malformation in the pulmonary canal	
Other **contributory causes** of importance:	
unable to take food	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Bartlett M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108437

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 98
(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Holbrook

(a) Residence No. Ada Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary E. Holbrook

6. DATE OF BIRTH (month, day, and year): Apr 2 - 1870

7. AGE: Years 67 | Months 11 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Parma Idaho

FATHER
13. NAME: Geo H. Holbrook
14. BIRTHPLACE (city or town) (State or country): New Hampshire

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Elmer M. Holbrook

18. BURIAL, CREMATION OR REMOVAL
Place: Ada Idaho Date: 3/23, 1938

19. UNDERTAKER: C. D. Breckenridge
(Address): Emmett Idaho

20. FILED 3-25, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/21 1938

22 I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to 3-21, 1938
I last saw h. l. m. alive on 3-20 1938: death is said to have occurred on the date stated above, at 10:30a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	June 1937
Other **contributory causes** of importance:	

Name of operation: none Date of:
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O. J. Swindell, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108438

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 99

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1070

2. FULL NAME Ida May Patton

(a) Residence No. 1403 Franklin Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/27/1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME John H. Patton

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Nancy E. Jolley

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Charles W. Patton
(Address) Opportunity, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash Date 3/27/, 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 3-25, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. 3/25/38

21. DATE OF DEATH (month, day and year) 3/25/38

22 I HEREBY CERTIFY, That I attended deceased from Sept 22, 193 1, to Death, 193

I last saw her alive on 3-24 193 8: death is said to have occurred on the date stated above, at 5:00 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-18-38
Other **contributory causes** of importance:	
Pulmonary oedema	3-22-38
Upper respiratory infection	3-12-38.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No Physicals laboratory exam's

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. West, M. D.

(Address) Boise Idaho.

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PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108433

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 100
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

Apr 14 1938

2. FULL NAME Wilber Fred Betournay

(a) Residence No. Rt. 4 Boise St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 6, 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glenns Ferry
(State or country) Idaho

FATHER

13. NAME A. Wilber Betournay

14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15. MAIDEN NAME Mildred Ackley

16. BIRTHPLACE (city or town) Boise
(State or country) Idaho

17. INFORMANT A. Wilbur Betournay
(Address) Rt: 4. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 3/29, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-28, 1938 E. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/29 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1938, to 3-26, 1938

I last saw him alive on 3-25 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchs pneumonia	

Other **contributory causes**, of importance:

Endocarditis	
Middle ear infection	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) J. W. Forney M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108440

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 101
(No. 1820 Manitou)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Noel L. Mauss
(a) Residence No. 1820 Manitou St.
(Usual place of abode) Boise Ida (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur Mauss

6. DATE OF BIRTH (month, day, and year) 1878. Oct 25

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	59	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 12-1-38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Rutland Ill
(State or country)

FATHER

13. NAME John Ewing
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Burton
16. BIRTHPLACE (city or town) Ill
(State or country)

17. INFORMANT Cathrine O. Mauss.
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-30, 1938

19. UNDERTAKER M. Bmaker
(Address) Meridian Idaho

20. FILED 3-28, 1938 R. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-26 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1938, to Mar 26, 1938
I last saw her alive on 3-26 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Pulmonary Embolism	

Other **contributory causes** of importance:

Measles	
Bronchopneumonia	

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ———, 193—
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ———
Manner of injury ———
Nature of injury ———

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Cecil Eastman M. D.
(Address) 500 Eastman Bldg Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Fruitvale

RECEIVED

APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. I80

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108442

2. FULL NAME Ethel Irene Jones

(a) Residence. No. Tamarack St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Jones

6. DATE OF BIRTH (month, day, and year) Dec 13 1906

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
31	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House/Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own/Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Fruitvale Idaho

FATHER

13. NAME Ernest William Baker

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Mary Ella Longnecker

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Family

18. BURIAL, CREMATION OR REMOVAL
Place Council I.O.O.F Cem Date ....., 193..

19. UNDERTAKER (Address) Robert Young & Family Council Ida.

20. FILED APR 6, 193... DR. ALVIN S. THURSTON Registrar. COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/20 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1938, to March 20, 1938

I last saw h[illegible] alive on March 20, 1938: death is said to have occurred on the date stated above, at 7:10 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mm-Staphylococcemia	3/19/38
secondary to	
Other **contributory causes** of importance:	
acute Purulent Sinus + Abscess	
infection	March 7, 1938

Name of operation 0 Date of 0

What test confirmed diagnosis? Clin. Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Alvin S. Thurston M.D., M. D.

(Address) Council Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City or Cuprum

RECEIVED

APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 181

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108443

2. FULL NAME Nestor Harrison Kleinschmidt

(a) Residence. No. Cuprum Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Kleinschmidt

6. DATE OF BIRTH (month, day, and year): Oct 18 1892

7. AGE — Years: 45 — Months: 5 — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 3/16/38

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Helena Montana

FATHER

13. NAME: Albert Kleinschmidt

14. BIRTHPLACE (city or town) (State or country): Saxony Germany

MOTHER

15. MAIDEN NAME: Ellen Harrison

16. BIRTHPLACE (city or town) (State or country): Scheswig Holstein Germany

17. INFORMANT (Address): H.M.Kleinschmidt 60 Main St San Francisco

18. BURIAL, CREMATION OR REMOVAL
Place Cuprum Idaho Date 3/26/38, 193..

19. UNDERTAKER (Address): Family & Friends

20. FILED APR 6, 1938 — DR. ALVIN S. THURSTO COUNCIL, IDAHO — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/18/38 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ..March 27th.., 193.... I last saw him alive on ..dead.., 193.... death is said to have occurred on the date stated above, at unknown. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	3/18/38
Mine Cabin at Blue Jacket Mine	
Near Cuprum Idaho	
Other **contributory causes** of importance:	
Myocarditis - Fatty Deg.	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Jas. B. Sure ..... M. D.
(Address) Council Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108445

APR 4 1938

Registration District No. 28

Primary Registration District No. 761

Local Registrar's No. 44

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Louis Francis

(a) Residence No. Inkom, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of XXXXXX

6. DATE OF BIRTH (month, day, and year) Oct. 11/1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as ~~mill~~ saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER

13. NAME Wm. Francis

14. BIRTHPLACE (city or town) Kentucky
(State or country)

MOTHER

15. MAIDEN NAME Sarah Hickman

16. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

17. INFORMANT Mrs. E. M. Richerson
(Address) Inkom, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Inkom, Idaho Date Mar. 12, 1938.

19. UNDERTAKER Arthur J. Hall
(Address) Pocatello, Idaho

20. FILED Mar. 12, 1938. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/8/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193.....

I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur J. Hall Coroner M.D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108446

APR 4 1938

Registration District No. 28
Primary Registration District No. 216/1 Local Registrar's No. 45
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marguerite Brokate

(a) Residence No. 730 North 9th St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Bert Brokate

6. DATE OF BIRTH (month, day, and year) June 21, 1870

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
About 65			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME John Elick
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Harriett A.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Bert Brokate
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Mar. 14, 1938.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Mar. 12, 1938. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/9/1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1938, to March 9, 1938.
I last saw her alive on Mar. 8 1938.; death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	about 4 years
Chronic nephritis	" 4 " "

Other contributory causes of importance:

Diabetes mellitus	about 4 years.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Pocatello, Idaho M. D.
(Address) N. N. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108447

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 46

APR 4 1938

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James C. Phillips.

(a) Residence No. 328 Warren St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Margret Phillips

6. DATE OF BIRTH (month, day, and year) Feb. 27 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	-	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on O.S.L.R.R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Yutan
(State or country) Nebraska

FATHER
13. NAME Richard Phillips
14. BIRTHPLACE (city or town) --
(State or country) Wales

MOTHER
15. MAIDEN NAME Sarah Fisher
16. BIRTHPLACE (city or town) --
(State or country) Pensylvania

17. INFORMANT Mrs Margret Phillips
(Address) 328 Warreh Ave.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mountainview Date March 15 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED 3-14, 1938 D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 12 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-10, 1938, to 3/12, 1938
I last saw him alive on 3/12 1938: death is said to have occurred on the date stated above, at 11a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) D. R. Jones M. D.
(Address Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108448

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 47
(No. Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 4 1938

139C

2. FULL NAME Iretta Elizabeth Conan

(a) Residence No. Pingree, Idaho St. Pingree, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emory Vincent Conan

6. DATE OF BIRTH (month, day, and year) May 19-1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	9 mo	5 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harper, (State or country) Utah.

FATHER

13. NAME Joseph W. Wadsworth
14. BIRTHPLACE (city or town) Uinta (State or country) Utah.

MOTHER

15. MAIDEN NAME Henrietta McCleg
16. BIRTHPLACE (city or town) Keysville, (State or country) Utah.

17. INFORMANT Emory V. Conan (Address) Pingree - Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Taylorville Idaho. Date 3-16 1938

19. UNDERTAKER E T Peck (Address) Blackfoot Ida

20. FILED 3-15 1938 D. J. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-13 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 3, 1938, to Mar 13, 1938
I last saw her alive on 3/13 1938: death is said to have occurred on the date stated above, at 6 a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypernephroma	
Pulmonary uremia	
Other **contributory causes** of importance:	
Pneumonia	

Name of operation Hypernephroma Date of 3/6/38
What test confirmed diagnosis? Pathological Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Toomey M. D.
(Address Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108449

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Earl Kraft

(a) Residence No. Bonneville Rooms. So 2nd St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transient
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. relief.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Pocatello Police Dept
(Address) Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Mt View Cem Date March, 193 8
19. UNDERTAKER T. L. McTaggart
(Address) Pocatello Ida.
20. FILED March 16, 1938 D. E. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) March 15 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to Mar. 15, 1938.
I last saw him alive on Mar. 15 1938: death is said to have occurred on the date stated above, at 3:45 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	Unknown.

Other **contributory causes** of importance:

Chronic bronchitis	several years
Chronic asthma	Unknown

Name of operation — Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Urquhart M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108450

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 49

APR 4 1938

(No.) 9562
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Braman

(a) Residence No. 639 N. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 29 1875

7. AGE: Years 62 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: John Braman
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Bridget Bass
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs. Geo. Lakeman P. O. Box 133 Missoula Mont.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: Mar. 19, 1938

19. UNDERTAKER (Address): A. L. McKay Pocatello Idaho

20. FILED: Mar. 18, 1938 D. McKay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): March 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Mar 16, 1938

I last saw h[illegible] alive on 3/16 1938: death is said to have occurred on the date stated above, at 12:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal Disease	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108451

Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 250

APR 4 1938

(No. St. Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Dorothy Jean Rupp

(a) Residence No. ... St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 16, 1938

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME Donald C. Rupp

14. BIRTHPLACE (city or town) Blackfoot,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Dorothy Faye Pea

16. BIRTHPLACE (city or town) Pingree,
(State or country) Idaho.

17. INFORMANT Donald C. Rupp
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Mar. 19, 1938.

19. UNDERTAKER Arthur N. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Mar. 18, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/18/1938.

22 I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Blue baby	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 51

DO NOT WRITE IN THIS SPACE
State File No. 108452

Apr 4 1938

(No. Elk's Club)
(If death occurred in a hospital or institution, give its name instead of street and number)

130

2. FULL NAME Pertilla Gibbs Calvert

(a) Residence No. Elk's Club St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gertrude Calvert

6. DATE OF BIRTH (month, day, and year) Sept. 13, 1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	61	6	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. news stand
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert City
(State or country) Kentucky

FATHER
13. NAME William Calvert
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME Mary Gibbs
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mrs. Gertrude Calvert
(Address) Salt Lake City Utah

18. BURIAL, CREMATION OR REMOVAL burial
Place Mt. View Cem. Date Mar. 19, 1938

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED March 19 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar. 14 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1938, to Mar 14, 1938
I last saw h alive on Mar 4 1938: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nephritis	

Other contributory causes of importance:

Heart	

Name of operation None Date of None
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) J. N. Lyon M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108453

APR 4 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 52
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME DeWitt O. Bevans

(a) Residence No. 251 Washington Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Clara Pharris

6. DATE OF BIRTH (month, day, and year): June 1, 1879.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Custodian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public School
10. Date deceased last worked at this occupation (mo. and yr.): March 1938.
11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (city or town) (State or country): Bear Lake, Utah.

FATHER

13. NAME: C. H. Bevans
14. BIRTHPLACE (city or town) (State or country): Illinois.

MOTHER

15. MAIDEN NAME: Bertha Hubband
16. BIRTHPLACE (city or town) (State or country): Birmingham, Alabama.

17. INFORMANT: Mrs. DeWitt O. Bevans
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: Mar. 22, 1938.

19. UNDERTAKER: Arthur W. Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: Mar. 21, 1938. D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/19/1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to March 17, 1938.
I last saw h~~e~~ alive on March 17 1938.; death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris -	
Other contributory causes of importance: Arteriosclerosis (10 years)	

Name of operation: None Date of:
What test confirmed diagnosis?: Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?: Date of injury: 193
Where did injury occur?: (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place:
Manner of injury:
Nature of injury:

24 Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) L. M. Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108454

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 53

APR 4 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Sanford Tolfsing

(a) Residence No. 325 So. 11th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Oct 9, 1851

7. AGE — Years: 86. Months: 5 Days: — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Columbus Ohio

FATHER
13. NAME: Royal Tolfsing
14. BIRTHPLACE (city or town) (State or country): Ohio ~~Tennessee~~

MOTHER
15. MAIDEN NAME: Caroline Steele
16. BIRTHPLACE (city or town) (State or country): Ohio ~~Penn.~~

17. INFORMANT (Address): Mrs. Thomas Morris 325 So. 11th ave

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: Mar 22 1938

19. UNDERTAKER (Address): J. L. McHan Pocatello Idaho

20. FILED: Mar 21 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): March 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 –, 1938, to Mar 19, 1938
I last saw h– alive on Jan 18 1938: death is said to have occurred on the date stated above, at 5:40 P. m.,
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Debility	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. Brown, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108456

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 55
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Davis Shuey

(a) Residence No. 234 So. Johnson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 8, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lived with
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. her daughter
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington
(State or country) Ohio

FATHER

13. NAME LeRay Royce
14. BIRTHPLACE (city or town) McArthur Co
(State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Davis
16. BIRTHPLACE (city or town) Barrington
(State or country) New York

17. INFORMANT Henry A. Reynolds
(Address) Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Mar 25 193 8

19. UNDERTAKER H. L. McHaney
(Address) Pocatello Idaho

20. FILED Mar. 23 193 8 A. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 23 193 8

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 0, to Mar 23, 193 8
I last saw her alive on Mar 23 193 8: death is said to have occurred on the date stated above, at 3. A. m.,
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertension and Heart disease	1930

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Groken M. D.
(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108457

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 56

APR 4 1938

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

127

2. FULL NAME Alice Elvira Morris

(a) Residence No. McCammon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Joseph S. Morris

6. DATE OF BIRTH (month, day, and year): April 27/1882

7. AGE: Years 55 | Months 10 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Woodruff
(State or country): Utah

FATHER
13. NAME: Robert Green
14. BIRTHPLACE (city or town): Nauvoo, Ill
(State or country)

MOTHER
15. MAIDEN NAME: Sarah Harris
16. BIRTHPLACE (city or town): Nauvoo
(State or country): Illinois

17. INFORMANT: Joseph S. Morris
(Address): Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Portneuf Cem Date Mar 25, 1938

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello.

20. FILED Mar 25, 1938 D C Rall
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 22 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/16, 193..., to 3/22, 1938
I last saw her alive on 3/22 1938: death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute heart failure	
Dehydration	

Other contributory causes of importance:

Cholecystectomy 3/17/38	

Name of operation Cholecystectomy Date of 3/17/38
What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. H. Call, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

108459

DO NOT WRITE IN THIS SPACE
State File No. 58

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No.
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

146

2. FULL NAME Zina Elizabeth Watson Curtis

*(a) Residence No. 204 Park Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Lyle Curtis

6. DATE OF BIRTH (month, day, and year) Apr. 13, 1908.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, (State or country) Idaho.

FATHER

13. NAME Arthur Watson
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Gertrude Chandler
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Lyle Curtis
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Mar. 27, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Mar. 26, 1938. D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/24/38.

22 I HEREBY CERTIFY, That I attended deceased from 3-22, 1938, to 3-26, 1938
I last saw her alive on 3-24 1938.; death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar.	3-18-38

Other contributory causes of importance:

Name of operation —, Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, Specify
(Signed) W. W. Griffith M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108460

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 59

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard Keith Childs

(a) Residence No. Grace (Usual place of abode) St. Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 26, 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grace (State or country) Idaho

FATHER

13. NAME Leonard Childs

14. BIRTHPLACE (city or town) Grace (State or country) Idaho

MOTHER

15. MAIDEN NAME Lena Whitehead

16. BIRTHPLACE (city or town) Provo (State or country) Utah

17. INFORMANT Leonard Childs (Address) Grace, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Grace, Id. Date Mar 29, 1938

19. UNDERTAKER O. Sherwin Wells (Address) Preston, Idaho

20. FILED Mar 26, 1938 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 26 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 25, 1938, to Mar 26, 1938

I last saw him alive on Mar 26 1938.: death is said to have occurred on the date stated above, at 8 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	Mar 6 1938.
Malignant adhesions.	
Other contributory causes of importance:	

Operation: Exploratory Laparotomy Date of Mar 25

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brotherton M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108461

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 60
(No.) Saint Anthony's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Noble Rogers

(a) Residence No. R. F. D. #1. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 6, 1938.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME Guy Rogers
14. BIRTHPLACE (city or town) Logan,
(State or country) Utah.

MOTHER

15. MAIDEN NAME Myrtle Jenks
16. BIRTHPLACE (city or town) Weston,
(State or country) Idaho.

17. INFORMANT Guy Rogers
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Mar. 27, 1938.

19. UNDERTAKER Arthur J. Hall Mortuary
(Address) Pocatello, Idaho

20. FILED Mar. 26, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/25/1938

22 I HEREBY CERTIFY, That I attended deceased from 3/25, 193?, to 3/25, 1938
I last saw h[illegible] alive on 3/25 193X: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Exposure to cold	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 108462

Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ann Eliza Raymond.

(a) Residence No. ..... St. Menan, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of O. C. Raymond.

6. DATE OF BIRTH (month, day, and year) 2-26-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 5/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Plaincity, Utah.
(State or country)

FATHER
13. NAME Joseph Rawson.
14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Wainwright
16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT J. C. Raymond
(Address) Menan, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 3-31, 1938

19. UNDERTAKER A. B. Echorsell
(Address) Rigby, Idaho.

20. FILED Mar 30, 1938 D. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-28-1938

22 I HEREBY CERTIFY, That I attended deceased from 3/24, 1938, to 3/28, 1938
I last saw h~~er~~ alive on 3/28 1938: death is said to have occurred on the date stated above, at 4:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock following	
Operation	

Other **contributory causes** of importance:

Removed bowels	
Ventral Hernia	

Name of operation Hernia Repair Date of 3/25/38
What test confirmed diagnosis Surgical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ~, 193.....
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ~
Manner of injury ~
Nature of injury ~

24 Was disease or injury in any way related to occupation of deceased? ~ If so, specify ~

(Signed) O. T. Call, M. D.
(Address Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108463

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 63

(No. 711 South 3rd.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Chandler

(a) Residence No. 711 South 3rd. St. Pocatello, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXX~~ Mary Chandler, Deceased.

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 86 | Months: 11 | Days: 14 | If LESS than 1 day .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge (State or country) England

FATHER

13. NAME John Chandler

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Susanna Lack

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Arthur Watson (Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Pocatello Date 3-31, 1938

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED 3-29, 1938 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/29 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/27, 1938, to 3/29, 1938

I last saw him alive on 3/1, 1938: death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
Heart failure	

Other contributory causes of importance:

Old age	

Name of operation ..... Date of .....

What test confirmed diagnosis? General Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. F. Call, M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108464

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 64
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lois Jane Swanson

(a) Residence No. 6 Miles West of Pocatello
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 1 1937

7. AGE: Years 1 | Months 1 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER

13. NAME: Ray U. Swanson
14. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

MOTHER

15. MAIDEN NAME: Lottie Smith
16. BIRTHPLACE (city or town) (State or country): Duluth Minn

17. INFORMANT (Address): Ray U. Swanson Pocatello Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Apl 1, 193 8

19. UNDERTAKER (Address): L. L. Gregg Pocatello Idaho

20. FILED Apl 1, 193 8 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 29 193 8

22 I HEREBY CERTIFY, That I attended deceased from June, 193 7, to March 29, 193 8
I last saw her alive on March 4 193 8: death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation Heart	
Convulsions due to 12 daily past 8 months	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. C. Ray, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

APR 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
(No. St Anthoney Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 108465
Local Registrar's No. 645

2. FULL NAME Arthur Daniel Wakley

(a) Residence No. Downey, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Bertha Thornton

6. DATE OF BIRTH (month, day, and year) 12 | 2 | 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Downey,
(State or country) Idaho

FATHER
13. NAME John N. Wakley
14. BIRTHPLACE (city or town)
(State or country) Michigan

MOTHER
15. MAIDEN NAME Elena Hemingway
16. BIRTHPLACE (city or town)
(State or country) Vermont

17. INFORMANT Mrs. Bertha Thornton
(Address) Downey, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Downey, Idaho Date Apr. 2, 1938.
19. UNDERTAKER Arthur J. Hall
(Address) Pocatello, Idaho
20. FILED Apr. 1, 1938. D C May
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/30 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1938, to 3/30, 1938
I last saw h[illegible] alive on 3/30/38 1938: death is said to have occurred on the date stated above, at 8 1 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mt. Spotted Fever	
Other contributory causes of importance:	
Pneumonia	

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ~, 1938
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ~
Manner of injury ~
Nature of injury ~

24 Was disease or injury in any way related to occupation of deceased? Except If so, specify Tick bite
(Signed) O. F. Call, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED
APR 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108466

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 66

(No. Bannock County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

95b

2. FULL NAME Tom Smith

(a) Residence No. 318 North Pocatello Avenue St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) June 13, 1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	59	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT H. H. Hughart
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date 3/26, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 4-4, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25/1938

22 I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1938, to Mar. 25, 1938.

I last saw him alive on Mar. 21 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	Unknown.
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Hughart, M. D.

(Address Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Arimo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108467

Registration District No. 283
Primary Registration District No. 2160
Local Registrar's No. 3

(No.)
(If death occurred in a hospital of institution, give its name instead of street and number)

2. FULL NAME Emma Malica Nielsen

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lauritz Nielsen

6. DATE OF BIRTH (month, day, and year): March 18

7. AGE: Years 66 | Months 11 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (mo. and yr.): Feb 1938
11. Total time (years) spent in this occupation: 19

12. BIRTHPLACE (city or town) (State or country): Crystal Iowa

FATHER
13. NAME: Henry Alden Sweet

14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mr. Kent
(Address) Arimo, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mound Cem. Idaho Date Mar. , 1938

19. UNDERTAKER: Hall
(Address) Pocatello Idaho

20. FILED April 6, 1938 Mary P. Coffin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): March 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1938, to March 3, 1938

I last saw her alive on March 2 1938: death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	Jan 20th
Other contributory causes of importance: Hypostatic Pneumonia	3 days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George A. Woodruff, M. D.
(Address) Downey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs

APR 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108468

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 6

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Alexander Ball

(a) Residence No. Lava Hot Springs Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Charles H Ball
6. DATE OF BIRTH (month, day and year) October 21 1878
7. AGE: Years 59 | Months 10 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

FATHER
13. NAME James Alexander
14. BIRTHPLACE (city or town) Columbus
(State or country) Ohio.

MOTHER
15. MAIDEN NAME Orella Baldridge
16. BIRTHPLACE (city or town) State of
(State or country) Missouri

17. INFORMANT Charles H. Ball
(Address) Lava Hot Springs Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lava Hot Springs Date April 6 1938

19. UNDERTAKER Rasmussen & Evans
(Address) Pocatello Idaho

20. FILED April 7, 1938 Mrs. J. Gates
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec Feb 9, 1938, to ....., 193.....
I last saw her alive on Jan 30 1938: death is said to have occurred on the date stated above, at 9.10 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Valvular heart Disease	
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. J. Rich, M. D.
(Address) Lava Hot Springs.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108470

Registration District No. 84

Primary Registration District No. 8161

Local Registrar's No. 8

57

PLACE OF DEATH

County of Bannock

City of Grace

APR 6 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel T. Thomas

(a) Residence. No. St. Grace
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not

6. DATE OF BIRTH (month, day, and year) July 26, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Riverdale, Idaho

FATHER

13. NAME Howard L. Thomas

14. BIRTHPLACE (city or town) (State or country) Smithfield Utah

MOTHER

15. MAIDEN NAME A... May Turner

16. BIRTHPLACE (city or town) (State or country) Lago, Idaho

17. INFORMENT (Address) Mrs. Lillian Peterson Grace, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grace Cemetery Date Jan 12, 1938

19. UNDERTAKER Mr Hendricks (Address) Preston Idaho

20. FILED Mar-6-, 1938 Mrs. G. G. Fix Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938, to Jan 10, 1938

I last saw him alive on Jan. 9, 1938: death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism - acute	Jan. 3 1938
Toxic Myocarditis	Jan. 1938

Other contributory causes of importance:

Spina Bifida At Birth
Paralysis of lower extremities Dec 151938

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) E. S. Bowerman, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Grace

APR 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108472

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

940

2. FULL NAME Roy Cahoon

(a) Residence. No. St. Cleveland, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Lucille Cahoon

6. DATE OF BIRTH (month, day, and year) May 7, 1889

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
48	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (mo. and yr.) Feb 1938

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Thatcher, Idaho
(State or country)

FATHER

13. NAME Rais Cahoon

14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT Mrs Roy Cahoon
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place ..... Date ....., 193...

19. UNDERTAKER .....
(Address)

20. FILED Apr 1, 1938 Mrs. G. G. Fitt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 30, 1938 to Feb 30, 1938

I last saw h.... alive on ....., 193...: death is said to have occurred on the date stated above, at Was dead before my arrival A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Feb 19, 1938
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. S. Bowman, M. D.

(Address) Grace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Lava Hot Springs

APR 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108474

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 12

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street address or number)

2. FULL NAME (Sam Moriyasu) Correct Name Shinkichi Moriyasu

(a) Residence No. Idaho Falls St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M

4. Color or Race: Japanese

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Kaneko Moriyasu

6. DATE OF BIRTH (month, day, and year): June 5, 1875

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Section Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Un. Pac. R.R.

10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1934

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Niwase Cho Japan

FATHER

13. NAME: Shikaji Moriyasu

14. BIRTHPLACE (city or town) (State or country): Niwase Cho Japan

MOTHER

15. MAIDEN NAME: Hide Kawata

16. BIRTHPLACE (city or town) (State or country): Nakahara Okayama Japan

17. INFORMANT: Mrs. Shinkichi Moriyasu

(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL: Removal

Place Ida. Falls, Ida. Date Mar. 23 1938

19. UNDERTAKER: McHan's Funeral Home

(Address) Idaho Falls, Idaho

20. FILED Apr 5 –, 1938 Mrs G J Gee Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 23 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-23-, 1938, to 3-23, 1938

I last saw h~~im~~ alive on 3-23 1938; death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Obstruction of Common bile duct by stone with Jaundice	about Jan 15 1938

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Frazier, M. D.

(Address) Lava Hot Springs, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108475

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 13
APR 6 1938
(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carolyn Rowe

(a) Residence. No. ..... St. McCammon Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None
6. DATE OF BIRTH (month, day, and year): Jan. 30, 1938
7. AGE: Years | Months: 2 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Bert Turner Rowe
14. BIRTHPLACE (city or town) (State or country): McCammon Idaho.

MOTHER
15. MAIDEN NAME: Alice Loretta Christensen
16. BIRTHPLACE (city or town) (State or country): Driggs Idaho

17. INFORMENT (Address): Bert T. Rowe McCammon
18. BURIAL, CREMATION, OR REMOVAL Place: McCammon Date: April 2. 1938
19. UNDERTAKER (Address): Had none
20. FILED: Apr 5 -, 1938. Mrs. G. G. Fitt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-30 1938
22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to March 30, 1938
I last saw her alive on March 30, 1938; death is said to have occurred on the date stated above, at 4:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: Whooping Cough.

Name of operation: None Date of:
What test confirmed diagnosis: Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. A. Rich, M. D.
(Address) Lava Hot Springs Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108476

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 D 7

2. FULL NAME Sarah Jane Williams

(a) Residence No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milford Williams

6. DATE OF BIRTH (month, day, and year) May 23-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (mo. and yr.) Jan 10 1938

11. Total time (years) spent in this occupation 3.

12. BIRTHPLACE (city or town) (State or country) Soda Springs Idaho

MOTHER FATHER

13. NAME Edward Bunyan

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Mary Eynon

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs. Chas. E. Peay
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Date March 18, 1938

19. UNDERTAKER J. M. Williams
(Address) Montpelier Idaho

20. FILED Feb 18th 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 15 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1936, to Feb 15, 1938

I last saw h[illegible] alive on Feb 15 1938: death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of Onset
Uremia	Feb 10 1938
Other contributory causes of importance: Hypertensive Cardiac Vascular renal disease	10 yrs

Name of operation None Date of
What test confirmed diagnosis? Nat. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Reed Thorel M. D.
(Address) Montpelier Idaho

Gardner

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108477

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

5/C

2. FULL NAME Frederick Russell

(a) Residence No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Rosa Hollenger

6. DATE OF BIRTH (month, day, and year) Dec 28 1855

7. AGE: Years 82 | Months 1 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Jost Russon
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Elizabeth Russell
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Fred Russell
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Date Feb. 21, 1938

19. UNDERTAKER Jos. W. Allen
(Address) Montpelier Idaho

20. FILED feb 21st 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 17 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Feb 17, 1938
I last saw h~~is~~ alive on Feb 7 1938; death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	

Other contributory causes of importance:

Name of operation Date of Jan 20, 38
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify
(Signed) G. I. Gardner, M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Georgetown
MAR 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 2132

DO NOT WRITE IN THIS SPACE
State File No. 108478

Local Registrar's No. 159

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Hoff (Eva mae)

(a) Residence No. Georgetown Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 25 1938

7. AGE — Years | Months | Days | If LESS than 1 day 6 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Georgetown Idaho
(State or country)

FATHER
13. NAME Evan Hoff
14. BIRTHPLACE (city or town) Georgetown Idaho
(State or country)

MOTHER
15. MAIDEN NAME Iona Bryce
16. BIRTHPLACE (city or town) Georgetown Idaho
(State or country)

17. INFORMANT Wm. Hoff
(Address) Georgetown Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Georgetown Date Feb 27, 1938

19. UNDERTAKER W. W. Williams
(Address) Georgetown Idaho

20. FILED Mar 4, 1938 W. W. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-25 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-25-38, 193..., to 2-25-38, 193...
I last saw h.. alive on 2-25 193.8: death is said to have occurred on the date stated above, at 5:40 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Respiratory failure	
Other **contributory causes** of importance:	
Premature birth	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. B. Lundin M. D.
(Address Montpelier, Ida.

PLACE OF DEATH
County of Blaine Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10479

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blake Herochi Schurer

(a) Residence No. Montpelier, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 22-1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

FATHER

13. NAME Lewis Schurer

14. BIRTHPLACE (city or town) Northumberland
(State or country)

MOTHER

15. MAIDEN NAME Martha Herochi

16. BIRTHPLACE (city or town) Salem
(State or country) Oregon

17. INFORMANT D. Lewis Schurer
(Address) Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Montpelier Idaho Date March 8, 1938

19. UNDERTAKER F. D. Williams
(Address) Montpelier Idaho

20. FILED March 9, 1938 N. W. Kemp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 5 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to Mar 5, 1938
I last saw him alive on Mar 5 1938: death is said to have occurred on the date stated above, at 1:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feb 18, 1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) N. W. Kemp M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING
AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state C. plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Pierce

RECEIVED APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108480

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Stockton

(a) Residence. No. ..... St. Pierce Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: H. W. Stockton

6. DATE OF BIRTH (month, day, and year): Aug - 12 - 1862.

7. AGE: Years 75 | Months 6 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Home
10. Date deceased last worked at this occupation (mo. and yr.): 3-38
11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (city or town) (State or country): Kirksville Mo.

FATHER
13. NAME: John Loe
14. BIRTHPLACE (city or town) (State or country): Unknown in U. S.

MOTHER
15. MAIDEN NAME: Margaret Wood
16. BIRTHPLACE (city or town) (State or country): Unknown in U. S.

17. INFORMANT (Address): Earl Stockton Pierce Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St. Maries Ida. Date 3-7-, 1938

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED Apr. 9, 1938 E. Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-4 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 12:00 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. S. Stapish - coroner M.D.
(Address) St. Maries - Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of Tensed

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108481

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

#66

2. FULL NAME Frances Amelia Rothrock Scott

(a) Residence. No. Farm near Tensed Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
(or) WIFE of Frederic Wallis Scott

6. DATE OF BIRTH (month, day, and year) Oct. 6- 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) ?

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Pendleton Ore.

FATHER

13. NAME Jesse Rothrock

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Wilda

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Fredgie Scott
(Address) Tensed Ida.

18. BURIAL, ~~CREMATION~~, REMOVAL
Place Emida Ida. Date 3-19, 1938

19. UNDERTAKER SLAVISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED Apr. 9, 1938 S. Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-15 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...; death is said to have occurred on the date stated above, at 6:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic heart disease	
Other **contributory causes** of importance:	
Cancer of stomach	
hepatitis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) C. S. Stapish - Coroner
(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St.Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 108482

Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Caroline (Vess) Day

(a) Residence. No. St.Maries Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: D.O.Day

6. DATE OF BIRTH (month, day, and year): Oct.10,1853

7. AGE — Years: 84 | Months: 5 | Days: 12 | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: retired Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Home

10. Date deceased last worked at this occupation (mo. and yr.): Jan.1937

11. Total time (years) spent in this occupation: 70

12. BIRTHPLACE (city or town) (State or country): Haywood County N.Caroline

FATHER

13. NAME: A.J.Vess Vess

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Ruth E. Palmer

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Ennis Day St.Maries Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Rockford Wash. Date: 3-25, 1938

19. UNDERTAKER (Address): PARISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED Apr. 9, 1938 E. Alice Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/22 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/15/37, 193..., to 3/22, 1938.
I last saw her alive on 3/22, 193.8: death is said to have occurred on the date stated above, at 8 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
general Debility	
Other **contributory causes** of importance:	
Cardiac weekness	

Name of operation..... Date of.....

What test confirmed diagnosis? clin Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) O. D. Platt M. D.

(Address) St Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116
Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE
State File No. 108484

Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William James Bowman

(a) Residence. No. St. Aberdeen Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Amanda Taggart

6. DATE OF BIRTH (month, day, and year) Mar 6, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Council Bluffs Iowa

FATHER

13. NAME James Bowman

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Charlotte Whitman

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) W. J. Bowman Aberdeen, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Aberdeen Date Mar 24, 1938

19. UNDERTAKER ~~Pocatello Funeral Home~~ (Address) % Arthur W. Hall. Pocatello, Idaho.

20. FILED Mar. 29, 1938 M. A. Tennison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1936, to March, 1938

I last saw him alive on March 21, 1938: death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Emphysema	
Influenza	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. E. Jacobson, M.D.

(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108485

Registration District No. 121
Primary Registration District No. 007 Local Registrar's No. 30
(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Caldwell Randall
(a) Residence No. Rt. #2 Blackfoot St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct 1, 1930
7. AGE: Years 1 | Months 4 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho.

FATHER
13. NAME: Foster B. Randall
14. BIRTHPLACE (city or town) (State or country): Groveland Idaho.

MOTHER
15. MAIDEN NAME: Abbie L. Caldwell
16. BIRTHPLACE (city or town) (State or country): Thomas Idaho.

17. INFORMANT (Address): Foster B. Randall Rt. 2. Blackfoot.
18. BURIAL, CREMATION OR REMOVAL Place: Groveland Date: May 1, 1938
19. UNDERTAKER (Address): John C. Sandberg Blackfoot Idaho
20. FILED: Mar. 1, 1938 M. McFarlane Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): Feb 27 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1938, to Feb 27, 1938
I last saw him alive on Feb 27 1938; death is said to have occurred on the date stated above, at 12:10 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Septicaemia	Feb 9, 1938.
Other contributory causes of importance:	
Acute pharyngitis	Feb 16, 1938

Name of operation: None Date of: —
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify —
(Signed) W. H. Beck Jr. M. D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108486

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 51

APR 6 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace Morgan Downey

(a) Residence No. 366 North Shilling St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of L. G. Downey

6. DATE OF BIRTH (month, day, and year) Mar. 18, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	11	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Monmouth,
(State or country) Illinois.

FATHER
13. NAME John T. Morgan
14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER
15 MAIDEN NAME Maria Harraun
16. BIRTHPLACE (city or town)
(State or country) New York

17. INFORMANT L G Downey
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cem. Date March 5th, 193 8

19. UNDERTAKER E T Peck
(Address) Blackfoot, Idaho.

20. FILED Mar 8, 1938 Mrs Hazel E Farnie
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 193 8

22 I HEREBY CERTIFY, That I attended deceased
from 193 to 193
I last saw him alive on 193 : death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-22-38
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. O. Humphrey M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108487

APR 6 1938

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 32

(No. State Hospital, South)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George F. Smith

(a) Residence No. ..... St. Rupert, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 9 21

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mrs. Dorothy Smith
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) --/--/70

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	--	--	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Charles Smith
14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER
15. MAIDEN NAME Hess
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records, State Hospital, South
(Address)

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Rupert Idaho Date Mar 8, 1938

19. UNDERTAKER Rodney Goodman
(Address) Rupert Idaho

20. FILED Mar. 8, 1938 Mrs. Nadine Lewis
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/8 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938, to March 8, 1938
I last saw him alive on March 8 1938: death is said to have occurred on the date stated above, at 12:30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Agramilocytosis	Indefinite
Acute respiratory infection	March 4, '38
Broncho-pneumonia	March 6
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury none
Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. Simmons, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Shelley

APR 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108488

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 23

154

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Montie Lloyd Kimball

(a) Residence. No. St. Shelley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day 3 hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley Idaho

FATHER

13. NAME Lloyd Roscoe Kimball
14. BIRTHPLACE (city or town) (State or country) Firth Idaho

MOTHER

15. MAIDEN NAME Eldora Hunter
16. BIRTHPLACE (city or town) (State or country) Oakley Idaho

17. INFORMANT Lloyd Kimball
(Address) Blackfoot Idaho R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Ida. Date 3-14, 1938

19. UNDERTAKER Lloyd Kimball
(Address) Shelley Idaho

20. FILED March 13, 1938 W. McDaniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 12 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1938, to March 12, 1938

I last saw h/H alive on March 11, 1938: death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

Respiratory failure — Date of onset Mar 12/38

Other contributory causes of importance:

Pneumonia (6a Months Gestation)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Lloyd Graham, M. D.
(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10848

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 2nd.
(No. Beck Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 6 1938

159

2. FULL NAME I May Goodwin

(a) Residence No. Thomas. Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 13. 1938

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho.

MOTHER FATHER

13. NAME Irvin Spencer Goodwin
14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah
15. MAIDEN NAME Rose May Grimmett
16. BIRTHPLACE (city or town) Mapleland
(State or country) Idaho.

17. INFORMANT
(Address) R. A. Goodwin.

18. BURIAL, CREMATION OR REMOVAL
Place Thomas-Riverside Date Mar. 24, 1938

19. UNDERTAKER O. J. Peck. by H. Packham
(Address) Blfst. Ida.

20. FILED Mar. 17, 1938 Wm. Hales Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-16 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1938, to Mar. 16, 1938
I last saw her alive on Mar. 16 1938: death is said to have occurred on the date stated above, at 6 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature infant born at 7 months gestation	
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. M. Beck Jr. M. D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108491

Registration District No. 121
Primary Registration District No. 4007
(No. Beck Haskell)
Local Registrar's No. 38
2109

MAR 24 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Selma Broyles

(a) Residence No. ..... St. Boise Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem.
4. Color or Race: Wht
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of R. Eugene Broyles

6. DATE OF BIRTH (month, day, and year) May 26, 1905

7. AGE: Years 32 | Months 9 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Credit Assn.
10. Date deceased last worked at this occupation (mo. and day) March 19, 1938
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... Missouri
(State or country)

FATHER

13. NAME H. G. Parker
14. BIRTHPLACE (city or town) ..... not known
(State or country)

MOTHER

15. MAIDEN NAME Not
16. BIRTHPLACE (city or town) ..... known
(State or country)

17. INFORMANT R. E. Broyles
(Address) 916 Pueblo St. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Boise Ida Date May. 20, 1938

19. UNDERTAKER John C. Standley
(Address) Blackfoot, Idaho

20. FILED Mar 20, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) March 19 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-19, 1938, to ....., 193.
I last saw him alive on 3-19 1938: death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed over chest in an auto accident. Chest wall badly crushed	3-19-38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, ~~or homicide~~? ..... Date of injury 3-19-38 193.....
Where did injury occur? 3 miles so of Blackfoot (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place On highway
Manner of injury Car collision
Nature of injury Crushed Chest

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. O. Hamilton, M. D.
(Address) Blackfoot Ida Rt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot
RECEIVED
MAR 26 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108492

Registration District No. 121
Primary Registration District No. 1097
Local Registrar's No. 39
(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eleanor Lucille Manson Hansen
(a) Residence No. St. Boise, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alvin Paul Hansen
6. DATE OF BIRTH (month, day, and year): Nov. 6 - 1907
7. AGE: Years 31 | Months 4 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Monroe Utah

FATHER
13. NAME: W. S. G. Manson
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Eleanor M. Smith
16. BIRTHPLACE (city or town) (State or country): Rockville Utah

17. INFORMANT (Address): W. S. G. Manson Enoch Utah

18. BURIAL, CREMATION, OR REMOVAL: Salt Lake City Date Mar. 25 1938

19. UNDERTAKER (Address): John C. Sandberg Blackfoot Ida.

20. FILED Mar. 26 1938 M. P. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): March 24 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-14, 1938, to 3-14, 1938
I last saw her alive on 3-14 1938; death is said to have occurred on the date stated above, at 6 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured spleen with lacerated liver in auto accident	3-14-38

Other **contributory causes** of importance:

Name of operation: Clinic Date of:
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 3-14 1938
Where did injury occur? Blackfoot Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**: Auto Accident
Manner of injury: Auto Accident
Nature of injury: As above stated

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. O. Humphrey, M. D.
(Address) Blackfoot

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

APR 0 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108493

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

104

2. FULL NAME Elizebeth Grant Bithell

(a) Residence No. 659 West Sexton St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J.H.Bithell

6. DATE OF BIRTH (month, day, and year) Nov 18 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER

13. NAME James Mackey

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Anna Drew

16. BIRTHPLACE (city or town) Glasgow
(State or country) Scotland

17. INFORMANT J. H. Bithell
(Address) Blackfoot Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Blackfoot Date Mar 27, 1938

19. UNDERTAKER E.T.Peck
(Address) Blackfoot, Ida.

20. FILED Mar 26 1938 Mrs Nellie Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/24 1938

22 I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to March 24, 1938

I last saw her alive on 3/24 1938: death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/18/38
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Eggen M. D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108494

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 41.

APR 6 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert E. Dixon

(a) Residence No. Blackfoth, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94 Ds

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Jane Peel

6. DATE OF BIRTH (month, day, and year) Aug. 16, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office Building + Church
10. Date deceased last worked at this occupation (mo. and yr.) 3-27-38
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Leeds, England

FATHER

13. NAME James Dixon
14. BIRTHPLACE (city or town) (State or country) Leeds, England

MOTHER

15. MAIDEN NAME Anne Radcliffe
16. BIRTHPLACE (city or town) (State or country) Leeds England.

17. INFORMANT Mrs. B. L. Barley
(Address) 871 Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date March 31 193 8

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot, Idaho.

20. FILED Mar. 30 193 8 Mrs Hazel Paine
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) March 28 193 8

22 I HEREBY CERTIFY, That I attended deceased from Mar 21, 193 8, to Mar 28, 193 8
I last saw him alive on Mar 21 193 8: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Mar 28, 38
Other contributory causes of importance:	
Coronary Thrombosis	1932
+ in Hypertension	

Name of operation None Date of —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Peck, M. D.
(Address) Blackfoot, Ida.

PLACE OF DEATH
County of Bingham
City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108495

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 42.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

99

2. FULL NAME Amelia MOnsen
(a) Residence No. Goshen, Idaho, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Neils Monsen

6. DATE OF BIRTH (month, day, and year) 4-25-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norway
(State or country)

FATHER
13. NAME Hans Johnson
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Ingred Johnson
16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Willard Monson
(Address) Shelley,

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Hyrum, Utah Date 4-[illegible]-2, 193 38

19. UNDERTAKER [illegible]
(Address) Shelley Idaho

20. FILED 3-31, 193 8 Mrs. Palmer
Mar. 31 - Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-30-193 38

22 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1938, to March 25, 1938
I last saw her alive on Mar 10 1938: death is said to have occurred on the date stated above, at 9.15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1925
Other contributory causes of importance:	
Myocarditis	1930
Hypertension	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) H. Lloyd Scheuss, M. D.
(Address Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108496

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 43
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Mary Dechant

(a) Residence No. North Ash St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John C. Dechant

6. DATE OF BIRTH (month, day, and year) July 27-1887.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leedenthal,
(State or country) Kansas.

FATHER

13. NAME Jacob Werth, Sr.
14. BIRTHPLACE (city or town)
(State or country) Russia.

MOTHER

15. MAIDEN NAME Mary Barbara Munch.
16. BIRTHPLACE (city or town)
(State or country) Russia

17. INFORMANT Conrad Werth
(Address) Sterling Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blf't. Ida. Date Apr. 2, 1938.

19. UNDERTAKER E. J. Peck
(Address) Blackfoot, Idaho.

20. FILED Apr. 2, 1938 Mrs. Mamie E. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 30, 1938.

22 I HEREBY CERTIFY, That I attended deceased from 7-1, 1937, to 3-30, 1938
I last saw her alive on 3-25 1938; death is said to have occurred on the date stated above, at 1 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-1-37

Other **contributory causes** of importance:

Hypertension	
Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. C. Humphreys, M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108497

Registration District No. 12I-R
Primary Registration District No. 2194R
Local Registrar's No. 44.

APR 6 1938

(No. Agency Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Corena Noyose.

(a) Residence No. Fort Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone 4/4	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Noyose

6. DATE OF BIRTH (month, day, and year) July 1, 1887

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	50	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Present
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER
13. NAME Daylight.
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Records
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~,
Place Gibson, Idaho Date 3/16, 1938

19. UNDERTAKER J.C.Sandberg.
(Address) Blackfoot, Idaho

20. FILED April 4, 1938 Mrs. Valeria E. Lawrence
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-13 1938

22 I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to March 13, 1938
I last saw her alive on March 13, 1938: death is said to have occurred on the date stated above, at 6:10 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	10days
Other **contributory causes** of importance:	
Lues	some years

Name of operation - - - Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. C. Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham.
City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108498

APR 6 1938

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 45

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delbert Pongah

(a) Residence No. Fort Hall, Idaho. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Sho.-Ban.4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, and year) - - -

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
I2	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER
13. NAME Deitz Pongah
14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER
15. MAIDEN NAME Florence Marsh
16. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

17. INFORMANT Hospital Records
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall Ida. Date 4-3-, 1938

19. UNDERTAKER G.C. Anderson, Agc. Carpenter.
(Address) Fort Hall Idaho

20. FILED Mar.4, 1938 Mrs Helen E. Farnell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-31 1938

22 I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to March 31, 1938
I last saw him alive on Mar. 29 1938: death is said to have occurred on the date stated above, at 10:A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Lobar Pneumonia	3-24-38
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 1938....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) D. C. Ray, M. D.
(Address Fort Hall Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10493

Registration District No. 57
Primary Registration District No. 2025 Local Registrar's No. 8
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myrtle Pace Kirkland
(a) Residence No. Carey, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced (or) WIFE of: Lonie Kirkland
6. DATE OF BIRTH (month, day, and year): 5-10-1915
7. AGE: Years 22 | Months 9 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 2-26-38
11. Total time (years) spent in this occupation: 6 Yrs

12. BIRTHPLACE (city or town) (State or country): Carey, Idaho

FATHER
13. NAME: Irwin E. Eldridge
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Nettie Pace
16. BIRTHPLACE (city or town) (State or country): New Harmony Utah

17. INFORMANT (Address): Lonnie Kirkland Carey, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Carey Date: 3-3-, 1938

19. UNDERTAKER (Address): Ray McGedrick Hailey Ida

20. FILED 3-31, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3-2 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-15, 1938, to 3-2, 1938
I last saw h. ey alive on 3-2 1938.: death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia	2-24-38
Acute Appendicitis	2-11-38
Other contributory causes of importance:	
Mesenteric Lymphadenitis	2-11-38,

Name of operation: Appendectomy Date of: 2-15 '38
What test confirmed diagnosis?: — Was there an autopsy?: Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Hailey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108500

Registration District No. 57
Primary Registration District No. 2025 Local Registrar's No. 9
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 4 1938

2. FULL NAME Mrs. Hazel McGlocklin
(a) Residence No. Tikura Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Foster McGlocklin
6. DATE OF BIRTH (month, day, and year): 7-3-1893
7. AGE: Years 44 | Months 7 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1 Mo. Ago
11. Total time (years) spent in this occupation: 23 yrs

12. BIRTHPLACE (city or town) (State or country): Bethany Mo.

FATHER
13. NAME: Edgar Kampmann
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Molly Sinderson
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Foster McGlocklin Tikura Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Carey Date: 3-5-, 1938
19. UNDERTAKER (Address): Ray McGoldrick Hailey Ida.
20. FILED 3-31, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3-3 1938
22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1938, to 3-3, 1938
I last saw he alive on 3-3 1938: death is said to have occurred on the date stated above, at 2:45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	3-3-38
Fibroid Uterus	1936
Other **contributory causes** of importance:	

Name of operation: Hysterectomy Date of: 2-26-38
What test confirmed diagnosis?: — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M.D.
(Address) Hailey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Muldoon / Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108501

Registration District No. 57
Primary Registration District No. 2022, Local Registrar's No. 10
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harmon Lewis Watkins
(a) Residence No. Muldoon Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 12-13-1869
7. AGE: Years 68 | Months 2 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1/2 yrs
11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) Salem (State or country) Oregon

FATHER
13. NAME: Lee Watkins
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: Deliah Jane Swank
16. BIRTHPLACE (city or town) Salem (State or country) Oregon

17. INFORMANT: Mary Dick (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Hailey Date 3-4, 1938

19. UNDERTAKER: Ray McGoldrick (Address) Hailey Ida

20. FILED 3-31, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-3-1938

22 I HEREBY CERTIFY, That I attended deceased from 2-26, 1938, to 3-3, 1938
I last saw h. / Malive on 3-3 1938: death is said to have occurred on the date stated above, at 12 noon m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Renal Disease Cardiac decompensation	1929 2-20-38

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) [illegible] M. D.
(Address) Hailey Idaho

Wnga.

PLACE OF DEATH
County of Blaine
City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108502

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julius Diebenow

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Agnes

6. DATE OF BIRTH (month, day, and year) 12-14-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 12 yrs
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Stettin Germany
(State or country)

FATHER
13. NAME Diebenow
14. BIRTHPLACE (city or town) Weissmar, Pomerania
(State or country)

MOTHER
15. MAIDEN NAME Hannah Schanelius
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Wm. Diebenow
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Hailey, Ida Date 3-10-, 1938

19. UNDERTAKER Ray McGoldrick
(Address) Hailey, Idaho

20. FILED 3-31, 1938 Robt. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-8 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-5, 1938, to 3-8-, 1938
I last saw h~~im~~ alive on 3-8 1938: death is said to have occurred on the date stated above, at 3:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-5-38

Other **contributory causes** of importance:

Hypertension —	3 yrs -

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108503

PLACE OF DEATH
County of Blaine
City of Carey Ida

Registration District No. 57
Primary Registration District No. 2025
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isabella Baird

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Baird

6. DATE OF BIRTH (month, day and year) March 3 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Klackmannan Scotland

PARENTS

10. NAME OF FATHER John Smedden
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Klackmannon Scotland

14. Informant Thomas D Baird
(Address) Carey Idaho

15. Filed 3 - 31, 1938 Robert H. Wright - Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 15 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Cardio Renal Arteriosclerosis
Chronic Interstitial Nephritis
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) H. D. Rice M. D.
3-15, 1938 (Address) Burley, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Carey Idaho	3/16 1938

20. Undertaker L. D. S. Church By R. E. Adamson Address Carey, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108504

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 14

APR 4 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Eleanor Fox

(a) Residence No. ..... Hailey, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John R. Fox

6. DATE OF BIRTH (month, day, and year) 2-21-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63
10. Date deceased last worked at this occupation (mo. and yr.) 3-13-38
11. Total time (years) spent in this occupation 63 yrs

12. BIRTHPLACE (city or town) Dubuque
(State or country) Iowa

FATHER
13. NAME Williams Y. Powell
14. BIRTHPLACE (city or town) Shenandoah
(State or country) Virginia

MOTHER
15. MAIDEN NAME Mary E. Allen
16. BIRTHPLACE (city or town) Shenandoah
(State or country) Virginia

17. INFORMANT E. W. Fox
(Address) Hailey, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Hailey Date 4-2, 1938

19. UNDERTAKER Ray McGoldrick
(Address)

20. FILED 3-31, 1938 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/23/1938

22 I HEREBY CERTIFY, That I attended deceased from 3-16, 1938, to 3/23, 1938
I last saw her alive on 3/23 1938: death is said to have occurred on the date stated above, at 9 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	2/16-38
Other contributory causes of importance:	
Pulmonary Edema	3-16-38
& Pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Fox, M. D.
(Address Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 15

DO NOT WRITE IN THIS SPACE
State File No. 108505

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Harvey Hunter

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~
6. DATE OF BIRTH (month, day, and year): Aug 20, 1913
7. AGE: Years 24 | Months 7 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 3-19-38
11. Total time (years) spent in this occupation: 6 yrs

12. BIRTHPLACE (city or town): Silver Creek
(State or country): Picabo - Idaho

FATHER
13. NAME: W. A. Hunter
14. BIRTHPLACE (city or town): Leon County
(State or country): Kansas

MOTHER
15. MAIDEN NAME: Laura L. Martin
16. BIRTHPLACE (city or town): Medford
(State or country): Oregon

17. INFORMANT: W. A. Hunter
(Address): Picabo Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Picabo Date: 3-27-38 193

19. UNDERTAKER: Ray McGoldrick
(Address)

20. FILED 3-31, 193 8 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3-25 1938

22 I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h... ✓ alive on ✓ 193...: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis -	
Had no Physician -	

Other **contributory causes** of importance:

Ruptured Appendix	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No - If so, specify .....

(Signed) Robert H. Wright - , M. D.
(Address) County Coroner - Blaine Co -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boise
City of Mores Creek Dist:

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108506

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 12 1938

2. FULL NAME Thresia Stewart.

(a) Residence No. Mores Creek St. Boise Co.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 25th 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Charles A. Stewart
14. BIRTHPLACE (city or town) Spokane
(State or country) Wash:

MOTHER
15. MAIDEN NAME Thresia Braun
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Thos. C. Stewart
(Address) Mores Creek Dist: Boise Co.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date April 1 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-31, 1938 N. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar. 29th 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Mar 1938
I last saw him alive on Mar 1938: death is said to have occurred on the date stated above, at 2 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sarcoma of Rectum	1936
Other **contributory causes** of importance:	
none	

Name of operation Colostomy Date of 1936
What test confirmed diagnosis? Was there an autopsy? no Biopsy

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J W Glencoe, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Hope

APR 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108507

Registration District No. 80
Primary Registration District No. 215-7
Local Registrar's No. 22
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Simmons

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. P. Simmons

6. DATE OF BIRTH (month, day, and year) May 1, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	9	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Minnesota

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) ..... (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) ..... (State or country) "

17. INFORMANT Old Age Pension Record - Bonner County (Address) Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hope, Idaho. Date Feb. 3, 1938

19. UNDERTAKER Lawrence G. Mason (Address) Sandpoint Ida.

20. FILED Mar 7, 1938 Orville Brink. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) February 1, 193 8

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 12:25 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probable Cerebral Hemmrrhage	
Other contributory causes of importance: Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no ....., If so, specify .....
(Signed) L. D. Moon Coroner, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108508

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 17

(No. 531 Lake St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

Dr. C. C. Wardle April 12 1938 87

2. FULL NAME Wesley Elmer Osmer

(a) Residence No. 531 Lake Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year) April 1, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Rochester Minn
(State or country)

FATHER

13. NAME William D. Osmer

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. James Piatt
(Address) 531 Lake St Sandpoint, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Coeur'd Alene Ida Date 3-7-38, 193

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED April 6, 1938 Virgil C. Fordham
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 4th 1938 193

22 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1936, to Mar 4, 1938
I last saw him alive on Feb 3 1938.; death is said to have occurred on the date stated above, at 7:20p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1936
Other **contributory causes** of importance:	
Hypertension	
Senility	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193:
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Wardle, M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108509

APR 12 1938

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 19
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Clarence Henty Powell

(a) Residence No. Farm near Sagle, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Angora
(State or country) Nebr.

FATHER
13. NAME William E. Powell
14. BIRTHPLACE (city or town) Central City
(State or country) Nebr.

MOTHER
15. MAIDEN NAME Lillian Von Heusen
16. BIRTHPLACE (city or town) Utica
(State or country) Nebr.

17. INFORMANT William E. Powell
(Address) Sagle, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida Date Mar. 15, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Ida

20. FILED April 6, 1938 Virgil C. Fodrun
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/6/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Drowning in Creek during epileptic attack.	
Other **contributory causes** of importance:	
Epilepsy -	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. G. Moon Coroner
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108510

Tyler. APR 12 1938

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 20
(No. Bonner Co. Poor Farm)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Stroud Washington Welborn

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mary Welborn
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 29, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Poor Farm Records
(Address) Sandpoint, Ida.

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida. Date Mar. 8, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Ida

20. FILED April 6, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/6/1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to March 6, 1938
I last saw him alive on March 5 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108511

Tyler APR 14 1938

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 21
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victoria I. Serviss

(a) Residence No. 907 N 5th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank A. Serviss

6. DATE OF BIRTH (month, day, and year) Apr. 12, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) 1930
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Taylor
(State or country) Wis.

FATHER

13. NAME Truman Hollenbeck
14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Roberts
16. BIRTHPLACE (city or town) .....
(State or country) Wales

17. INFORMANT Frank A. Serviss
(Address) Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida Date Mar. 22, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Ida

20. FILED April 6, 1938 Violet E. Hodson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 15, 1938, to Mch 9, 1938
I last saw her alive on Mch 7, 1938: death is said to have occurred on the date stated above, at 10:30 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Thrombus	Mch 1, 38
Other **contributory causes** of importance:	
Arterio Sclerosis	

Name of operation No. Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108512

APR 16 1938

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 22

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Vesa Blackman

(a) Residence. No. Peters Apt. Church St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Blackman

6. DATE OF BIRTH (month, day, and year) Sept 14 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	5	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) July 1937
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME John L Lewelling
14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER
15. MAIDEN NAME Nina
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Mrs. Al Dale
(Address) Sandpoint Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Butte Mont. Date Mar. 13, 1938

19. UNDERTAKER Lawrence G. Moran
(Address) Sandpoint Ida

20. FILED Mar 12, 1938 Eugene C. Pearson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 5, 1938, to Mch 11, 1938.
I last saw h[illegible] alive on Mch 11, 1938; death is said to have occurred on the date stated above, at 12 40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	Mch 11 38
Chronic myo-carditis with adiposity	
Other contributory causes of importance:	
Ventral Strangulated hernia including colon & omentum	1936

Name of operation Herniotomy Date of Mch 38
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm T. Tyler M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item or should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF L. plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See .. tion on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108513

C. E. Wendle
Apr 15 1930

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 23
(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Hattie Frances Stone

(a) Residence No. (Usual place of abode) St. Hope, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Stone

6. DATE OF BIRTH (month, day, and year) Jan. 9, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Janesville
(State or country) Wis.

FATHER
13. NAME Frank Ashton
14. BIRTHPLACE (city or town)
(State or country) N.Y.

MOTHER
15. MAIDEN NAME Ellen Moser
16. BIRTHPLACE (city or town) Janesville
(State or country) Wis.

17. INFORMANT Charles Stone
(Address) Hope, Idaho

18. BURIAL, CREMATION OR REMOVAL Hope, Cem.
Place Hope, Ida Date Mar. 17, 193 8

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Ida.

20. FILED April 6, 193 8 Virgil C. Adams
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/14 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac chronic Mitral disease	5 years
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? el..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. E. Wendle, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108514

APR 4 1938

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 24
(No. 1202 Oak Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Amasa Stamm

(a) Residence. No. 1202 Oak Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Stamm

6. DATE OF BIRTH (month, day and year) January 29, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Construction
10. Date deceased last worked at this occupation (mo. and yr.) Aug 1936
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Fort Scott Kansas

FATHER

13. NAME Alfred T. Stamm
14. BIRTHPLACE (city or town) (State or country) Unknown Pa.

MOTHER

15. MAIDEN NAME Sarah Edwards
16. BIRTHPLACE (city or town) (State or country) Little Rock Ark.

17. INFORMANT Mrs. Helen Stamm
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry, Ida. Date 3-18, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED March 19, 1938 Virgil C. Greaves
Registrar.

MEDICAL CERTIFICATE OF DEATH

March 16, 1938

21. DATE OF DEATH (month, day and year) MCH 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1938, to Mch 16, 1938.
I last saw him alive on Mch 15, 1938: death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombus	Mch 1 38

Other contributory causes of importance:

Arteria Sclerosis	
Hypertrophy Prostate	

Name of operation No Date of -
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm F Tyler, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Dover

C. C. Wendle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 10851[illegible]

Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Luella Centennial Heath

(a) Residence No. Ted Chronis Res. Dover, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Gilbert Heath

6. DATE OF BIRTH (month, day, and year) May 31, 1876

7. AGE — Years: 61 | Months: 9 | Days: 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1, 1938
11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) Swan Creek
(State or country) Ohio

FATHER

13. NAME Charles N. Grein
14. BIRTHPLACE (city or town) Reading
(State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Gilbert Heath
(Address) Naches, Wn.

18. BURIAL, CREMATION OR REMOVAL Bakeview Cem
Place Sandpoint, Ida Date Mar. 29, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED April 6, 1938 Virgil A. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 27, 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1938, to Mar 27, 1938
I last saw her alive on Mar 26 1938: death is said to have occurred on the date stated above, at 9:30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	2 mos

Other **contributory causes** of importance:

Senile changes	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Wendle, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108516

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 26

APR 12 1938 APR 12 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Russell Hinkley Anderson

(a) Residence. No. 623 N. Boyer St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

950

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura M. Anderson

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Railroad Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) 1905

11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) Mascoutah
(State or country) Ill

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ....
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ....
(State or country) Unknown

17. INFORMANT Mrs. Etna Bounds
(Address) Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem
Place Sandpoint, Ida Date Apr. 2, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED Apr 6, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/31/ 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1936, to Mar 31, 1938
I last saw him alive on Mar 19, 1938: death is said to have occurred on the date stated above, at 11:45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1 yr

Other contributory causes of importance:
senility

Name of operation .... Date of ....
What test confirmed diagnosis? ef Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) C. E. Kendall M.D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10851

Registration District No. 13
Primary Registration District No. 21-0 Local Registrar's No. 45
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Willis Karr

(a) Residence No. 238 N. 14th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth 89 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. Karr

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	0	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) 4/35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lincolnshire
(State or country) England

FATHER
13. NAME Willis

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT O. C. Karr
(Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls, Ida. Date May 11, 1938

19. UNDERTAKER O. C. Burgess
(Address) Idaho Falls, Ida.

20. FILED Mar. 14, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 8 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1937, to Feb 4, 1938.
I last saw her alive on 2/4 1938.; death is said to have occurred on the date stated above, at 11:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. R. Bodenman M. D.
(Address) Idaho Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 46
(No. 166)

DO NOT WRITE IN THIS SPACE
State File No. 108520

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Jefferson Hunt

(a) Residence. No. Rexburg RD 3 St.
(Usual place of abode)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): April 27 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	8	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oxford Idaho

FATHER
13. NAME: Thomas Hunt
14. BIRTHPLACE (city or town) (State or country): Huntsville Utah

MOTHER
15. MAIDEN NAME: Merinda Maxwell
16. BIRTHPLACE (city or town) (State or country): Payson Utah

17. INFORMANT (Address): Jess Askey Rexburg RD 3

18. BURIAL, CREMATION OR REMOVAL
Place: Plano Date: Mar. 5 1938

19. UNDERTAKER (Address): Jesse A Keller Rexburg Idaho

20. FILED Apr 11, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 4 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Diabetes	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury: Burned by gas
Nature of injury: Diabetes & Pneumonia

24. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) Fred Dunn Coroner, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108521

Registration District No. 3
Primary Registration District No. 214-D
Local Registrar's No. 47

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Churchill.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Wid

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of June 27 1848

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mentor
(State or country) Ohio.

FATHER
13. NAME Samuel Churchill
14. BIRTHPLACE (city or town) .....
(State or country) Ohio.

MOTHER
15. MAIDEN NAME Debra McCumber
16. BIRTHPLACE (city or town) .....
(State or country) Ohio.

17. INFORMANT Mrs Burt Wood
(Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rest Haven Park Date Mar 11, 1938

19. UNDERTAKER Cluff & Son
(Address) Idaho Falls Ida

20. FILED Mar 14, 1938 Jay Summerhays
Registrar.
Wm. Abbott

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 11 1938 193

22 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938, to Mar 11, 1938
I last saw him alive on Mar 11 1938: death is said to have occurred on the date stated above, at 3:05 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1 yr ago

Other contributory causes of importance:

Senility.	

Name of operation Gastro enterostomy Date of Mar 11-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Clodgett M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Ammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10852

Registration District No. 13
Primary Registration District No. 2-1-0
Local Registrar's No. 48

APR 14 1938

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard Douglas Owen

(a) Residence No. Idaho Falls Rt #3 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myra Owen
6. DATE OF BIRTH (month, day, and year): Sept 6 1900
7. AGE: Years 37 | Months 6 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) Ammon (State or country) Idaho

FATHER
13. NAME James Albert Owen
14. BIRTHPLACE (city or town) Ogden (State or country) Utah

MOTHER
15. MAIDEN NAME Rosa Ellingford
16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Myra Owen (Address) Idaho Falls Rt #3

18. BURIAL, CREMATION OR REMOVAL Place Ammon Date MAR 10, 1938

19. UNDERTAKER Jack G. Ward (Address) Idaho Falls Idaho

20. FILED Mar 17, 1938 Cyril Hunsaker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 6 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193... ; death is said to have occurred on the date stated above, at about 6 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strychnine Poisoning	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ....., Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Smith, M. D. Coroner
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of L. D. S. Hospital

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108525

Registration District No. 73
Primary Registration District No. 210 — Local Registrar's No. 49
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Russell.

(a) Residence No. ..... St. Grant Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
boy	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or 25 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) L. D. S. Hospital
(State or country) Idaho Falls, Bonneville

FATHER
13. NAME Edward Jackson Russell
14. BIRTHPLACE (city or town) Iowa
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Hazel Winona Sayson
16. BIRTHPLACE (city or town) Jasper Idaho
(State or country) Bingham

17. INFORMANT Mr. E. J. Russell
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grant Ida. Date Apr 14, 193 8

19. UNDERTAKER None
(Address)

20. FILED Apr. 17, 193 8 Dwight Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 17 1938

22 I HEREBY CERTIFY, That I attended deceased from March 17, 193 8, to March 17, 193 8
I last saw h. alive on March 17 193 8: death is said to have occurred on the date stated above, at 1:35 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hard, difficult Labor	
Respiratory Failure	

Other **contributory causes** of importance:

Possible Paralysis of Respiratory Center	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wilson Hall, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH.
County of Bonneville
City of Idaho Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108524

Registration District No. 3
Primary Registration District No. 2142 Local Registrar's No. 50
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alma Sayer
(a) Residence No. ... Idaho Falls, Idaho St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jane Sayer
6. DATE OF BIRTH (month, day, and year): Sept 6, 1855
7. AGE: Years 83 | Months 11 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Living
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: State Owned
10. Date deceased last worked at this occupation (mo. and yr.) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Irchester, England

FATHER
13. NAME: Thomas
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Elizabeth Jolly
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): R. J. Sayer, Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rigby, Idaho Date: Mar 23 1938

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED Mar 23 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/20 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to 3/20, 1938
I last saw h... alive on 3/20 1938: death is said to have occurred on the date stated above, at 5-30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other **contributory causes** of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) ..., M. D.
(Address) ...

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108525

Registration District No. 3
Primary Registration District No. 214-0
Local Registrar's No. 51
(No. L. D. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jones.
(a) Residence No. 146 Whitman St. Idaho Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years | Months | Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Aaron Lavern Jones.
14. BIRTHPLACE (city or town) Fay
(State or country) Oklahoma

MOTHER
15. MAIDEN NAME Belva Ann Adamson
16. BIRTHPLACE (city or town) Shelley
(State or country) Idaho

17. INFORMANT Mrs. A. L. Jones.
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Ida. Date Mar. 24, 193 8

19. UNDERTAKER Jack Dunn
(Address) Idaho Falls Ida

20. FILED Mar 24, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 21 193 8

22 I HEREBY CERTIFY, That I attended deceased from Mar. 21, 193 8 to Mar. 21, 193 8
I last saw him alive on Mar 21 193 8: death is said to have occurred on the date stated above, at 5:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Respiratory Failure	Mar 21/38
Other **contributory causes** of importance:	
Prematurity (7 mo gestation)	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) T. Floyd Lewis M. D.
(Address) Shelley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonn

City of Ida. Falls

RECEIVED

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108526

Registration District No. 12

Primary Registration District No. 210-0 Local Registrar's No. 52

(No. Idaho Falls L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1632

2. FULL NAME Marvin Geo. Anderson

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. 11 mos / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Annulment pending

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Merman Anderson

6. DATE OF BIRTH (month, day, and year): February 23, 1917

7. AGE: Years: 20 | Months: 11 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Grocery, retail

10. Date deceased last worked at this occupation (mo. and yr.): Feb. 1938

11. Total time (years) spent in this occupation: 2 1/2

12. BIRTHPLACE (city or town) (State or country): Chester Mass.

FATHER

13. NAME: A. J. Anderson

14. BIRTHPLACE (city or town) (State or country): Oslo Norway

MOTHER

15. MAIDEN NAME: Marguerite Kivette

16. BIRTHPLACE (city or town) (State or country): Plattsburg New York

17. INFORMANT (Address): A. J. Anderson Ida. Falls Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Ida. Falls Date: Feb. 20, 1938

19. UNDERTAKER (Address): C. Buck Idaho Falls Ida.

20. FILED Feb. 20, 1938 (Signed) Fay Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): February 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1938, to Feb 18, 1938

I last saw h[illegible] alive on ....., 193..: death is said to have occurred on the date stated above, at 8:25 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by absorption	
F. Bichloride of	
F. Mercury	2/9/38

Other **contributory causes** of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide ..... Date of injury 2-8-38, 193..

Where did injury occur? Idaho Falls Ida

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Angell M. D.

(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2 1 V 0
(No. ____)

DO NOT WRITE IN THIS SPACE
State File No. 108527

Local Registrar's No. 53

660

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Eliza Jones

(a) Residence No. ____ St. Dubois, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. E. Jones

6. DATE OF BIRTH (month, day, and year) June 6, 1864

7. AGE — Years: 73 | Months: 9 | Days: 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Greenwood
(State or country) Illinois

FATHER
13. NAME William C. Herrington
14. BIRTHPLACE (city or town) Greenwich
(State or country) New York

MOTHER
15. MAIDEN NAME Mary A. Tanner
16. BIRTHPLACE (city or town) Greenwich
(State or country) New York

17. INFORMANT Chas. E. Jones
(Address) Dubois Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date March, 193 8

19. UNDERTAKER Cliff Chase
(Address) Pocatello Ida.

20. FILED Mar 21, 193 8 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 17, 193 8

22. I HEREBY CERTIFY, That I attended deceased from March 10, 193 8, to March 17, 193 8
I last saw h[illegible] alive on March 11 193 8: death is said to have occurred on the date stated above, at 3 4 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other **contributory causes** of importance:

Toxic Goiter	June 1937

Name of operation Hyroidectomy Date of March 11
What test confirmed diagnosis? B.M.R. Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____.
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) [signature], M. D.
(Address) Pocatello Ida.

Dr Zack.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13
Primary Registration District No. 2110
Local Registrar's No. 54

DO NOT WRITE IN THIS SPACE
State File No. 108528

(No Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joyce Marlene Hunting.

(a) Residence No. ..... St. Rigby, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 5, 1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Babe
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

FATHER

13. NAME George Edmund Hunting.
14. BIRTHPLACE (city or town) Menan, Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Rhoda Mattie Harmon.
16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMANT G. E. Hunting
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 3-24, 1938

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED Mar 24, 193 + Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-20 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/15/38, 193 6., to 3/20/38, 193 8
I last saw h er alive on 3/20 193 8: death is said to have occurred on the date stated above, at 4:31 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Broncho-Pneumonia	3/15/38
2. Acute Bronchitis	
3. Acute Rhumitis	

Other **contributory causes of importance:**
Extreme low resistance

Name of operation None Date of
What test confirmed diagnosis? X ray Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Aldon Tall, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10852

Registration District No. 13
Primary Registration District No. 2 1 10
Local Registrar's No. 55
(No. 95 54)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Banks

(a) Residence No. Eleanore Hotel St. Salt Lake City, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nina Banks

6. DATE OF BIRTH (month, day, and year) Sept. 24, 1896

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	41	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale tobacco
10. Date deceased last worked at this occupation (mo. and yr.) 3/38
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) [redacted] London
(State or country) [redacted] England

FATHER

13. NAME John Banks
14. BIRTHPLACE (city or town) Unknown
(State or country) " "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Nina Banks
(Address) Los Angeles, Cal.

18. BURIAL, CREMATION OR REMOVAL Removal
Place S.L.City, Ut. Date Mar. 25, 1938

19. UNDERTAKER McHan's Funeral Home
(Address) Idaho Falls, Idaho

20. FILED Mar 24, 1938 Jay Funaird
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-22 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause unknown	
Probable Heart attack	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur? Hotel, Idaho Falls, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place** Hotel in bed,
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Fred Dorn, M. D.
(Address) Idaho Falls, Idaho

V. F. McHAN, Manager

O. C. BUCK, Asst. Manager

McHAN'S FUNERAL HOME

343 "E" Street :-: Telephone 364

Idaho Falls, Idaho

May 6, 1938

Dept. of Public Welfare
Bureau of Vital Statistics
Boise, Idaho

MAY 9 - 1938

Gentlemen,

We are inclosing herewith a letter we recently received from Mrs. Nina Banks, wife of George Banks who passed away in Idaho Falls March 25, 1938, in which you will notice she asks that a correction be made as to the stated place of birth of Mr. Banks. The place actually being London, England instead of Seattle, Washington as was stated on the original certificate.

We are also inclosing our check for fifty cents for which you will please send certified copy of the death certificate as corrected

Please return Mrs. Banks letter as we wish to foreward it to an Insurance Company as an explaination for the discrepancy.

Sincerely yours,
McHan's Funeral Home
By O. C. Buck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13
Primary Registration District No. 1-47
Local Registrar's No. 27

DO NOT WRITE IN THIS SPACE
State File No. 108530

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Elizabeth Pehrson Harker

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F M
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ben E Harker
6. DATE OF BIRTH (month, day, and year): 8-7-1906
7. AGE: Years 31 | Months 7 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Utah

FATHER
13. NAME Emil Pehrson
14. BIRTHPLACE (city or town) ..... (State or country) ~~Utah~~ Sweden

MOTHER
15. MAIDEN NAME Christina Gustafson
16. BIRTHPLACE (city or town) ..... (State or country) Utah

17. INFORMANT Ben E Harker
(Address) Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Ida Date Mar 24 - 1938

19. UNDERTAKER Shelley Funeral Home
(Address) Shelley, Idaho

20. FILED Mar 26, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/21/1938

22 I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to March 21, 1938
I last saw her alive on Mar 21 1938: death is said to have occurred on the date stated above, at 4:25 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, bilateral	Mar. 15/38
Nephritis	Mar. 10/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Lloyd Dickens, M. D.
(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108531

Registration District No.
Primary Registration District No. I. F. S. Hospital
Local Registrar's No. 3-8

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Alexander Ellis

(a) Residence No. St. Driggs, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Vila Ellis

6. DATE OF BIRTH (month, day, and year): Mar. 17, 1910

7. AGE: Years 28 | Months | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Driggs Idaho

MOTHER FATHER
13. NAME: Lewis G. Ellis
14. BIRTHPLACE (city or town) (State or country): Pleasant Grove Utah
15. MAIDEN NAME: Lenora Waddell
16. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

17. INFORMANT (Address): Lewis G. Ellis Driggs Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Driggs, Idaho Date: May 25, 1938

19. UNDERTAKER (Address): Jack G. Wood Idaho Falls Idaho

20. FILED: 5-4-38, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/22 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw h..... alive on March 22 1938.: death is said to have occurred on the date stated above, at 6-49 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Peritonitis	March 28

Other **contributory causes** of importance: Puncture wound

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193.....
Where did injury occur? Driggs Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Ollie Ellis, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Ucon

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13
Primary Registration District No. 2 1 N 2
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 108532
Local Registrar's No. 59

46

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William T. Harris

(a) Residence No. Ucon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Esther Harris

6. DATE OF BIRTH (month, day, and year) Oct 10, 18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodland
(State or country) Idaho

FATHER

13. NAME Wm Harris
14. BIRTHPLACE (city or town) South Wales
(State or country)

MOTHER

15. MAIDEN NAME Sarah Lyman
16. BIRTHPLACE (city or town) Florence
(State or country) Nebraska

17. INFORMANT Mrs William T Harris
(Address) Ucon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ucon, Idaho Date Mar 24, 1938

19. UNDERTAKER Jack C. Wood
(Address) Idaho Falls, Idaho

20. FILED Mar 24, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 20 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938 to Jan. 28, 1938
I last saw him alive on Jan. 27 1938: death is said to have occurred on the date stated above, at 7-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	unknown
Other contributory causes of importance:	

Name of operation Stomach Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
MAR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108534

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 61
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Elenor Bodily

(a) Residence No. (Usual place of abode) Iona, Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry James Bodily

6. DATE OF BIRTH (month, day, and year): May 27 1871

7. AGE: Years 66 | Months 11 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hyde Park Utah

FATHER
13. NAME: Patterson Delos Griffith
14. BIRTHPLACE (city or town) (State or country): Orleans N. Y.

MOTHER
15. MAIDEN NAME: Sarah Elizabeth Roberts
16. BIRTHPLACE (city or town) (State or country): Lincolnshire England

17. INFORMANT: Leon Bodily
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Iona, Idaho Date Mar 28 1938

19. UNDERTAKER: Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Mar 31, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/26 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to Mar. 26, 1938
I last saw h[illegible] alive on Mar 26 1938: death is said to have occurred on the date stated above, at 4-30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Mar. 16.

Other **contributory causes** of importance:

Chronic nephritis	[illegible]
Secondary anemia	[illegible]

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam. and X-ray. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Keller M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ida. Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108535

Registration District No. 13
Primary Registration District No. 21 N-D
Local Registrar's No. 62
(No. 540 E. 4th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Dorothy Wicklund
(a) Residence No. St. Shelley Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elmer J. Wicklund
6. DATE OF BIRTH (month, day and year): Dec. 28 1907
7. AGE: Years: 30 | Months: 3 | Days: | If LESS than 1 day .... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (mo. and yr.): 3 1938
11. Total time (years) spent in this occupation: 7½

12. BIRTHPLACE (city or town) (State or country): Lake Nebagamon Wisconsin

FATHER
13. NAME: Alfred Carlson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Julia Steele
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Elmer J. Wicklund Shelley Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Firth Cem. Date: Apr. 1, 1938

19. UNDERTAKER: O. C. Buck
(Address): Idaho Falls Ida.

20. FILED: Apr. 1, 1938 Guy Summers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): March 29 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-16-, 1937, to 3-29-, 1938
I last saw her alive on 3-29- 1938: death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
(Complete Anuria)	

Other contributory causes of importance:

Pregnancy	
Terminated with Ect opic	3-24-38

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edwin Cyphers, M. D.
(Address) Box 86 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn
City of Ida Falls
RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108536

Registration District No. 173
Primary Registration District No. 21N-0 Local Registrar's No. 63
(No. I. F. D. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Oliver Cowgill
(a) Residence No. (Usual place of abode) St Howe, Ida
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) 2 1933

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
5	0	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howe
(State or country) Idaho

FATHER
13. NAME Lincoln D. Cowgill
14. BIRTHPLACE (city or town) Howe
(State or country) Idaho

MOTHER
15. MAIDEN NAME Leona Young
16. BIRTHPLACE (city or town) Howe
(State or country) Idaho

17. INFORMANT Mrs. D. Cowgill
(Address) Howe Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Arco, Ida. Date Apr. 2, 1938

19. UNDERTAKER O. Buck
(Address) Ida. Falls, Ida.

20. FILED Mar 31, 193 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) March 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 28, 193 8, to Mch 29, 193 8
I last saw him alive on Mch 25 193 8: death is said to have occurred on the date stated above, at 8-00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	March
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13
Primary Registration District No. 21-0
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 108537
Local Registrar's No. 6 3 0 2 1

2. FULL NAME Roger Lynn Park
(a) Residence No. Swan Valley - Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sep 6
6. DATE OF BIRTH (month, day, and year): 1 9 3 3
7. AGE: Years: 2; Months: 6; Days: ; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Ida

FATHER
13. NAME: Clyde Park
14. BIRTHPLACE (city or town) (State or country): Shelley Ida

MOTHER
15. MAIDEN NAME: Doris Mendenhall
16. BIRTHPLACE (city or town) (State or country): Pierre South Dakota

17. INFORMANT: Donald Mendenhall
(Address) Idaho Falls Ida
18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Apr. 1, 193 8
19. UNDERTAKER: Stiff Chapel
(Address) Idaho Falls Ida
20. FILED Apr. 2, 193 8 [signature] Registrar.
Dr. Shank & Lyle

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): March 26 193 8
22 I HEREBY CERTIFY, That I attended deceased from March 26 193 8 to March 26, 193 8
I last saw him alive on March 26 193 8: death is said to have occurred on the date stated above, at 7:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Car Accident	3/26/38
Fract neck	"
Fractured wrist & left temple	"

Other **contributory causes** of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/26/38 193
Where did injury occur? Idaho Falls Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**: Highway
Manner of injury: Car accident
Nature of injury: as listed above

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. G. Lyle M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

RECEIVED

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108535

Registration District No. 13

Primary Registration District No. 2 1 N 70

Local Registrar's No. 65

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella A Mulberry

(a) Residence No. 3 7 miles S Idaho Falls St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Mulberry.

6. DATE OF BIRTH (month, day and year): 1882

7. AGE: Years 56. Months ..... Days ..... If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): [illegible] Co Ia.

FATHER

13. NAME: [illegible] Ellis

14. BIRTHPLACE (city or town) (State or country): Pennsylvania New York State

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT: Donald Mulberry (Address) Idaho Falls. 24 yrs

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Apr 1, 1938

19. UNDERTAKER: Cutler Bros. (Address) Idaho Falls Ida

20. FILED Apr 7, 1938 Jos Summers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): March 26 1938

22 I HEREBY CERTIFY, That I attended deceased from March 26 1938, to March 26 1938

I last saw her alive on 3/26/1938: death is said to have occurred on the date stated above, at 7:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Injured by car Accident	3/26/38
Fractured skull	"
Fractured neck	"
Compound fracture of ribs	"
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/26/38 193.....

Where did injury occur? Highway Idaho Falls Ida

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Highway

Manner of injury Auto accident

Nature of injury Fract. skull, neck and rib

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W E Leavitt, M. D.

(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls.

RECEIVED

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108539

Registration District No. 13

Primary Registration District No. 21-0

Local Registrar's No. 66

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John H. Mulberry Jr.

(a) Residence No. 7 miles S Idaho Falls St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Oct 28 - x

6. DATE OF BIRTH (month, day, and year) 1921

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	16.	4	-	-

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelley
(State or country) Idaho

FATHER

13. NAME Harvey Mulberry.

14. BIRTHPLACE (city or town) Springfield
(State or country) Ills.

MOTHER

15. MAIDEN NAME Ella, a Ellis.

16. BIRTHPLACE (city or town) Grant Co
(State or country) Iowa.

17. INFORMANT Donald Mulberry
(Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Apr. 1, 193 8

19. UNDERTAKER Peffect Co
(Address) Idaho Falls.

20. FILED April 7, 193 8 Jos. Simmons
Registrar.

Dr. Shull & Quitt

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 26 193 8

22 I HEREBY CERTIFY, That I attended deceased from March 24 193 8, to March 26 193 8

I last saw him alive on 3/24/38 death is said to have occurred on the date stated above, at 7:50 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Injured by Car accident	3/24/38
Fractured Skull	"
Fractured Neck	"
Comp. Fract. Left Leg	"
Lacerated Scalp	"
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/24/38

Where did injury occur? Idaho Falls Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Highway # 91

Manner of injury Collision

Nature of injury Fract, Neck, Skull etc

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Quitt M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108540

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 67
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorthea A Parks.

(a) Residence No. Swan Valley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clyde L. Parks

6. DATE OF BIRTH (Month, day, and year) 1914

7. AGE: Years 23. Months Days If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pukwana
(State or country) South Dakota

FATHER
13. NAME Harvey Mulbury
14. BIRTHPLACE (city or town) Hamptonville
(State or country) Ohio

MOTHER
15. MAIDEN NAME Ella A Ellis
16. BIRTHPLACE (city or town) Grant City
(State or country) Iowa

17. INFORMANT Verne Mulbury
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Apr. 1, 193 8

19. UNDERTAKER Cliff Hayes.
(Address) Idaho Falls

20. FILED April 1, 193 8 Countersigned
Registrar
Wm Shenk & Hayes

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 26 193 8

22 I HEREBY CERTIFY, That I attended deceased from March 26, 193 8 to March 26 193 8
I last saw her alive on March 26 193 8: death is said to have occurred on the date stated above, at 7:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Car accident	3/26/38
Fract right humerus	"
Fract Lt forearm & leg	"
Fract Pelvis	"
Fract neck	"
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/26/38
Where did injury occur? Idaho Falls Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**? Highway
Manner of injury Car accident
Nature of injury As listed above

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Burnett, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108541

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
RECEIVED
APR 14 1938

Registration District No. 73
Primary Registration District No. 2-4-D
Local Registrar's No. 68

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mariah Francis Fletcher Harding

(a) Residence. No. Idaho Falls. St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Fredrick William Harding

6. DATE OF BIRTH (month, day, and year) Oct. 9-1863

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or min.
74	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) London England.

FATHER

13. NAME Henry Fletcher.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Fredrick William Harding Idaho Falls Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date April 5, 1938.

19. UNDERTAKER Leeral L. Johnson
(Address) Preston Idaho

20. FILED Apr 4, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 193 8

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1938, to April 2, 1938.
I last saw h[illegible] alive on April 2, 1938; death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3-10-38
Other contributory causes of importance:	
Hypertension	D. K.
Senility	

Name of operation none Date of .....
What test confirmed diagnosis? C. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) C. A. Emerson, M. D.
(Address) Idaho Falls, Idaho

322

PLACE OF DEATH
County of Bonneville
City RECEIVED Idaho Falls

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108542

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 69
(No. LDS Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Myron Prentice Fullmer
(a) Residence No. Tetonia Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of much 31

6. DATE OF BIRTH (month, day, and year) 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho.

FATHER
13. NAME Chas. M. Fullmer
14. BIRTHPLACE (city or town) Logan
(State or country) Utah

MOTHER
15. MAIDEN NAME Gladys E. Clements
16. BIRTHPLACE (city or town) Rexburg
(State or country) Ida

17. INFORMANT Chas. M. Fullmer
(Address) Tetonia Ida

18. BURIAL, CREMATION OR REMOVAL
Place Tetonia Ida Date Apr 3, 1938

19. UNDERTAKER Sebbetts
(Address) Iddho Falls Idd

20. FILED Apr 6, 1938 Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/1 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938 to April 1, 1938
I last saw him alive on March 31, 1938: death is said to have occurred on the date stated above, at 9:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mal-development	
7 mo pregnancy	
Infant	
Other **contributory causes** of importance:	
Eclamptic toxemia 4 days	
of Mother	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify
(Signed) , M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108543

Registration District No. 13
Primary Registration District No. 7-1-0
Local Registrar's No. 70

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Forrest Whiting

(a) Residence No. ..... St. Salmon, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Olive J. Whiting

6. DATE OF BIRTH (month, day and year) March 30, 1884

7. AGE — Years: 53 — Months: 4 — Days: 6 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawmill operator + farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self employed
10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1937
11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Mapleton Utah

FATHER
13. NAME Lorenzo Snow Whiting
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Flora Waterman
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Samuel A. Whiting
(Address) Pocatello Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Salmon, Ida. Date Apr. 7, 1938

19. UNDERTAKER O. C. Tuck
(Address) Idaho Falls, Ida.

20. FILED Apr. 7, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6 1938

22 I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to April 6, 1938.
I last saw him alive on April 6 1938: death is said to have occurred on the date stated above, at 12 22 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Other contributory causes of importance:	
Arteriosclerosis.	

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. E. Yost, M. D.
(Address) Idaho Falls.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Ucon
FILED
APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108544

Registration District No. 73
Primary Registration District No. 214-D
Local Registrar's No. 71

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Sievers 93c

(a) Residence. No. Ucon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Louis Sievers

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N K Missouri

FATHER
13. NAME Wilson
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Wilson
16. BIRTHPLACE (city or town) (State or country) N K Missouri

17. INFORMANT Louis Sievers (Address) Ucon Idaho

18. BURIAL, CREMATION OR REMOVAL Place Rose Hill Date Feb 28 1938

19. UNDERTAKER Jean G Keller (Address) Rigby Idaho

20. FILED Apl 7, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/28 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on Feb 20, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Unknown

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W L Warner M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108545

Apr 14 1938

Registration District No. 13
Primary Registration District No. 2-10-0 Local Registrar's No. 72

(No. L. L. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Steele Stanger

(a) Residence No. Iona, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Helbert Stanger

6. DATE OF BIRTH (month, day, and year): Oct 23 1889

7. AGE: Years 50 | Months 5 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Iona (State or country) Idaho

FATHER
13. NAME: William S. Steele
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Ellen Proctor
16. BIRTHPLACE (city or town) (State or country): American Fork Utah

17. INFORMANT: Helbert Stanger (Address) Iona, Idaho

18. BURIAL, CREMATION OR REMOVAL: Place Iona, Idaho Date April 7 193 8

19. UNDERTAKER: Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED Apr 7, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 193 8, to Apl 3, 193 8

I last saw h.. alive on Apl 3, 193 8: death is said to have occurred on the date stated above, at 11 P - m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute suppurative appendicitis (ruptured)	March 27 1938
General peritonitis	
Intestinal Obstruction	

Other **contributory causes** of importance:
and illness.

Name of operation: Appendectomy and Date of: Appendectomy
What test confirmed diagnosis? Observation Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) John C. Miller, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 2156

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108546

APR 7 1938

2. FULL NAME Charles M. Biggers

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 27 — 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer — Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Patch Grove Wis.

FATHER

13. NAME William Biggers

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Bannon

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Mrs. Wm. Robbins
(Address) Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL
Bonners Ferry Date Apr. 9, 1938

19. UNDERTAKER H. P. Church
(Address) Bonners Ferry, Ida

20. FILED 4-7, 1938. Ruth Bonnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct ....., 193 7 ..., to Mar 7 ....., 193 8 ...

I last saw ~~him~~ alive on Mar 6 ....., 193 8 ...; death is said to have occurred on the date stated above, 1:30 A. ..m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocardial degeneration	1935

Other **contributory causes** of importance:

Name of operation None ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193 .
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ruth Bonnell ..... M. D.

(Address) Bonners Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Butte
City of Arco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 59
Primary Registration District No. 2129

DO NOT WRITE IN THIS SPACE
State File No. 108547

Local Registrar's No. 3

93801

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Munn Andrews

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Andrews

6. DATE OF BIRTH (month, day, and year) 12/24/58

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Eckford, Ontario Canada

FATHER

13. NAME Thomas Andrews

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Katherine

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs Emma Andrews

18. BURIAL, CREMATION, OR REMOVAL Place Arco Date 3/9, 1938

19. UNDERTAKER W. L. Mansel
(Address) Arco, Idaho

20. FILED Mch-20, 1938 Mary Dietrich
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1937, to Mar 5, 1938
I last saw him alive on Mar. 5, 1938: death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Other contributory causes of importance:	
Arteriosclerosis Hypertension	1932

Name of operation None Date of
What test confirmed diagnosis? Clinical evidence Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. M. Eckert, M. D.
(Address) Arco Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108548

APR 1 1938

Registration District No. 2017

Primary Registration District No. 3

Local Registrar's No. 104

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glen Gordon Merriam

(a) Residence No. Parma St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Clara M. Merriam

6. DATE OF BIRTH (month, day, and year) 8-1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shannon City
(State or country) Iowa

FATHER

13. NAME Geo. D. Merriam

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Rena Giles

16. BIRTHPLACE (city or town) Washington
(State or country) Illinois

17. INFORMANT Clara M. Merriam
(Address) Parma Ida

18. BURIAL, CREMATION OR REMOVAL
Place Parma Cem. Date 3/10, 1938

19. UNDERTAKER V. Packham
(Address) Caldwell Ida

20. FILED 3-29, 1938 Mrs Acee Ross
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 8 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to March 8, 1938

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 3:45 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other **contributory causes** of importance:	

Name of operation No Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** No.

Manner of injury None

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. M. Mitchell, M. D.

(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City or ~~Village~~ Caldwell

RECEIVED
APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10854

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 24
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Dennis Cox
(a) Residence No. Caldwell Ida R#1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mary E. Cox

6. DATE OF BIRTH (month, day, and year) 7-19-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Durham
(State or country) Canada

FATHER
13. NAME Thomas Cox
14. BIRTHPLACE (city or town) London
(State or country) England

MOTHER
15. MAIDEN NAME Francis ~~Hauk~~ Hawk
16. BIRTHPLACE (city or town) London
(State or country) England

17. INFORMANT Mary E. Cox
(Address) Caldwell R#1

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 3-13, 1938

19. UNDERTAKER C. V. Pickham
(Address) Caldwell Idaho

20. FILED 3/15, 1938 W. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-11 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1938, to May 11, 1938
I last saw him alive on Mar 11 1938: death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	about 2 yrs

Other contributory causes of importance:

Enlarged prostate	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) W. Montgomery M. D.
(Address Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108550

RECEIVED
APR 9 1938

Registration District No. /
Primary Registration District No. 2005
Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman Paul Degner

(a) Residence No. Greenleaf St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Laura Degner

6. DATE OF BIRTH (month, day, and year) Dec 27-1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	4	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Julius Degner
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Laura Degner (Address) Caldwell Rt 2

18. BURIAL, CREMATION OR REMOVAL Place Pioneer Cem. Date 3/3, 1938

19. UNDERTAKER E. V. Pickham (Address) Caldwell Ida

20. FILED 3/16, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) March / 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1938, to Feb 27, 1938
I last saw h. alive on Feb 27 1938: death is said to have occurred on the date stated above, at 9:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	chronic
pneumonia	Feb 24. 38

Other contributory causes of importance:

Tuberculosis recently activated	had some trouble at age of 40

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Herm J. Tibbetts M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108551

RECEIVED
APR 9 1938

Registration District No.
Primary Registration District No. 1005
Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME William Henry Meyer.

(a) Residence No. 1414 Cooper St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Wade Meyer

6. DATE OF BIRTH (month, day and year) Dec 17 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bluffton Ind

FATHER

13. NAME John Meyer

14. BIRTHPLACE (city or town) (State or country) Berne Switzerland

MOTHER

15. MAIDEN NAME Lena Braun

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lucille Cottrell (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canal Date , 193

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED 4-24, 193 Ed Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 24 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937, to March 23, 1938

I last saw h[illegible] alive on Mar 23 1938: death is said to have occurred on the date stated above, at 3:15 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic diffuse nephritis	1932
Generalized arteriosclerosis	
Aortic stenosis	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. M. Bradford M. D.

(Address Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

RECEIVED
APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108552

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 26

(No. 956 ?)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Elvin Dixon

(a) Residence No. College Heights St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie L. Dixon

6. DATE OF BIRTH (month, day and year) March 2 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	0	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburg
(State or country) Penn.

FATHER
13. NAME James B. Dixon
14. BIRTHPLACE (city or town) Pittsburg
(State or country) Penn

MOTHER
15. MAIDEN NAME Sarah Hughes
16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMANT Lydia D. Dixon
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Greenwood Date 3/29 1938

19. UNDERTAKER W. F. Peckham
(Address) Caldwell Ida

20. FILED 4-4, 1938 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 26 1938

22 I HEREBY CERTIFY, That I attended deceased from Did not attend during, to , 193..
I last saw h.. alive on Dec 11 1937: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio Vascular Renal Disease	?
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. A. Newberry M. D.
(Address Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108553

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 27

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bennie Lee Miller Jr.

(a) Residence. No. 709 Everett (Usual place of abode) Caldwell Ida St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Boy	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 23 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Caldwell Ida

FATHER
13. NAME Benjamin R. Miller
14. BIRTHPLACE (city or town) (State or country) Idaho Falls Ida

MOTHER
15. MAIDEN NAME Mary Frances Martin
16. BIRTHPLACE (city or town) (State or country) Nagan Ga.

17. INFORMANT B L Miller
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem Date 3-28, 1938

19. UNDERTAKER Keith Talley
(Address) Nampa Ida

20. FILED 3-28, 1938 W. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1938, to 3-27, 1938
I last saw h[illegible]ive on 3-26, 1938; death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Clayton, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

RECEIVED
APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108554

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 28
(No. County Jail, Caldwell)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Fred C. Kaeser

(a) Residence. No. Denver St. Colo
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day and year) Sep. 3rd. 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver
(State or country) Colo.

FATHER
13. NAME F.C.Kaeser
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Letters and Jail record
(Address) Caldwell, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Denver, Colo. Date ....., 193..

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 3-28, 193.. [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw h.. alive on ....., 193..: death is said to have occurred on the date stated above, at about 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably an over amount of Narcotic. History: inmates in same jail called it Barbital said Deceased took six-5GR. tablets	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? 3/27/38
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. County Jail
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) [signature] M.D.
(Address) [signature] M.D. Caldwell Canyon Co Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City Caldwell

RECEIVED

APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
108555
State File No.

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 29

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Badley

(a) Residence. No. 309 Denver St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - - - -

6. DATE OF BIRTH (month, day, and year) 7-17-1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER

13. NAME Frank Badley

14. BIRTHPLACE (city or town)
(State or country) Michigan

MOTHER

15. MAIDEN NAME Mary Kerney

16. BIRTHPLACE (city or town)
(State or country) Michigan

17. INFORMANT Frank Badley
(Address) Caldwell,Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 4-1-38, 193

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED 4-4, 193 I. M. Moody
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/30 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
[last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 4:23 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull near right temple.	
Other contributory causes of importance: Auto hit by train on 5th. St. crossing Caldwell Ida.	

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? NO

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/30 1938
Where did injury occur? Caldwell, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury As above
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Truck Driver

(Signed) Wm. D. Talbot M. D. Coroner.
(Address) Canyon Co Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108557

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 20
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Alfred Lundquist

(a) Residence No. 322 Yale St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louisa Lundquist

6. DATE OF BIRTH (month, day, and year) 2/12/65

7. AGE: Years 72 | Months 3 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Nels Lundquist
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT C. A. Lundquist
(Address) Nampa, Ida

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Pearly Nec. Date March 12 193 8

19. UNDERTAKER Fred Bailey
(Address) Nampa, Ida

20. FILED Mar. 11, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar. 10 1938

22 I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to Mar. 10, 1938
I last saw him alive on Mar. 10 1938: death is said to have occurred on the date stated above, at 11 30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L Rodgers, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108558

APR 11 1938

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 31

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

46 B

2. FULL NAME Sophia [illegible] Hardle

(a) Residence No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-11-1849

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
88	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Carl Myers
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT A. H. Hardle
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Anthony, Ida. Date 3-24, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Mar. 24, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937, to Mar 12, 1938
I last saw h____ alive on ____ 193__: death is said to have occurred on the date stated above, at 9:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature], M. D.
(Address) Caldwell, Ida.

MARGIN RESERVED FOR BINDING

...ITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10855

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 32
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Knox Mc Andrews
(a) Residence No. 711—6th Ave S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): 2-16-50
7. AGE — Years: 88 | Months: 1 | Days: 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Milwaukee Wis

FATHER
13. NAME: John Mc Andrews
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Davey
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs C. Asmussen Nampa Ida
18. BURIAL, CREMATION OR REMOVAL — Place: Yakima Wn Date: 3-29, 1938
19. UNDERTAKER (Address): F. K. Robinson Nampa Ida
20. FILED: Mar 7, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-28 1938
22 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938, to Mar 28, 1938
I last saw h— alive on Mar 27 1938: death is said to have occurred on the date stated above, at 1.30 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart decompensation	Two months ago
Other **contributory causes** of importance:	
Influenza 2 days	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Geo. A. Proctor M. D.
(Address Nampa, Ida.

P

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108560

APR 11 1938

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 93

(No. Mercy Hospital)

• (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abner Kent Calloway

(a) Residence. No. Caldwell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Adah Asbill Callaway

6. DATE OF BIRTH (month, day, and year): Nov 30 1870

7. AGE: Years 67 | Months 2 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise Ida

FATHER

13. NAME: Abner Early Calloway

14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER

15. MAIDEN NAME: Mary Jane Fulton

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Mrs. A. K. Calloway, Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 2-26-38 193..

19. UNDERTAKER (Address): Paul L. Case, Caldwell Idaho

20. FILED Apr. 1, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-23-38 193

22. I HEREBY CERTIFY, That I attended deceased from 2-2-, 193.8., to 2-23-, 193.8.

I last saw h.. alive on 2-22-, 193.8.; death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	2-21-38
Previous attack	1 mo. ago.

Other **contributory causes** of importance:

Mastoid operation	
for acute mastoiditis	2 mo. ago

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Geo. P. A. Kilroy M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa
RECEIVED
APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108561

Registration District No. 7
Primary Registration District No. 2206 Local Registrar's No. 84
(No. Nampa old Folks Home Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George M Kneeland

(a) Residence No. 40 Street Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M | 4. Color or Race Wht | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dont Know

6. DATE OF BIRTH (month, day, and year) 3-24-1867

7. AGE Years 71 | Months 0 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Barton (State or country) Mass

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Idaho Dept of Public assistance
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Date 5-30-, 1938

19. UNDERTAKER P. C. Northam
(Address) Weiser Idaho

20. FILED Apr 1, 1938 Capitola Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to March 27, 1938
I last saw h~~im~~ alive on March 29 1938: death is said to have occurred on the date stated above, at 1 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Prostate	
Other **contributory causes** of importance:	

Name of operation Prostatectomy Date of 1936
What test confirmed diagnosis? Path Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W C Wolfe, M. D.
(Address Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108562

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 35

APR 11 1938

(No. Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Rudolph Brown

(a) Residence No. 1711 - N 17 St. St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 months yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sally Carolyn Brown

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 88 | Months: 2 | Days: 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country) N.Y.

FATHER
13. NAME Nat Oftaindfls

14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs J. E. Miller
(Address) 1111 - 13 - ave So Nampa

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Nampa Date 3 - 24, 193 8

19. UNDERTAKER Schreiber & Morgan
(Address) Boise.

20. FILED Apr. 1, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-28 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1938, to Mar. 28, 1938
I last saw him alive on Feb 24 1938: death is said to have occurred on the date stated above, at 5 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemiplegia	Feb 24, 38

Other **contributory causes** of importance:

Decompensated heart	

Name of operation — Date of
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) **fill in** also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased No If so, specify
(Signed) Geo. R. Proctor, M. D.
(Address Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108563

APR 11 1938

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 96

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena M. Bennett

(a) Residence No. 8 sm North East of Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oliver M. Bennett

6. DATE OF BIRTH (month, day, and year) 3/27/1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hutchinson
(State or country) Kansas

FATHER
13. NAME Rev. Wm. A. Rose
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Catherine Cutler
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Oliver M. Bennett
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cemetery Date 4/13, 1938

19. UNDERTAKER Peck & Fallen
(Address) Nampa, Ida.

20. FILED Apr. 1, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938 to Mar 10, 1938
I last saw h[illegible] alive on [illegible]: death is said to have occurred on the date stated above, at 9:25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	
Other contributory causes of importance:	

Name of operation Exploratory Date of
What test confirmed diagnosis? Path. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. P. Pettengill M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa,

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 97

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

McKenna

DO NOT WRITE IN THIS SPACE
State File No. 108564

2. FULL NAME Gideon Max Murphy

(a) Residence No. 116 Maple (Usual place of abode) Nampa Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Murphy

6. DATE OF BIRTH (month, day, and year): Feb 12 1854

7. AGE: Years 84 | Months 1 | Days 3 | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Blacksmith
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER
13. NAME: Thomas E. Murphy
14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER
15. MAIDEN NAME: Mary R. Eads
16. BIRTHPLACE (city or town) (State or country): Carolina

17. INFORMANT: Mrs. Thomas Murphy
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL: Cloverdale
Place Cloverdale Cemetery Date April 1, 1938

19. UNDERTAKER: Beatty Valley
(Address) Nampa Idaho

20. FILED Apr. 1, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/12 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1938 to Mar. 12, 1938

I last saw him alive on ____ 193__: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Stephen E. McKenna M.D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108565

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 39
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Helen Graylor (Sadie B.)

(a) Residence No. Utica Kansas St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race:
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William E. Graylor
6. DATE OF BIRTH (month, day, and year): Aug. 3 1883
7. AGE: Years 54 | Months 7 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Medical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Doctor
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bartwell Nebraska

FATHER
13. NAME: Joseph Seward Booth
14. BIRTHPLACE (city or town) (State or country): Mayfield N.Y.

MOTHER
15. MAIDEN NAME: Emma Zimmerman
16. BIRTHPLACE (city or town) (State or country): N.Y. City N.Y.

17. INFORMANT (Address): Irving Booth Route 2, Nampa.

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date 3/15, 1938

19. UNDERTAKER (Address): Keith Talley Nampa Ida.

20. FILED Mar. , 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/12 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 2.00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coroner's Jury Verdict	
Collision of Autos	
Drivers Ivy Perry & Frank	
and Geo. Nicholson in	
Road Contractors 2½ mi N	Nampa.

Other **contributory causes** of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 3/12/ 193 8
Where did injury occur? stated alone.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Road.
Manner of injury stated alone
Nature of injury Crushed Face & Scalp.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm D Talley M. D.
(Address) Nampa Ida Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108566

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 43
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Hatley

(a) Residence No. 423-16 Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William Hatley.

6. DATE OF BIRTH (month, day, and year) March 6 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	—	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Dienter
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. L. Daugherty.
(Address) Portland, Ore.

18. BURIAL, CREMATION, OR REMOVAL
Place Midvale Date March 7 1938

19. UNDERTAKER W. D. Talley.
(Address) Nampa Ida.

20. FILED April 1, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 3/3, 1938
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 12:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by Cutting Carotid artery with Scissors.	Left

Other **contributory causes** of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 3/3/38
Where did injury occur? Nampa Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Old Folks Home Private
Manner of injury Self inflicted
Nature of injury as above stated

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. D. Talley M. D. Coroner
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa
APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108567

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 41
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Jordan

(a) Residence No. 1½ Mi. So. E. Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Henry Jordan

6. DATE OF BIRTH (month, day, and year) March 30 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	11	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hartville
(State or country) Missouri

FATHER
13. NAME D. C. Matheus
14. BIRTHPLACE (city or town) .....
(State or country) Tenn.

MOTHER
15. MAIDEN NAME N. A. Lowell
16. BIRTHPLACE (city or town) .....
(State or country) Tenn.

17. INFORMANT Henry Jordan
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Canyon Hill Cemetery Date March 6 1938

19. UNDERTAKER Austin Chaney
(Address) Nampa Idaho

20. FILED April 1, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/14 1938

22 I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to Mar. 14, 1938
I last saw her alive on Mar. 14 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1898
Other **contributory causes** of importance:	

Name of operation no Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L Krauser, M. D.
(Address Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

V.C. Erlbrook.

PLACE OF DEATH
County of Canyon
City of Nampa

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108568

Registration District No. 7
Primary Registration District No. 1096
Local Registrar's No. 42
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Alice Christenson
(a) Residence. No. 304 Ivy St. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of: Carl Christenson
6. DATE OF BIRTH (month, day, and year): July 30, 1910
7. AGE: Years 27 | Months 7 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Gooding Ida.

FATHER
13. NAME: J.O. McGill
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Sadie Schooler
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): Mr. Carl Christenson Nampa Ida.
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Cloverdale Cem. Date: 3/27, 1938
19. UNDERTAKER (Address): Keith Galley Nampa Ida
20. FILED: April 1, 1938 Lydal Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-24-1938
22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1938, to 3-24, 1938
I last saw ~~him~~ alive on 3-24, 1938; death is said to have occurred on the date stated above, at 1:10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-20-38
Chronic nephritis	

Other contributory causes of importance:

Toxemia of Pregnancy	3-17-38
Uterine Myocarditis 3 Mo.	
Liver Disease	

Name of operation: None Date of
What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Gallemore M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108570

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 44
APR 11 1938
(No.) 47
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louisa Clementina Daugherty

(a) Residence No. 207-10th Ave. No. Nampa Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-6-73

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nevada

FATHER
13. NAME Mickey
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Frank Daugherty
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 3-14 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Mar. 1, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-12 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-5, 1938, to 3-12, 1938
I last saw h.pt. alive on 3-12 1938: death is said to have occurred on the date stated above, at 4 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	3-4-38
Cardiac dilatation	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Stephen E. McKenna M. D.
(Address) Nampa Clinic

mc

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108571

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 45

(No. State School)

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wayne Taylor

(a) Residence No. St. Twin Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.Amer.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, and year) 8-5[illegible] 1913

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	24	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisanna

FATHER

13. NAME C.E.Taylor,

14. BIRTHPLACE (city or town) (State or country) Louisanna

MOTHER

15. MAIDEN NAME Etta Hart

16. BIRTHPLACE (city or town) (State or country) Nebraska.

17. INFORMANT (Address) Records at State School Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 3-14, 1938

19. UNDERTAKER F. K. Robinson
(Address)

20. FILED Mar. 1, 1938 Nampa Idaho. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-12 1938

22 I HEREBY CERTIFY, That I attended deceased from July 15-, 1937, to 2-12-1938, 193..

I last saw him alive on 2-11-'38: death is said to have occurred on the date stated above, at 3 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	3-1-'37.
Other **contributory causes** of importance:	

Name of operation None. Date of

What test confirmed diagnosis? C T Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury None, 193..

Where did injury occur? ---
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury None

Nature of injury ---

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Cleaveland, M. D.

(Address State School, Nampa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa
APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108572

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 46
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Rosina Eastly

(a) Residence No. 1016 - 15 ave S. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M. D. Eastly

6. DATE OF BIRTH (month, day, and year) 10-18-89

7. AGE — Years: 48 | Months: 4 | Days: 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Redeemer
(State or country) S. Dak

FATHER
13. NAME D. H. Barthalow
14. BIRTHPLACE (city or town) Mo
(State or country)

MOTHER
15. MAIDEN NAME Tillotson
16. BIRTHPLACE (city or town) Mo
(State or country)

17. INFORMANT L. L. Eastly
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 3-31, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED April 1, 1938 Lydia Lockspeiser
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-28 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Mar 28, 1938
I last saw her alive on March 25 1938: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Colon	
Other **contributory causes** of importance:	

Name of operation Exploratory Date of Oct 4, 1937
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Watts, M. D.
(Address Nampa, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

APR 17 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108573

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 47

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ross H. Neff

(a) Residence. No. 511 — 6th Street South St.

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Elsie Neff.

6. DATE OF BIRTH (month, day, and year): Dec 19 - 1889

7. AGE: Years 48 | Months 3 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: P F E.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country): Cameron Mo.

FATHER

13. NAME: J. A. Neff

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Salina Walters

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Elsie Neff. Nampa Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~: Lynlertown

Place Nampa Date April, 193 8

19. UNDERTAKER (Address): Keith Gallup. Nampa.

20. FILED April, 193 8 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/30 193 8

22. I HEREBY CERTIFY, That I attended deceased from July 15, 193 8, to 3-30-, 193 8

I last saw h[illegible] alive on 3-30, 193 8; death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Cancer of Tongue	Jan. 37
Other contributory causes of importance:	

Name of operation Head Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. E. Eitharn M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108574

APR 11 1938

Registration District No. 7
Primary Registration District No. 1906
Local Registrar's No. 48

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Mercy Hosp.)

2. FULL NAME Joe V. Azevedo

(a) Residence No. Davis Ave. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Single

6. DATE OF BIRTH (month, day and year) Feb. 16 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (~~State~~ or country) Portugal

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Calvary
Place Nampa Ida. Date April 4, 1938

19. UNDERTAKER Keith Talley
(Address) Nampa Idaho

20. FILED Apr. 4, 1938 Lyda Rudgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-30-, 1938, to 4-1-, 1938
I last saw h~~im~~ alive on 4-1-, 1938: death is said to have occurred on the date stated above, at 8:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3-26-38

Other contributory causes of importance:
Cerebro Sclerosis

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——, 193—
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ———

(Signed) C. C. Fellows M.D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108575

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 50

(No. State School)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Powell

(a) Residence No. Shoshone, Idaho Bx 75 St.

(Usual place of abode) 30 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: W. Amer.

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: M. B. Powell

6. DATE OF BIRTH (month, day, and year): 5-16-'72

7. AGE: Years 65 | Months 10 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: A. Taylor

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Roda Unknone

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Records State School Nampa Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~ Place: Gaading Date: Apr 4, 1938

19. UNDERTAKER (Address): Wm D Talley Nampa Ida

20. FILED Apr 4, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-1 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-4-1937, 193.., to 4-1-'38, 193..

I last saw her alive on 4-1-'38 193..: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cronic Myocarditis	?
Other contributory causes of importance:	
Hemiplegia Art. 82-d	

Name of operation: None Date of: -----

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place: No injury

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify -------

(Signed) M. Calloway M. D.

(Address) State School, Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108576

Registration District No.

Primary Registration District No. 2006

Local Registrar's No. SP 108

(No. State School Nampa Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond McClelland

(a) Residence No. R. #4 Boise, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 11-22-'20

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	17	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME John S. McClelland

14. BIRTHPLACE (city or town) Lave Hot Springs
(State or country) Idaho

MOTHER

15. MAIDEN NAME Laura Thompson

16. BIRTHPLACE (city or town) Chesterfield
(State or country) Idaho

17. INFORMANT State School records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burial Date April 3, 1938

19. UNDERTAKER William McBratney
(Address) Boise Idaho

20. FILED Apr 4, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-3 1938

22 I HEREBY CERTIFY, That I attended deceased from July 15-'37, 193..., to April 3-, 1938.

I last saw him alive on April 3 1938; death is said to have occurred on the date stated above, at 3:15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-2-1938
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

S23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calloway, M. D.

(Address State School, Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108577

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Julia Ulz Neiwert

(a) Residence. No. Burley Idaho R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of David Neiwert

6. DATE OF BIRTH (month, day, and year) Feb. 2 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61		16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 37
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) — (State or country) Russia

FATHER
13. NAME Geo. Ulz
14. BIRTHPLACE (city or town) — (State or country) Russia

MOTHER
15. MAIDEN NAME Elezabeth Graff
16. BIRTHPLACE (city or town) — (State or country) Russia

17. INFORMANT David Neiwert (Address) Burley Idaho R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date Feb. 21, 1938

19. UNDERTAKER Ferg B. McCulloch (Address) Burley Idaho

20. FILED Feb. 19, 1938 Laura I. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1938 to Feb 17, 1938

I last saw her alive on Feb 17, 1938: death is said to have occurred on the date stated above, at 2:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1935
Other contributory causes of importance:	
Diabetic Gangrene	1937

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh S. Dean M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108578

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 20

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Della Jean Anderson

(a) Residence. No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29- 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Ida

FATHER

13. NAME Clarence E. Anderson

14. BIRTHPLACE (city or town) Rupert
(State or country) Ida

MOTHER

15. MAIDEN NAME Ethel Lillian Hudkins

16. BIRTHPLACE (city or town) Burley
(State or country) Ida

17. INFORMANT Clarence E. Anderson
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 3-10-, 1938

19. UNDERTAKER Chas. D. Jones
(Address) Burley

20. FILED Mar 9, 1938 Laura E. Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-7-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-4-, 193 8, to 3-7-, 193 8
I last saw her alive on 3-7-, 193 8: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Fremont Ad M.D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108579

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma L. Anderson

(a) Residence. No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Anderson

6. DATE OF BIRTH (month, day, and year) Jan 7th 1872

7. AGE Years 66 | Months 2 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Eric Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Dorothy Rowe

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Alfred Anderson (Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL Place Burley Date 3-26-, 1938

19. UNDERTAKER (Address) J. A. Tapper, Burley

20. FILED May 25, 1938 Laura E. Schacher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1938, to 3-23, 1938

I last saw her alive on 3-22, 1938: death is said to have occurred on the date stated above, at 12 M. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyro toxicosis	About 4 years

Other contributory causes of importance:

Auricular Fibrillation & Myocarditis	8 Mo. to 1 year

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas H Palmer M. D.

(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108580

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 23
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Lee Hunter

(a) Residence. No. Burley - Idaho R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 21-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER
13. NAME Arthur Carl Hunter
14. BIRTHPLACE (city or town) (State or country) Encampment Wyo.

MOTHER
15. MAIDEN NAME Annabel Lee Patterson
16. BIRTHPLACE (city or town) (State or country) Denver Colorado

17. INFORMANT (Address) Arthur Carl Hunter Burley Ida. R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 4-2-, 1938

19. UNDERTAKER Verne B. McCulloch
(Address) Burley - Idaho

20. FILED 3-30, 1938 Laura F. Groesbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-29 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1938, to Mar 29, 1938
I last saw her alive on Mar 29, 1938: death is said to have occurred on the date stated above, at 3:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 3-1938
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dewey E. Deaver, M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108581

Registration District No. 117
APR 11 1938
Primary Registration District No. 2196
Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

1450

2. FULL NAME Dennis Cooley Walker

(a) Residence. No. 144 - D - Dudley - Burley, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Floyd L. Walker

6. DATE OF BIRTH (month, day, and year) 12-12-1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales - Lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Burley Ida

FATHER
13. NAME James Dudley
14. BIRTHPLACE (city or town) (State or country) Ralston Okla

MOTHER
15. MAIDEN NAME Minnie Jepson
16. BIRTHPLACE (city or town) (State or country) Rutherford New York

17. INFORMANT (Address) Floyd L. Walker Burley, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 4-5, 193 8

19. UNDERTAKER (Address) C. S. Tapper Burley Ida

20. FILED Apr 4, 193 Laura G. Schacher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-2- 193 8

22. I HEREBY CERTIFY, That I attended deceased from 3-27-, 193 8, to 4-2-, 193 8
I last saw h[illegible] alive on 4-2-, 193 8: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia Puerperal	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible], M. D.
(Address) .....

Blue. Ink

PLACE OF DEATH
County of Cassia
City of Declo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108582

APR 11 1938

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Oliver Fuqua

(a) Residence No. ..... Declo Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marina Fuqua

6. DATE OF BIRTH (month, day, and year) 7-29-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Irrigation Dist
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pendleton
(State or country) Indiana

FATHER
13. NAME Asa Fuqua
14. BIRTHPLACE (city or town) .....
(State or country) Iowa

MOTHER
15. MAIDEN NAME Alice Cook
16. BIRTHPLACE (city or town) .....
(State or country) Iowa

17. INFORMANT Mrs. Marina Fuqua
(Address) Declo Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem. Date 3-18, 1938

19. UNDERTAKER Rodney Goodman
(Address) Rupert Idaho

20. FILED Mar 14, 1938 Lydia G. Smocker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-13 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-10, 1937, to 3-13, 1938
I last saw him alive on 3-10 1938: death is said to have occurred on the date stated above, at 5:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-13-38
Other contributory causes of importance:	
Arteriosclerosis ?	
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. E. Symes, M. D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108583

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 27
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Peter Petersen
(a) Residence. No. Fremonton Utah St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary B. Petersen

6. DATE OF BIRTH (month, day, and year) Dec. 23-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	3	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4/1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Neils Petersen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Johanna Larson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mary B. Petersen
(Address) Fremonton Utah

18. BURIAL, CREMATION, OR REMOVAL
Place Wendell Idaho Date 4/7/ 1938

19. UNDERTAKER Kerr B. McCulloch
(Address) Burley-Idaho

20. FILED 4/7/ 1938 Laura J. Sprocher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/5/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1938, to 4-5-, 1938.
I last saw him alive on 4-5, 1938. death is said to have occurred on the date stated above, at 11 20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto accident	4-5-38.
Traumatic Shock--fractured ribs; fractured L femur	4-5-38
Shock	4-5-38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 4-5, 1938.
Where did injury occur? Burley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. on County road
Manner of injury car collision
Nature of injury crushed chest, fractured ribs etc

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. M. Gilly, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108584

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 19

APR 5 1938

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dollie Passmore.

(a) Residence. No. 511 No. Hayes St. Moscow - Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. B. Passmore

6. DATE OF BIRTH (month, day, and year) October 14, 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	4	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pullman-
(State or country) Washington

FATHER
13. NAME Ralph B. Prater
14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Lizzie Passmore
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records; State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date 3-7, 1938

19. UNDERTAKER W. P. Short
(Address) Moscow, Ida.

20. FILED 3/5, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 4 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to March 4, 1938
I last saw her alive on March 4, 1938: death is said to have occurred on the date stated above, at 8 40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion of psychosis	
Other contributory causes of importance:	
Manic depressive psychosis-	
Manic phase	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108585

APK 5 1938

Registration District No. 96
Primary Registration District No. 2157 Local Registrar's No. 20
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

94

2. FULL NAME L. E. Nolan

(a) Residence. No. St. Sandpoint, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unascertained.

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waived
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Sandpoint Date 3/7, 1938

19. UNDERTAKER (Address) Orofino Mortuary Orofino

20. FILED 3/5, 1938 H. A. Olsen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 4 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 193 7, to March 4, 193 8
I last saw him alive on March 4, 193 8: death is said to have occurred on the date stated above, at 12.55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General paralysis of the insane	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) Chas Torrie M. Kelloway M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108586

APR 5 1938

Registration District No. 90
Primary Registration District No. 2107 Local Registrar's No. 21
(No. Burns Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

107a

2. FULL NAME Marvin Keith Hayes
(a) Residence No. Weippe, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of infant

6. DATE OF BIRTH (month, day, and year) Sept 3/1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino
(State or country) Idaho

FATHER
13. NAME GLENN HAYES
14. BIRTHPLACE (city or town) Grinnell
(State or country) Iowa

MOTHER
15. MAIDEN NAME Letha Allen
16. BIRTHPLACE (city or town) Corrydan
(State or country) Iowa

17. INFORMANT Glenn Hayes
(Address) Weippe, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Weippe, Ida Date 3/7, 193 8

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Idaho

20. FILED 3/7, 193 8 H A Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/5 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-5, 1938, to 3-5-, 1938
I last saw h~~im~~ alive on 3-5 1938: death is said to have occurred on the date stated above, at 5 P~~M~~m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia-Broncho Flu	Unknown

Other **contributory causes** of importance:

A fall-about 2 mo ago-	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193 ✓
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W F Watson, M. D.
(Address) Orofino-Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 105587

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 22
(No.)

Apr 5 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Blakley

(a) Residence No. (Usual place of abode) St. Lewiston Ida (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura B. Blakley

6. DATE OF BIRTH (month, day, and year) Jan 16 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boston Mass.
(State or country)

FATHER
13. NAME Arthur Blakley
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Mc Intyre
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT Muzelle Blakley
(Address) Lewiston Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date 3-16, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 3/15, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-12-1938

22 I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to March 12, 1938
I last saw him alive on March 12 1938: death is said to have occurred on the date stated above, at 9 45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Artery disease	unknown
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) Harland P. Kahler M. D.
(Address) Orofino, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

APR 5 '38

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108588

Registration District No. 90
Primary Registration District No. 2167 Local Registrar's No. 23

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Terrence Crosson

(a) Residence No. Orofino, Ida. St. State Hospital north
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bridget McDevitt

6. DATE OF BIRTH (month, day, and year) 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56 yrs.	not known		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Hospital North

10. Date deceased last worked at this occupation (mo. and yr.) 3/12/38

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) Leitriem
(State or country) Ireland

FATHER

13. NAME Patrick Crosson

14. BIRTHPLACE (city or town) unknown
(State or country) Ireland

MOTHER

Christian name unknown
15. MAIDEN NAME Murtha (family name)

16. BIRTHPLACE (city or town) Leitriem
(State or country) Ireland.

17. INFORMANT CHAS. McDEVITT
(Address) Pilot Rock, Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Pendelton, Ore Date 3/17/38, 193

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Idaho

20. FILED 3/17, 193 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/16 193 8

22 I HEREBY CERTIFY, That I attended deceased from 3/12, 193 8, to 3/16, 193 8

I last saw him alive on 3/16 193 8: death is said to have occurred on the date stated above, at 10:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/12/38

Other **contributory causes** of importance:

Name of operation no Date of
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Hopkins, M. D.

(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

APR 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108589

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 24
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Frank E. Warwick

(a) Residence. No. St. Wallace, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Unascertained
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Boston
(State or country) State Unasc.

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Mar. 14, 1938

19. UNDERTAKER F. A. Billberg, Hosp. attdt.
(Address) Orofino - Idaho.

20. FILED 3/17, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to March 13, 1938
I last saw him alive on Mar. 12, 1938; death is said to have occurred on the date stated above, at 4:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	
Other contributory causes of importance:	
Alcoholic psychosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelvey M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kenwaved
City of Orofino

APR 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108590

Registration District No. 90
Primary Registration District No. 2107 Local Registrar's No. 25
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elbert A. Hansen

(a) Residence. No. ..... St. Morton - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 30, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	5	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dawson,
(State or country) Oklahoma

FATHER
13. NAME Niels Hansen
14. BIRTHPLACE (city or town) Denmark,
(State or country)

MOTHER
15. MAIDEN NAME Anna Ward
16. BIRTHPLACE (city or town) .....
(State or country) Illinois

17. INFORMANT Records, State Hosp. North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Ida. Date 3-20, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 3/21, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1930, to March 18, 1938
I last saw him alive on March 18, 1938: death is said to have occurred on the date stated above, at 5:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Pneumonia present	

Name of operation None Date of ....
What test confirmed diagnosis? ..... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Norris McKelvaey, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108591

APR 5 1938

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 26
(No. Burns Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Davis

(a) Residence No. St. Peck Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of N. C. Davis.

6. DATE OF BIRTH (month, day, and year) Nov 3-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	4	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Flat Gap (State or country) Kent.

FATHER
13. NAME Steven Ross

14. BIRTHPLACE (city or town) (State or country) Kent.

MOTHER
15. MAIDEN NAME Angelin Williams

16. BIRTHPLACE (city or town) (State or country) Kent.

17. INFORMANT P. P. Ross
(Address) Peck Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Craigmont Ida Date 3-20 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 3/21, 1938 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/18 1938

22 I HEREBY CERTIFY, That I attended deceased from 1936, 193..., to March 18, 1938
I last saw h.. alive on 3/18 1938: death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Valvular	years ago
Other contributory causes of importance:	
Worry Hypertension	
Stomach a sick broke	

Name of operation none Date of none
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) J. T. Johnson M. D.
(Address) Orofino Idaho

95

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino ID

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108592

APR 5 1938 Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 27
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irene Akers

(a) Residence. No. 1111 – 8th Avenue St. Lewiston, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of M. F. Akers

6. DATE OF BIRTH (month, day, and year) Unascertained 2/24/1886.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52 ~~49~~	0	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hastings (State or country) Nebraska

FATHER
13. NAME J. W. Little
14. BIRTHPLACE (city or town) Illinois (State or country)

MOTHER
15. MAIDEN NAME Mary Elizabeth Oakly
16. BIRTHPLACE (city or town) Illinois (State or country) Unascertained

17. INFORMANT Records, State Hospital North (Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 3/30, 1938

19. UNDERTAKER Bovey-Wamsley (Address) Lewiston Idaho.

20. FILED 3/22, 1938 W. R. Akers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938, to March 20, 1938
I last saw her alive on March 19, 1938: death is said to have occurred on the date stated above, at 3:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Exhaustion of psychosis	
Other contributory causes of importance: Manic-depressive psychosis (Manic State)	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) John Lorrie McElway, M. D.
(Address) Orofino - Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108593

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2157
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 28

2. FULL NAME Helen Beers

(a) Residence. No. ..... St. Kamiah - Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 4 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 3. 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24 #	9	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Richfield - Idaho.

PARENTS

10. NAME OF FATHER P. M. Beers
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kimbeck Iowa
12. MAIDEN NAME OF MOTHER Hazel Dawson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Rock Rapids Iowa.

14. Informant Records: State Hospital North
(Address) Orofino - Idaho.

15. Filed 3/25 1938 H. A. Shaw Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 24 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1933, to March 24 1938
that I last saw her alive on March 24 1938
and that death occurred, on the date stated above, at 8:15 P. m.
The CAUSE OF DEATH* was as follows:

Pulmonary T[illegible]sis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dementia Praecox

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) John Irvine McElwain, M. D.
Mar. 24 1938 (Address) Orofino - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kamiah Ida	3/27 1938
20. Undertaker	**Address**
H. A. Shaw	Orofino

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Weippe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108594

Registration District No. 91
Primary Registration District No. 2187 Local Registrar's No. 29
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond H. Torgerson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14-1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paris
(State or country) Idaho

FATHER
13. NAME Ole N. Torgerson
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER
15. MAIDEN NAME Carrie Gullensend
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Geo. Torgerson
(Address) Elk River Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Ida Date 3-29, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 3/25, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/24/1938

22 I HEREBY CERTIFY, That I attended deceased from ..., 193..., to..., 193...
I last saw h... alive on... 193...: death is said to have occurred on the date stated above, at 3 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/24/38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. T. Watkins M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108595

APR 5 1938

Registration District No. 90
Primary Registration District No. 2177
Local Registrar's No. 31
(No. , ,)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Hansine Nelsen Hansen

(a) Residence No. Ranch , Harmony Heights St. Orofino, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Engvart Hansen

6. DATE OF BIRTH (month, day, and year) 11/18/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66yrs.	4 months	8days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Geve
(State or country) Denmark

FATHER

13. NAME Hansped Nelsen

14. BIRTHPLACE (city or town) same
(State or country) Denmark

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Engvart Hansen
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 3/26/38 193

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Ida.

20. FILED 3/26, 1938 W. A. Glaser
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/24 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...

I last saw h..... alive on ——— 193...: death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Complications of old age Malnutrition	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wayne I Reeves Coroner M. D.
(Address) Orofino Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108596

Registration District No. 90
APR 5 1938
Primary Registration District No. 2157 Local Registrar's No. 301
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vera Mary Sweeney

(a) Residence. No. St. Priest River, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles C. Sweeney

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Travis City
(State or country) Michigan

FATHER
13. NAME Marturner Rial
14. BIRTHPLACE (city or town)
(State or country) Michigan

MOTHER
15. MAIDEN NAME Marietta Larve
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Mar. 25 1938

19. UNDERTAKER F. A. Billberg, Hosp. Asst.
(Address) Orofino - Idaho

20. FILED 3/26, 1938 H. A. Chase
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 27 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938, to March 27, 1938
I last saw her alive on March 27, 1938; death is said to have occurred on the date stated above, at 10:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	
Other contributory causes of importance:	
Epilepsy with psychosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Towne McKelvey M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City or Drake ranch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108598

Registration District No. 1-8
Primary Registration District No. 2186
Local Registrar's No. 249

(No. 93 C)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Belding Drake

(a) Residence No. ____ St. Challis, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. ~~Single~~, Married, ~~Widowed or Divorced (write the word)~~: married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah M. Drake
6. DATE OF BIRTH (month, day, and year): Feb 18 1871
7. AGE: Years 67 | Months 1 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Livestock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 2 mos
11. Total time (years) spent in this occupation: 47 yrs

12. BIRTHPLACE (city or town) (State or country): Stockholm New York

FATHER
13. NAME: Isaac Drake
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Miriam Colt
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Merle L. Drake
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place: Challis Ida. Date: March 31, 1938

19. UNDERTAKER: Wm C. Doebler
(Address) Salmon Ida

20. FILED March 31 1938 Elma M. Kenney
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): March 28th 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/6, 1938, to 3/29, 1938
I last saw him alive on 3/28 1938: death is said to have occurred on the date stated above, at 12:53 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency mild cardiac	1931

Other contributory causes of importance:

Hypertrophied prostate Obstruction of bladder and bowels

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Hall, M. D.
(Address) Challis, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108599

PLACE OF DEATH
County of Franklin
City of Weston

RECEIVED
APR 9 1938

Registration District No. 27
Primary Registration District No. 2119
(No.)
Local Registrar's No. 26

159

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Drue Campbell

(a) Residence. No. Weston, Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured yrs. mos. ½ ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6. DATE OF BIRTH (month, day and year) Feb. 19, 1938

7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Weston Idaho

PARENTS

10. NAME OF FATHER Rodney Tiffen Campbell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Weston Idaho
12. MAIDEN NAME OF MOTHER Laura Andra Nielsen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Weston Idaho.

14. Informant (Address) Rodney Tiffen Campbell Weston Idaho

15. Filed 4-8, 1938 G. W. Slates Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 19 (Day), 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1938, to Feb 19, 1938, that I last saw h~~e~~r alive on Feb 19, 1938, and that death occurred, on the date stated above, at 5:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Premature Birth
(5½ mo. gestation)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? same
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) H B Davies M. D.
Feb 20, 1938 (Address) Weston Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Weston Idaho	Feb 20 1938

20. Undertaker Rodney Tiffen Campbell
Address Weston, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

RECEIVED
APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 27
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 108600

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Faun D. Gale

(a) Residence No. Preston St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

149C

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clark W. Gale

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1918

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
20	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ousewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Whitney
(State or country) Idaho

FATHER

13. NAME Ben Lman Dunkley

14. BIRTHPLACE (city or town) Franklin
(State or country) Idaho

MOTHER

15. MAIDEN NAME Susie Neely

16. BIRTHPLACE (city or town) Franklin
(State or country) Idaho

17. INFORMANT Clark W. Gale
(Address) Preston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Whitney, Ida Date Mar. 27, 1938

19. UNDERTAKER A. W. Hendricks
(Address) Preston, Idaho

20. FILED 4-8, 1938 Clark W. Gale Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-24 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Mar 24, 1938

I last saw h[er] alive on 3-24 1938: death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	3-24-38

Other contributory causes of importance:

Childbirth	3-24-38

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. J. Darnell M. D.

(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Franklin

City of Preston

RECEIVED

APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108601

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Field Wilcox

(a) Residence. No. 75 South 4 East St. Preston
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bion D. Wilcox

6. DATE OF BIRTH (month, day, and year)
Nov. 2, 1868

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	69	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kaysville
(State or country) Utah

FATHER

13. NAME Alfred Alder

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Susan Field

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT E. A. Wilcox
(Address) 370 E Center Postelle Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date Mar. 31 193.8

19. UNDERTAKER Deseret Mortuary Co.
(Address) Ogden

20. FILED 4-8, 193.8 Gr. W. Hales
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 193.8, to Mar 28, 1938

I last saw he alive on Mar 27, 193.8; death is said to have occurred on the date stated above, at 6-a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-25-38

Other **contributory causes** of importance:

Chronic nephritis	1937
Chronic Arterial Hypertension	1937

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. B. Barnes M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of RECEIVED

APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108602

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 23
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

115 a/v

2. FULL NAME Elda Clo Packer

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 27, 1927

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	10	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Riverdale
(State or country) Idaho

FATHER

13. NAME Lewis M. Packer
14. BIRTHPLACE (city or town) Riverdale
(State or country) Idaho

MOTHER

15. MAIDEN NAME Clotilda Smith
16. BIRTHPLACE (city or town) Riverdale
(State or country) Idaho

17. INFORMANT Lewis M. Packer
(Address) Riverdale, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverdale Date Mar. 22, 193 8

19. UNDERTAKER O. Sherwin Webb
(Address) Preston, Idaho

20. FILED 4-8, 193 8 G. W. Stoker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-20 1938

22 I HEREBY CERTIFY, That I attended deceased from March 6, 193 8, to 3-20, 193 8
I last saw her alive on 3-20 193 8: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3-6-38
following bronchitis	3-2-38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. R. Peterson, M. D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108603

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 334

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fritz Henry Zimmer

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 15-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wheaton Ill
(State or country)

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Mrs Earl Burch
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 3/24, 1938

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 3/22, 1938 Sarah B. Mumm
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/21 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 20, 1938, to Mar 21, 1938
I last saw him alive on Mar 21 1938: death is said to have occurred on the date stated above, at 2209 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	Mar 19
Other **contributory causes** of importance:	
Coronal Thrombosis	1937
Cardiac Decompensation	1937

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. F. Lowe, M. D.
(Address) St. Anthony Ida

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108605

APR 11 1938

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 336

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo Jerry Eugene Bauer

(a) Residence No. .... St. St. Anthony Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 4-1938

7. AGE	Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
	—	—	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) St. Anthony (State or country) Idaho

FATHER
13. NAME Henry A. Bauer
14. BIRTHPLACE (city or town) St. Anthony (State or country) Idaho

MOTHER
15. MAIDEN NAME Minnie Bauer
16. BIRTHPLACE (city or town) St. Anthony (State or country) Idaho

17. INFORMANT Henry A. Bauer (Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rickard Date 3/7, 1938

19. UNDERTAKER W. M. Hansen (Address) St. Anthony Idaho

20. FILED 3/7, 1938 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/6 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 4, 1938, to Mar 6, 1938
I last saw him alive on Mar 6 1938.: death is said to have occurred on the date stated above, at 7 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Injury during Spontaneous Labor.	
Other **contributory causes** of importance:	
None	

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide,~~ or ~~homicide~~? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury Birth Injury
Nature of injury Cerebral Hemorrhage

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) J. A. Ellison, M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108606

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 337

MAR 21 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gustav Wandrie

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ✓

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Snake river, Dead perhaps 2 or 3 days.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) " (State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT " (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Parkview Date 3/10, 1938

19. UNDERTAKER W. M. Hanson (Address) St. Anthony Idaho

20. FILED 3-10, 1938 Sarah B. Krusk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/6 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...
I last saw h... alive on —— 193...: death is said to have occurred on the date stated above, at —— m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart attack	
Was found dead in Cabin near	
Other **contributory causes** of importance: Old Age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. M. Hanson Coroner
(Address) St. Anthony Idaho

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

APR 5 1938

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 108607

2. FULL NAME Jane Louisa Brubaker
(a) Residence No. Emmett, Ida St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Brubaker
6. DATE OF BIRTH (month, day, and year): July 24, 1856
7. AGE: Years 81 | Months 7 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Elkhart Indiana

FATHER
13. NAME: Levy Mishler
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER
15. MAIDEN NAME: Nancy Hershey
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: R. W. Brubaker
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date March 16, 1938

19. UNDERTAKER: C. D. Buckmum
(Address) Emmett, Ida

20. FILED 3/16, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/14 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1938, to 3-13-38, 193..
I last saw h.er alive on 3-13 1938: death is said to have occurred on the date stated above, at 9 am m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Senility	?
Bronchopneumonia	1 wk.
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W. K. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6.
Primary Registration District No. ..... Local Registrar's No. 47
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 108608

2. FULL NAME Gertrude Kerby Moore

(a) Residence No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: wht
5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. P. Moore

6. DATE OF BIRTH (month, day, and year) 1/12-1887

7. AGE: Years 51 | Months 2 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 18/1/37
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cincinnatti (State or country) Ohio

FATHER
13. NAME Marion Kerby
14. BIRTHPLACE (city or town) ..... (State or country) Missouri

MOTHER
15. MAIDEN NAME Mary Daily
16. BIRTHPLACE (city or town) ..... (State or country) Ireland

17. INFORMANT L. L. Moore (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Caldwell Date 4/1, 1938

19. UNDERTAKER C. D. Buckmaster (Address) Emmett Idaho

20. FILED 3/31, 1938 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/30 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to March 30, 1938
I last saw h.er alive on March 1938: death is said to have occurred on the date stated above, at 4:20 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	2 yrs.

Other **contributory causes** of importance:

Metastatic Carcinoma of Liver, Lungs & Lymphatics of Neck	3 mos

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108609

APR 5 1938

Registration District No. 6 c
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Phila Mae Shaw

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of R. E. Shaw

6. DATE OF BIRTH (month, day, and year) March 26, 1875

7. AGE: Years 62 | Months 11 | Days 9 | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Iowa City
(State or country) Iowa

FATHER

13. NAME C C Wetherby
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Etta Farnsworth
16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT R. E. Shaw
(Address) Emmett Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date 3/8, 1938

19. UNDERTAKER C. D. Buckmun
(Address) Emmett

20. FILED 3/8, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/5 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to 3-5, 1938
I last saw her alive on 3-5 1938: death is said to have occurred on the date stated above, at 10:45 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Liver	Several months

Other **contributory causes** of importance:

Chronic bronchitis	long standing

Cancer of breast removed 2 yrs ago.

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [signature], M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108610

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar Hoyt
(a) Residence No. Emmett St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie S Hoyt
6. DATE OF BIRTH (month, day, and year): July 24 1846
7. AGE: Years 91 | Months 8 | Days 2 | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 3/9/38
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richland Mich

FATHER
13. NAME: Ira Hoyt
14. BIRTHPLACE (city or town) (State or country): Vermont

MOTHER
15. MAIDEN NAME: Hannah G Fairbanks
16. BIRTHPLACE (city or town) (State or country): Mass

17. INFORMANT: O D Hoyt (Address) Emmett Ida
18. BURIAL, CREMATION, OR REMOVAL: Place Goodrich Ran Date ____, 193____
19. UNDERTAKER: C D Brakeman (Address) Emmett Idaho
20. FILED ____, 193____ J H Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/26 1938
22 I HEREBY CERTIFY, That I attended deceased from Found dead on ____, 193____, to ____, 193____
I last saw h____ alive on ____ 193____: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Chronic myocarditis & final decompensation of heart	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____.
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) C D Brakeman, M. D.
(Address) Emmett Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

APR 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108611

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Mae Pugh
(a) Residence No. Emmett Hospital St. Horseshoe Bend, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 6

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roy Pugh

6. DATE OF BIRTH (month, day, and year) Jan 23, 1892

7. AGE: Years 46 | Months 1 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Horse-shoe Bend Ida
(State or country)

FATHER
13. NAME Richard Stephenson
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Sarah Ann ——
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Roy Pugh
(Address) Horse Shoe Bend Ida

18. BURIAL, CREMATION OR REMOVAL
Place H. S. Bend, Ida Date 3/11, 1938

19. UNDERTAKER C. D. Buckmum
(Address) Emmett, Ida

20. FILED 3/11, 1938 J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/9 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to March 9, 1938
I last saw h[illegible] alive on March 9 1938 and death is said to have occurred on the date stated above, at 3:00 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Double)	March 1/38
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) [signature], M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108612

APR 5 1938
Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. 91
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Leitritz

(a) Residence No. ____ St. Montour, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Leitritz

6. DATE OF BIRTH (month, day, and year) July 2, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) 14 yrs ago
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not know

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Walter Walker
(Address) Montour, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Parma, Ida Date March 6 1938

19. UNDERTAKER C. D. Buckmyn
(Address) Emmett Ida

20. FILED Mar 4, 1938 J. C. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 3 1938

22 I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to March 3, 1938
I last saw h[illegible] alive on ma 3 1938: death is said to have occurred on the date stated above, at 10:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart	4 wks.
Uraemic edema	
Other contributory causes of importance: Generalized Arteriosclerosis	?

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H. K. Bullock, M. D.
(Address Emmett, Idaho.

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108613

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. 60

APR 5 1938

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victor Brandon

(a) Residence No. ____ Sweet Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/21/1920

7. AGE — Years: 17 | Months: 7 | Days: 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) Sweet (State or country) Idaho

FATHER
13. NAME W. L. Brandon
14. BIRTHPLACE (city or town) ____ (State or country) Arkansas

MOTHER
15. MAIDEN NAME Nellie Darrah
16. BIRTHPLACE (city or town) ____ (State or country) Ill

17. INFORMANT Jos. Mumaugh
(Address) Sweet Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Sweet Ida Date 3/18, 1938

19. UNDERTAKER C. Duckenmiller
(Address) Emmett Ida

20. FILED 3/18, 1938 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/20/38, 193..., to 3/17/38, 193...
I last saw h— alive on 3/17/38 193...: death is said to have occurred on the date stated above, at 6:20 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic fever with rheumatic endocarditis and cardiac enlargement	Oct., 1937
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [illegible], M. D.
(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Emmett

RECEIVED APR 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. 105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108614

2. FULL NAME Imogene Mae Kloptow

(a) Residence. No. 2 m. East of Emmett St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March January 13, 1938

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
—	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emmett Ida
(State or country)

FATHER

13. NAME Lester Kloptow

14. BIRTHPLACE (city or town) Emmett
(State or country) Ida

MOTHER

15. MAIDEN NAME Vera Mae Bishop

16. BIRTHPLACE (city or town) New Plymouth
(State or country) Ida

17. INFORMANT Mrs. Lester Kloptow
(Address) Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 3/22 193 8

19. UNDERTAKER C. D. Buckner
(Address) Emmett Ida

20. FILED 3/22 193 8 J. K. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 21 1938

22. I HEREBY CERTIFY, That I attended deceased from ...birth..., 193..., to ...3-21..., 193...

I last saw h[illegible] alive on ....., 193...: death is said to have occurred on the date stated above, at 7 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
Convulsions	3-21-38
.....	.....
.....	.....
.....	.....
.....	.....

Other **contributory causes** of importance:

Possibly Lobar Croup (?)	.....
.....	.....
.....	.....

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..No. If so, specify.....

(Signed) ..... M. D.

(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Hooding
City of Wendell

APR 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108615

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. St Valentines Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

11a

2. FULL NAME Kenneth Lee Fulcomer

(a) Residence No. Jerome Idaho St
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 7 - 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nevada
(State or country) Mo

FATHER
13. NAME H R Fulcomer
14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER
15. MAIDEN NAME Helen Malcolm
16. BIRTHPLACE (city or town) Kerrville
(State or country) Kansas

17. INFORMANT H R Fulcomer
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date March 24, 1938

19. UNDERTAKER F O Wiley
(Address) Jerome Idaho

20. FILED Apr 7, 1938 O L Thornton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 23 1938

22 I HEREBY CERTIFY, That I attended deceased from March 9, 1938, to March 23, 1938
I last saw him alive on March 23 1938: death is said to have occurred on the date stated above, at 11:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Encephalitis	3-2-38
Influenza	Feb 1938

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben C. Matson M. D.
(Address Jerome Idaho

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22
Primary Registration District No. 2018
File No. 108616
Registered No.

1. PLACE OF DEATH
County of Gooding
City of Wendell (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm N. Seitz

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. ~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~ (Write the word.): Widower

6. DATE OF BIRTH: March 24 1865 (Month) (Day) (Year)

7. AGE: 72 Yrs. 11 Mos. 15 ds. | IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Agriculturist
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Eastern Pennsylvania

10. NAME OF FATHER: John A. Seitz

11. BIRTHPLACE OF FATHER (State or Country): Easton Penn.

12. MAIDEN NAME OF MOTHER: Sarah B. Ahnwelder

13. BIRTHPLACE OF MOTHER (State or Country): Easton Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emmanuel Seitz
(Address) 716 Porter St Easton Pa

15. Filed March 18 1938 E. L. Simonton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 15 1938 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937 to March 15 1938 that I last saw him alive on March 15 1938 and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Arterio Sclerosis, Myo-Cardiatis Cardiac insufficiency
(Duration) 3 yrs. — mos. — ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Simonton M. D.
19..... (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wendell Idaho | DATE OF BURIAL: 3-18 1938

20. UNDERTAKER: Thompson Bros | ADDRESS: Reading Pa

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

PHYSICIANS should state CAUSE OF DEATH so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108618

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 770

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William John Burke

(a) Residence. No. St. Tuttle, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shepman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza McGuire

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ed Burke (Address) Tuttle

18. BURIAL, CREMATION OR REMOVAL Place Gooding Ida Date Mar 9 1933

19. UNDERTAKER A. E. Thomson (Address) Gooding, Idaho.

20. FILED 3-8 1933 J. H. Cornwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1933 to March 7 1933

I last saw him alive on March 7 1933. death is said to have occurred on the date stated above, at 11:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/4/33
Other contributory causes of importance:	
Influenza	2/22/33

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. E. J. Barrett M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108619

MAR 11 1938

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 771

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Gooding County Hospital)

2. FULL NAME Alice Rhoda Black

(a) Residence No. St. Richfield Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Black

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (mo. and yr.) March 38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

MOTHER

13. NAME Myrtle Pinchard

14. BIRTHPLACE (city or town) (State or country) Utah

FATHER

15. NAME John Rhoades

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Albert J. Rhoades
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Ida Date 3/27, 1938

19. UNDERTAKER Fred A. Harrison
(Address) Shoshone Ida

20. FILED 3-31-, 1938 J. H. Cranmer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-24 1938

22 I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to March 24, 1938
I last saw h[er] alive on March 24 1938: death is said to have occurred on the date stated above, at 6:10 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Infected Abortion	3-11-38
Other contributory causes of importance: Generalized peritonitis	3-16-38
Pneumonitis	

Name of operation none Date of
What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Garrett H. Beard M. D.
(Address Shoshone, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding.
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108620

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 772

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Della Bertha McCoy

(a) Residence No. Gooding Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	20	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tacoma
(State or country) Wash

FATHER

13. NAME Clyde E McCoy -

14. BIRTHPLACE (city or town) Beaver Co
(State or country) Pa

MOTHER

15. MAIDEN NAME Selma Falk

16. BIRTHPLACE (city or town) Sewickley
(State or country)

17. INFORMANT Herbert McCoy
(Address) Gooding Ida

18. BURIAL, CREMATION OR REMOVAL
Place Elmwood Date 3/26, 1938

19. UNDERTAKER Thompson
(Address) Gooding Ida

20. FILED 3-31, 1938 J. A. Cornwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 24 1938

22 I HEREBY CERTIFY, That I attended deceased from March 23 1938, to March 24, 1938

I last saw he alive on March 23 1938 death is said to have occurred on the date stated above, at 12 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septic Abortion	
Peritonitis General	3/19/38

Other **contributory causes** of importance:

Name of operation Date
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. E. Barrett M. D.

(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108621

APR 11 1938

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 773
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Hartley Fergus Wright

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Hart Wright

6. DATE OF BIRTH (month, day, and year) December 13, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	3	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) Bond County
(State or country) Illinois

FATHER
13. NAME James McCormick Fergus
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Julia Ann Castle
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. V. W. Carson
(Address) Gooding, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Date 193

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 4-26 1938 J. A. Cameron
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17 1938, to , 193
I last saw h[illegible] alive on March 1, 1938; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Duration of disease
Pneumonia Hypostatic	9
Senility	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) T. E. Garrett M. D.
(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Kooskia
APR 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 2184

DO NOT WRITE IN THIS SPACE
State File No. 108622

Local Registrar's No. 440

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ellen Toll

(a) Residence No. ..... St. Kooskia
(Usual place of abode) 28 years (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: James Riley Toll

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 74 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.): 2 years
11. Total time (years) spent in this occupation: 59

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: Johna Kitson
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Sarah Blackenby
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: William Leslie Toll
(Address) Molalla Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date Mar 23, 1938

19. UNDERTAKER: Geo Feneary
(Address) Kooskia

20. FILED April 10, 1938 J. M. Zuberkuhler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 37, 1937 to Mar 21, 1938
I last saw h. alive on Mar 21 1938: death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's	Unknown
Other contributory causes of importance:	
Senile condition	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. W. Winkenhofer M. D.
(Address) Stites Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108623

Registration District No. 106

APR 10 1938

Primary Registration District No. 2184

Local Registrar's No. 441

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank H. Nicholson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy Hall - Nicholson

6. DATE OF BIRTH (month, day, and year): Sept. 27 - 1867

7. AGE: Years: 70 | Months: 6 | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hall Co. Missouri

FATHER

13. NAME: Robert D Nicholson

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Nancy E. Wallace

16. BIRTHPLACE (city or town) (State or country): Gilden Co. Mo.

17. INFORMANT (Address): Emery Nicholson Kooskia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Kooskia Date: March 28, 1938

19. UNDERTAKER (Address): Geo. Tenney Kooskia - Idaho

20. FILED: April 10 1938 J M Haberlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to March 27 1938.
I last saw h[illegible]ive on March 26 1938: death is said to have occurred on the date stated above, at 2:30 p m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Arteriosclerosis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J M Haberlin M. D.

(Address) Kooskia - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho.

City of Lowell.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108624

Registration District No. 10

Primary Registration District No. 2184

Local Registrar's No. 442

APR 10 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Lincoln Spiker.

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Leah Spiker.

6. DATE OF BIRTH (month, day, and year) September 9th, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75.	6.	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) West Virginia.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) Not known. (State or country)

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) Not known. (State or country)

17. INFORMANT Emmet Spiker. (Address) Lewiston, Idaho.

18. ~~BURIAL CREMATION OR~~ REMOVAL

Place Spokane, Wash. Date 3/28/38, 193..

19. UNDERTAKER ..... (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED April 10, 1938 J M Zeiber Kuns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/24/38 193

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to March 24, 1938

I last saw him alive on March 18, 1938; death is said to have occurred on the date stated above, at 11:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Arterio Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J M Zeiber Kuns M. D.

(Address) Kooskia - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108626

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 7

APR 11 1938

2109

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Ruth Willey

(a) Residence. No. Grangeville St. Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wayne Willey
6. DATE OF BIRTH (month, day, and year): Oct 5-1917
7. AGE: Years 20 | Months 5 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: H. Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: at home
10. Date deceased last worked at this occupation (mo. and yr.): 1937
11. Total time (years) spent in this occupation: 3 yrs.

12. BIRTHPLACE (city or town) (State or country): Grangeville Ida.

MOTHER/FATHER
13. NAME: W. A. McLaughlin
14. BIRTHPLACE (city or town) (State or country): Evanette Ark.
15. MAIDEN NAME: Della Case
16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT (Husband) (Address): Wayne Willey Grangeville Ida.
18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place: Grangeville Date: 4-6-1938
19. UNDERTAKER (Address): Hancock Funeral Home Grangeville Ida.
20. FILED: 4-7-1938 B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/3 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9 P. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture neck:	
Crushed Chest on	
right side	
Broken left Shoulder	

Other **contributory causes** of importance:

Caused by Automobile	
accident	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 4-3 1938
Where did injury occur? About 13 Miles South of Grangeville Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** Public Highways
Manner of injury. Car went over grade
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Glenn Cecil M.D.
(Address) Grangeville Ida

Coroner of Idaho County

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

near City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108627

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 8

APR 11 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Frank Lent

(a) Residence. No. Grangeville St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): June 7 - 1914

7. AGE: Years 23 | Months 9 | Days 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Garage work

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Garage

10. Date deceased last worked at this occupation (mo. and yr.): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Tillamook Ore.

MOTHER

13. NAME: Frank D. Lent

14. BIRTHPLACE (city or town) (State or country): Portland Ore.

FATHER

15. MAIDEN NAME: Hazel Newburn

16. BIRTHPLACE (city or town) (State or country): Meachem Ore.

17. INFORMANT Mrs. Mary Dysaard (Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Grangeville Date 4-6, 1938

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville Ida

20. FILED 4-7, 1938. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/4 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	
caused by automobile accident	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, ~~suicide or homicide~~? ..... Date of injury 193.

Where did injury occur? about 3 miles South Grangeville Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Highway

Manner of injury. Car went over grade

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) Glenn Cates M.D.

(Address) Grangeville Ida.

Coroner of Idaho County

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Fallcreek

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 10 5

Primary Registration District No. 2181

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108628

Local Registrar's No. 9

15-7a

2. FULL NAME Victor Todd

(a) Residence. No. Fallcreek, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 8 1937

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City
(State or country)

FATHER

13. NAME William Todd

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Reeve

16. BIRTHPLACE (city or town) New Jersey
(State or country) NewYork

17. INFORMANT ... Mrs. Todd
(Address) Fallcreek, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Prairview Date 3/8 ..., 1938

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED Apr. 8, 1938 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/5 193

22. I HEREBY CERTIFY, That I attended deceased from 1-2-38, 193..., to 1-12, 1938

I last saw ~~him~~ alive on 1-12, 1938; death is said to have occurred on the date stated above, at 10:45 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic hydrocephalus	
Congenital ? or	
Birth injury ?	
Other **contributory causes** of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Stanley F. Orr M. D.
(Address) Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108630

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 4
(No. Winchester, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Levi Marion Flory
(a) Residence No. Winchester, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda E. Shuss

6. DATE OF BIRTH (month, day, and year) Jan. 3 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	2	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Keokuk County,
(State or country) Iowa.

FATHER
13. NAME Benjamin Franklin Flory
14. BIRTHPLACE (city or town) Augusta County
(State or country) Virginia

MOTHER
15. MAIDEN NAME Sarah Wine
16. BIRTHPLACE (city or town) Rockingham County
(State or country) Virginia

17. INFORMANT
(Address) Clarkston, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date 3/6, 1938.

19. UNDERTAKER E. [illegible]
(Address) Craigmont, Idaho.

20. FILED 3/5, 1938 C. E. Clavin
by J. L. Clavin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar. 4 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw him alive on ..... 193.....: death is said to have occurred on the date stated above, at 6:05 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	3/1/38
Cerebral Hemorrhage	1936.
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury No, 193.....
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ----------
Manner of injury ----------
Nature of injury ----------

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible], M. D.
(Address) Winchester, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108631

APR 7 1938

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 15
(No. O. S. L. R. C. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME. Homer Liston Brown

(a) Residence No. Reubens, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Effie Myrtle Claxton

6. DATE OF BIRTH (month, day and year) July 22 1871

7. AGE: Years 66 | Months 7 | Days 15 | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Nov 6 1937
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Jackson Ohio

FATHER

13. NAME John D Brown
14. BIRTHPLACE (city or town) (State or country) Jackson Co Ohio

MOTHER

15. MAIDEN NAME Orinda Liston
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Effie M. Brown Reubens, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date ____, 193

19. UNDERTAKER (Address) C. E. Clovis Craigmont, Ida

20. FILED 3-9, 1938 W. F. Orr Registrar.
By J. B.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1938, to Mar 9, 1938
I last saw him alive on Mar 8 1938: death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1936

Other contributory causes of importance:
Chronic Nephritis

Name of operation — Clinical Date of —
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

RECEIVED APR 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108632

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 14

(No. Our Lady of Consolation Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs J. H. Becker

(a) Residence. No. Nezperce St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of J. H. Becker

6. DATE OF BIRTH (month, day, and year) May 19 1887

7. AGE: Years 51 | Months 9 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Ann
(State or country) Wisconsin

FATHER

13. NAME Nick Possely (dead)

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Anna Nichols (dead)

16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Jacob H. Becker
(Address) Nez Perce, Ida

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Nez Perce, Ida Date 3-6, 1938.

19. UNDERTAKER Albert Huff
(Address) Nez Perce Idaho

20. FILED 3-8, 1938. W. F. Orr
By J.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 6 3-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1938, to Mar. 6, 1938

I last saw her alive on Mar. 6, 1938: death is said to have occurred on the date stated above, at 4.55 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bilateral Lobar	
Pneumonia	Feb 25 38
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harley F. Orr M. D.
(Address) Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 1938

DO NOT WRITE IN THIS SPACE
State File No. 108633

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 13
(No. O. S. & C. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Haene

(a) Residence No. Cottonwood, Idaho St.
(Usual place of abode)
12
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-25-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2-22-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green Creek
(State or country) Ill.

FATHER

13. NAME Francis Haene
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Neumaier
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT August Haene
(Address) Cottonwood, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cottonwood Date ....., 193..

19. UNDERTAKER Glenn Acker
(Address) Grangeville Ida.

20. FILED 3-5, 1938 W. F. Orr
By J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 1938, to March 3, 1938.

I last saw her alive on 3-3 1938.: death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstructive Jaundice due	
Inflammation proliferation	
of cancer duct.	Feb. 24-38
Streptococcic Peritonitis Bilateral	
Other contributory causes of importance:	Feb-28-38

Name of operation Exploratory Date of Feb-26
What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley F. Orr, M. D.
(Address Cottonwood, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108634

Registration District No. 98
Primary Registration District No. 7176 Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Ann Walker

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed ~~or divorced~~
~~HUSBAND~~ (or) WIFE of J Dan Mary Walker

6. DATE OF BIRTH (month, day, and year) 1/29/1849

7. AGE: Years 89 | Months 2 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Ashael Thorne
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Sarah Testerthorn
16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Mrs R. D. Adams
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Date 4/6, 1938

19. UNDERTAKER W. H. Haymond
(Address) St. Anthony Idaho

20. FILED 4-5, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/4 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Apr. 4, 1938

I last saw her alive about 10/1 1936: death is said to have occurred on the date stated above, at 7:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bowel Hemorrhage	
probably from	
Carcinoma of	
rectum	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Terreton.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108635

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 14

APR 11 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rodney Joseph Wash.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 8, 1921

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	16	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheep.
10. Date deceased last worked at this occupation (mo. and yr.) 3/38
11. Total time (years) spent in this occupation 3yrs

12. BIRTHPLACE (city or town) (State or country) Belltower, Mont.

FATHER

13. NAME Joseph Lyman Wash.
14. BIRTHPLACE (city or town) (State or country) Vancoover, Wash.

MOTHER

15. MAIDEN NAME Laura Laney Yates.
16. BIRTHPLACE (city or town) (State or country) Spokane, Wash.

17. INFORMANT Joe Wash.
(Address) Terreton, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 4/8, 1938

19. UNDERTAKER A B Eckwell
(Address) Rigby, Idaho

20. FILED 4-8, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-6 1938

22 I HEREBY CERTIFY, That I attended deceased from April 6, 1938, to April 6, 1938
I last saw him alive on 4/6 1938: death is said to have occurred on the date stated above, at 6 3P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Subdural Hemorrhage	3/28/38
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/28/38
193
Where did injury occur? Terreton, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury Fall off hay rack
Nature of injury Head

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Harper Cullen, M. D.
(Address) Rigby, Idaho
Health Officer

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson.
City of Lewisville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108636

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 13

APR 11 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Williams.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F. M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.
5a. If married, widowed, or divorced (or) WIFE of Benjamin Williams.
6. DATE OF BIRTH (month, day, and year) 8-27-1864
7. AGE — Years: 73 — Months: 6 — Days: 9 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 3/38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME Peter Lenhardt.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Sarah Perkins.
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT Ben Williams
(Address) Lewisville, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewisville Ida. Date 3-21, 1938

19. UNDERTAKER C. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 3-21, 1938 Mrs. C. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-6-, 1938, to 3-18, 1938
I last saw h— alive on 2-16 1938. death is said to have occurred on the date stated above, at 5:30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	10-27

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 1938
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. B. Eckersell M. D.
(Address) Rigby Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson.
City of Heise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108637

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 12

APR 11 1938

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Anna Gavin.

(a) Residence No..... St.....
(Usual place of abode) 35 (If nonresident give city or town and state)
Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND ~~OF~~
(or) WIFE of Wm. Gavin.

6. DATE OF BIRTH (month, day, and year) June 26, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Keeper.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (mo. and yr.) 1-38
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Pubelo, Colo.
(State or country)

FATHER
13. NAME Richard Clamor Heise.
14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER
15. MAIDEN NAME Maggie Herbert.
16. BIRTHPLACE (city or town) Ireland.
(State or country)

17. INFORMANT Mrs. O. J. Fenner
(Address) Rigby, Idaho. R. #2

18. BURIAL, CREMATION OR REMOVAL
Place Heise, Ida. Date 3/19/38, 193

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 3-18, 1938 A. E. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-17 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1938 to Mar 17, 1938
I last saw h~~er~~ alive on Mar 17 1938: death is said to have occurred on the date stated above, at 1:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	Mar 1 1936

Other contributory causes of importance:

Unknown	

Name of operation..... Date of.....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. F. Spence M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108638

Apr 12 1938

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. 4

(No. 104)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Daniel Smith

(a) Residence. No. Jerome St. Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 24 - 1932

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
5	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pocatello Ida
(State or country) Idaho

FATHER

13. NAME Geo. W. Smith

14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER

15. MAIDEN NAME Lestra Cook

16. BIRTHPLACE (city or town) Long Idaho
(State or country) Idaho

17. INFORMANT Geo. W. Smith
(Address) Jerome

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date 3/27, 1938

19. UNDERTAKER D. A. Patterson
(Address) Jerome Ida

20. FILED 3/25, 1938 A. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/24/1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1938, to Mar 24, 1938

I last saw him alive on Mar 24, 1938; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar. 16-1938

Other **contributory causes** of importance:

Name of operation No Date of.....

What test confirmed diagnosis? clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Reuben C. Matson M. D.

(Address) Jerome Idaho

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

APR 12 1938

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 108639

95 12

2. FULL NAME William H Cotant

(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 14, 1844

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
94	1	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton
(State or country) Iowa

FATHER
13. NAME ? Cotant
14. BIRTHPLACE (city or town)
(State or country) France

MOTHER
15. MAIDEN NAME ? Stahl
16. BIRTHPLACE (city or town)
(State or country) France

17. INFORMANT Mrs Mildred Hynes
(Address) Oakland Cal

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date April 4, 1938

19. UNDERTAKER J R Wiley.
(Address) Jerome Idaho

20. FILED 4/1, 1938 C. J. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 8 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____ 193...: death is said to have occurred on the date stated above, at 12:05 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility with Cardiac failure	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. J. Zeller, M. D.
(Address) Jerome Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome RE APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108640

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. 2

(No. ..... 15)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard Michael Trappen

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 5 - 1938

7. AGE — Years: X | Months: 1 | Days: 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wendell (State or country) Idaho

FATHER

13. NAME F. M. Trappen

14. BIRTHPLACE (city or town) Ill (State or country)

MOTHER

15. MAIDEN NAME Marie Brady

16. BIRTHPLACE (city or town) Minn (State or country)

17. INFORMANT F. M. Trappen (Address) Jerome

18. BURIAL, CREMATION OR REMOVAL

Place Jerome Cemetery Date Mar 31 1938

19. UNDERTAKER D. R. Patterson (Address) Jerome

20. FILED 3/31, 1938 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/30 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1938, to 3/30, 1938

I last saw him alive on 3/30, 1938; death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Enlarged Thymus	
Status Lymphaticus	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108641

MAR 23 1938

Registration District No. 30
Primary Registration District No. 1951 Local Registrar's No.

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant. Mary Thomson

(a) Residence No. 1507 N. 4th St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 2/27/38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ---
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country)

FATHER

13. NAME David Thomson
14. BIRTHPLACE (city or town)
(State or country) Minn

MOTHER

15. MAIDEN NAME Eva Gross
16. BIRTHPLACE (city or town) N. Dakota
(State or country)

17. INFORMANT David Thomson
(Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL
C.D.A. Place St. Thomas Date 2/28, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) C.D.A.

20. FILED Feb. 28, 1938 [illegible] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/27/1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1938, to ..., 193...
I last saw her alive on 2-27, 1938: death is said to have occurred on the date stated above, at 12:10 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Exp. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard A Sleyster, M. D.
(Address) C d A Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
RECEIVED
APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108642

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 41
(No. Coeur d'Alene Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes Wilbourn

(a) Residence No. — St. Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred — yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of P. L. Wilson

6. DATE OF BIRTH (month, day, and year) April 4 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 9, 1937
11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER
13. NAME Jas. Cunningham
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Lida Williams
16. BIRTHPLACE (city or town) (State or country) Deadwood S. D.

17. INFORMANT P. L. Wilson
(Address) Kellogg Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 3-12, 1938
Interment

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED April 12, 1938 L. Krolthen C.A.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-9 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-1-, 1938, to 3-9-, 1938
I last saw her alive on 3-9 1938: death is said to have occurred on the date stated above, at 5:20 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
PULMONARY Tuberculosis	1936

Other **contributory causes** of importance:

Name of operation — Date of
What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alexander Barclay M.D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

RECEIVED
APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 42
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 108643

87

2. FULL NAME Mrs. Frances Cox Gervey.

(a) Residence No. 902 C.D.A. St.
(Usual place of abode)
Length of residence in city or town where death occurred 37 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, and year) ?/?/1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	8	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ----
11. Total time (years) spent in this occupation ----

12. BIRTHPLACE (city or town) Buckingham, Canada
(State or country)

FATHER

13. NAME Michael Cox.
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Catherine McCabe
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Ed. Garvey
(Address) Coeur d'Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~
C.D.A.
Place St. Thomas Date 3/12, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene

20. FILED 3/12, 1938 L. Knudsen, MD
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH

3/9

21. DATE OF DEATH (month, day and year) 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1938, to Mar. 8, 1938
I last saw h Gervey alive on Mar 8. 1938.: death is said to have occurred on the date stated above, at 4:00P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Chronic Myocarditis	1930

Other **contributory causes** of importance:

Cerebral hemorrhage.	Mar. 5. 38.

Name of operation ____ Date of ____
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John D. Wood M. D.
(Address Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

RECEIVED
APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108644

Registration District No. 2 b
Primary Registration District No. 1051 Local Registrar's No. 45
(No. C.D.A. Homes For the Aged)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Christine Lund.

(a) Residence No. C.D.A. Homes St.
(Usual place of abode) 2 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter Lund

6. DATE OF BIRTH (month, day, and year) 2/16/1848

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	90	0	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ---
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT C.D.A. Homes.
(Address) Coeur d'Alene, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
C.D.A. Place Forest Cem. Date 3/10, 193 8

19. UNDERTAKER The Mooney Mortuary
(Address) C.D.A.

20. FILED 3-10, 193 8 L. Thatcher M.D.
F.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/8/1938 193

22 I HEREBY CERTIFY, That I attended deceased from March 7, 1938 to March 8, 1938
I last saw h[illegible] alive on March 7 1938: death is said to have occurred on the date stated above, at 6:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	10 yrs +
94-6	
Disease of Coronary artery	
Other contributory causes of importance:	
Senility	

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Richard H Pelham, M. D.
(Address Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
APR · 9 1938

DO NOT WRITE IN THIS SPACE
State File No. 108645

Registration District No. 30
Primary Registration District No. 1051, Local Registrar's No. 44
(No. Fuller Hospital, Private)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John M. Scruggs
(a) Residence No. St Coeur d'Alene Bonner Co.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mary E. Scruggs.

6. DATE OF BIRTH (month, day, and year) 4-12-1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	11	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service station
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator Shell Oil Co
10. Date deceased last worked at this occupation (mo. and yr.) Nov 15-1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER
13. NAME John Scruggs
14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Bryan Dennis
(Address) Route 3 Coeur d'Alene Ida

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Cemetery Date 3-15-, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED March 15, 1938 L. Schlatter R.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-12 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/8, 1938, to 3/12, 1938
I last saw him alive on 3/10 1938: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis with Arteriosclerosis	

Other contributory causes of importance:

Long Hydrocele and Bilateral Hernia	

Senility

Name of operation None Date of
What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. F. Hemmy M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

RECEIVED

APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1051

Local Registrar's No. 45

DO NOT WRITE IN THIS SPACE

State File No. 108646

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Clausen.

(a) Residence No. Spirit Lake Ida. St. Lake Side Hospital

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Clausen

6. DATE OF BIRTH (month, day, and year): June 9-1885

7. AGE: Years 52 | Months 8 | Days 27 | If LESS than 1 day ..... hrs or ..... min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employee Lumber Co. 1930 to 1936

10. Date deceased last worked at this occupation (mo. and yr.): 1930

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Skien, Norway

FATHER

13. NAME: Even Clausen.

14. BIRTHPLACE (city or town) (State or country): Norway.

MOTHER

15. MAIDEN NAME: Marie Brynildsen

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Mrs. Esther Clausen Spirit Lake Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Spirit Lake Ida Date 3-9, 193 8

19. UNDERTAKER (Address): Cassidy Funeral Home Rathdrum Ida.

20. FILED March 7, 193 8 J. E. Eaton M.D. F.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-6 193 8

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 193 8, to 3/6, 193 8

I last saw h[illegible] alive on 11:30 PM 193 8; death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	
Acute Nephritis 13 days following	
Streptococcus throat infection	2 weeks
Other contributory causes of importance:	

Name of operation None. Date of ....

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) I. [illegible] M. D.

(Address) Coeur d'Alene Idaho

(over)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

RECEIVED

APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 108647

Local Registrar's No. 46

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William E. Munnally

(a) Residence No. Carlson Sanitorium St. Hospital C. D'A.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

48 years at

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Dellie Munnally

6. DATE OF BIRTH (month, day, and year): Nov. 12 1857

7. AGE: Years 80 | Months 4 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.): 1935

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Alabama

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs Guy Smyth

(Address) Hayden Lake Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rathdrum Ida. Date 3-16, 1938

19. UNDERTAKER: Cassidy Funeral Home

(Address) Rathdrum Ida.

20. FILED 3-16, 1938 F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/13 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1937, to 3/13, 1938

I last saw h[illegible] alive on 3/9 1938: death is said to have occurred on the date stated above, at 9:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	first attack
Card decompensation	9/21/37
Other contributory causes of importance:	
senility	

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. F. Hanning, M. D.

(Address) Coeur d'Alene

Hanning

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Post Falls

RECEIVED
APR 0 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 2051
(No. _____)

DO NOT WRITE IN THIS SPACE
State File No. 108648

Local Registrar's No. 47

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Charles F. Waggoner

(a) Residence No. Post Falls, Idaho. RFD St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lessie

6. DATE OF BIRTH (month, day, and year) 1/14/1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 12/1937
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER

13. NAME Marion Waggoner
14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Ida Wiggins
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs. Lessie Waggoner
(Address) Post Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~,
Place Post Falls Date 3/18, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) CDA.

20. FILED March 15, 1938 L. C. Kroeker, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/15 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1937, to Mar. 15, 1938
I last saw him alive on Mar 11 1938: death is said to have occurred on the date stated above, at 8:00A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocardial degeneration	1936
Other **contributory causes** of importance:	
Chronic nephritis.	1936

Name of operation _____ Date of _____
What test confirmed diagnosis Usual. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_____
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Ellsud, M. D.
(Address) Coeur d'Alene-Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

RECEIVED
APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108650

Registration District No. 36
Primary Registration District No. 405 Local Registrar's No. 50

(No.) Pethengen Hospital 508 Reid Ave. 80
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chester Chisamore.

(a) Residence No. St. Black Rock District
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 5-27-1882
7. AGE: Years 55 | Months 9 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberjack
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: for hire
10. Date deceased last worked at this occupation (mo. and yr.): 1935
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Eau Celaire Wis.

FATHER
13. NAME: Chisamore
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Lizzie Meade
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Emma Pethengen
(Address) 508 - Reid Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Kootenai Co CdAlene Date 3-28, 1938

19. UNDERTAKER: Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 3-28, 1938 L. L. Knudsen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to 3/26, 1938
I last saw h[illegible] alive on 3/22 1938: death is said to have occurred on the date stated above, at 8:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes Dorsalis (or advanced spinal syphilis	? date of onset

Other contributory causes of importance:

Dermatitis Cabrosa of shoulders	

Name of operation None Date of
What test confirmed diagnosis? Blood test Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. J. Hoffman, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

RECEIVED
APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108651

Registration District No.
Primary Registration District No. Local Registrar's No. 52
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren W. Baldwin

(a) Residence No. 1-4 (W) St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Selina Viola Baldwin

6. DATE OF BIRTH (month, day, and year) Dec 24 1846

7. AGE — Years: 91 | Months: 3 | Days: 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1925
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Dona
(State or country) Michigan

FATHER
13. NAME Warrington W. Baldwin
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Chas. W. Baldwin
(Address) E 312 Sanson Ave Spokane

18. BURIAL, CREMATION OR REMOVAL
Place Sidy Park Date 4/1, 1938
Spokane Wash.

19. UNDERTAKER Cassidy Funeral Home
(Address) Rathdrum Ida.

20. FILED April 4, 1938 L. C. Kretchen M.D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/29 1938

22 I HEREBY CERTIFY, That I attended deceased from March 29, 1938 to March 29, 1938
I last saw him alive on March 29 1938: death is said to have occurred on the date stated above, at 4:45 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	20 yrs
Acute pulmonary edema	12 hours

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Richard Pearson M. D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of (Or Town) Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108652

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 56

APR 1 - 1938

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

1893

2. FULL NAME Jested D. Hunt

(a) Residence No. _____ St. Post Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, and year) 7/19/1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Irrigation Proje
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.
10. Date deceased last worked at this occupation (mo. and yr.) 4/1938
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER

13. NAME Addison D. Hunt
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Mary Schmidt
16. BIRTHPLACE (city or town) Mich.
(State or country)

17. INFORMANT Mrs. Bessie Hunt
(Address) Post Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~,
C.D.A Place Forest Date 4/11, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED April 11, 1938 L. Chretien
F.T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-6 1938

22 I HEREBY CERTIFY, That I attended deceased from
4-6, 1938, to 4-6, 1938
I last saw h[illegible] alive on 4-6 1938: death is said to have occurred on the date stated above, at 9:00 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning by accidently falling in Spokane River	
Other **contributory causes** of importance:	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4-6 1938
Where did injury occur? Spokane River / Mi below Post Falls
(Specify city, town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** River.
Manner of injury Accidental drowning
Nature of injury drowning

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) O. H. Teed Coroner, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Onoway

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108653

Registration District No. 63
Primary Registration District No. 2145
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Mary Atkison

(a) Residence No. St.
(Usual place of abode) 20 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John W. Atkison

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Tayhorville
(State or country) Ill.

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs. Ben Larkin
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Garfield, Wn. Date 3/25, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 3/25, 1938 H.C. Kibbey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/24 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/20, 1938, to 3/24, 1938
I last saw her alive on 3/24 1938; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) H.C. Kibbey M. D.
(Address) Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of N.E. of Palouse

Washington

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

APR 7 1938

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 108654

Local Registrar's No. 44

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Henry Dial

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Ida Dial

6. DATE OF BIRTH (month, day, and year)
October 14, 1860

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	77	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Wheat Farm

10. Date deceased last worked at this occupation (mo. and yr.) March 1938

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME John H. Dial

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Martha Carnahan

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Charles Dial
(Address) Palouse, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date April 2, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED 3/31/ 1938 P. C. Kitrow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 31, 1938, to Mar. 31, 1938.

I last saw h....alive on ....., 193...; death is said to have occurred on the date stated above, at 3:30 A. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar 31
Chronic Myocarditis	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) V. D. Stevenson, M. D.
(Address) Garfield, Wn.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah Apk
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
State File No. 108655

Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen A. Fox

(a) Residence. No. 625 St. Maple (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Fox

6. DATE OF BIRTH (month, day, and year) Feb 25-1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	—	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank etc none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elgin Ill

FATHER
13. NAME Ellen Scholes
14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) U.S. East Lenox

17. INFORMENT (Address) Mrs. Stella M. Green Potlatch Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date 3/10/, 1938

19. UNDERTAKER Short
(Address) Moscow, Idaho.

20. FILED 3/8/, 1938 F.C. Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-7-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28-, 1938, to March 7-, 1938
I last saw her alive on Feb 28-, 1938: death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) F.C. Gibson, M. D.
(Address) Potlatch Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City Nora District - Rt. 2

MAR 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108656

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Petra Olson

(a) Residence No. Nora District - Route 2 St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl O. Olson

6. DATE OF BIRTH (month, day, and year) June 3-1866

7. AGE — Years: 71 | Months: 9 | Days: 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home
10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Norway
(State or country)

FATHER
13. NAME not obt. Monson
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME not. obt.
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT (Now) Christ Olson
(Address) Nora District, Route 2-

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date Mar. 23- 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow, Idaho.

20. FILED March 28 1938 Mrs Chas. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 19 1938

22 I HEREBY CERTIFY, That I attended deceased from March, 193 7, to March 18, 1938
I last saw her alive on March 18 1938: death is said to have occurred on the date stated above, at 8A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Deary

REC MAR 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108657

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No. 2

(No. 97)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nils Peter Olson

(a) Residence. No. Deary, Texas Ridge 29 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1863

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
74	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1937

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Not known Sweden

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ernest Olson
(Address) Deary, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Dry Creek Date Mar. 29, 1938

19. UNDERTAKER A. E. Alden
(Address) Troy

20. FILED Mar. 29, 1938 Mrs. Chas Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to March 26, 1938
I last saw him alive on March 23 1938: death is said to have occurred on the date stated above, at 1:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1928
Other contributory causes of importance:	
Cerebral hemorrhage	1936

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Chas. Meyer M. D.
(Address) Troy Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10865

Registration District No. 61
Primary Registration District No. 101 Local Registrar's No. 328
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guy O. Ruddell

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Ruddell

6. DATE OF BIRTH (month, day, and year) 12/12/74

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. of Idaho.
10. Date deceased last worked at this occupation (mo. and yr.) 3/4/38
11. Total time (years) spent in this occupation 2yr.

12. BIRTHPLACE (city or town) (State or country) Washington

MOTHER FATHER

13. NAME Not do.
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Not do.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Eunice Berry
(Address) Lewiston, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Idaho Date 3/8, 1938
19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho
20. FILED 3/7, 1938 Harry Erhorne Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/6 1938
22 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938, to March 6, 1938
I last saw him alive on March 6 1938: death is said to have occurred on the date stated above, at 9 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured Gastric ulcer.	March 5, 1938
General Peritonitis	March 5, 38
Other **contributory causes** of importance:	

Name of operation Laparotomy Date of March 6, 38
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury No., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Everard Hall M. D.
(Address Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

RECEIVED
APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108659

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 329
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lyddie J. Bartlett

(a) Residence No. 116 S. Jackson St.
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. A. Bartlett

6. DATE OF BIRTH (month, day, and year) 7/28/75

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boarding house
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 22yr.

12. BIRTHPLACE (city or town) Concorda Co.
(State or country) Kansas

FATHER

13. NAME E. A. Tyrell
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Nancy Lockard
16. BIRTHPLACE (city or town)
(State or country) Mich.

17. INFORMANT Mrs. Ed. Hickman
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida Date 3/9, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 3/7, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/6 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/25/37, 193..., to 3/6/38, 193...
I last saw her alive on 3/6/38 193...: death is said to have occurred on the date stated above, at 11:25p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
coronary occlusion	
Other **contributory causes** of importance:	
arteriosclerotic hypertension:	
elephantiasis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Evelin M. D.
(Address Moscow, Idaho

PLACE OF DEATH
County of Latah
City of Moscow

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108660

Registration District No. 61
Primary Registration District No. 611 Local Registrar's No. 330
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Frazier

(a) Residence No. St.
(Usual place of abode) 4 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/28/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4th. grade
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho

FATHER

13. NAME Charles L. Frazier
14. BIRTHPLACE (city or town) Moscow,
(State or country) Idaho

MOTHER

15. MAIDEN NAME Opal Barnes
16. BIRTHPLACE (city or town) Cio,
(State or country) Oregon

17. INFORMANT Chas. L. Frazier
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Date 3/11, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 3/10, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/9 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 5:18 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull fracture	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury 3-9, 1938
Where did injury occur? N.P. Railway Track
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury Struck by Engine
Nature of injury on track of Road

24 Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) H. R. Short Coroner M. D.
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108661

Registration District No. 5
Primary Registration District No. 1011 Local Registrar's No. 321

(No. 205 S. Almond)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julius Cherpillod

(a) Residence No. 205 S. Almond St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? 87 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Cherpillod

6. DATE OF BIRTH (month, day, and year) Oct. 25, 1850

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	87	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Vevey
(State or country) Switzerland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town)
(State or country) Switzerland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Switzerland

17. INFORMANT Mrs. Clara Cherpillod
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 3/30, 1938

19. UNDERTAKER H. C. Short
(Address) Moscow, Ida.

20. FILED 3/29, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/27 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/27/38, 193..., to 3/27/38, 193...
I last saw him alive on 3/27/38 193...: death is said to have occurred on the date stated above, at 10:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina pectoris, with	
cardiac failure	3/27/38
Other **contributory causes** of importance:	
senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Conny J. Klaarenbeek M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108662

APR 11 1938

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 332
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hans T. Eesfeland

(a) Residence No. 827 E. 7th St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 2-1918

7. AGE: Years 19 | Months 9 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. University
10. Date deceased last worked at this occupation (mo. and yr.) March 30.
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Minnesota
(State or country)

FATHER
13. NAME Hans T. Eesfeland
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER
15. MAIDEN NAME Luciania Bergsvaag
16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT (Father) Hans T. Eesfeland
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date April 1st, 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Ida

20. FILED 4-8, 1938 Harry Limbocker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/30, 1938, to 3/30, 1938
I last saw h— alive on 3/30 1938: death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock.	
Other contributory causes of importance: Crushing injury to Left Knee & Leg. Hemorrhage. Head injury.	

Name of operation None. Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 3/30/38
Where did injury occur? Public street Moscow Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in public place Public place
Manner Accident under wheels of
Nature Crushing injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify
(Signed) O. Cunningham, M. D.
(Address) Moscow Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108663

APR 15 1938

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No. 1

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93 21

2. FULL NAME Angelic Bartl

(a) Residence No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jermiah Bartl

6. DATE OF BIRTH (month, day, and year) May 17, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	13.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook
10. Date deceased last worked at this occupation (mo. and yr.) 20yrs.
11. Total time (years) spent in this occupation 40yrs.

12. BIRTHPLACE (city or town) Arlee, Montana
(State or country)

FATHER
13. NAME Louis Ashley
14. BIRTHPLACE (city or town) Arlee, Montana
(State or country)

MOTHER
15. MAIDEN NAME Mrs. Irvin
16. BIRTHPLACE (city or town) Dixon, Montana
(State or country)

17. INFORMANT Mrs. Fred Reese
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gibbonville, Idaho Date April 2, 1938

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED April 5, 1938 Alice E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/31 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/1, 1938, to 3/4, 1938
I last saw h[illegible] alive on 3/4 1938: death is said to have occurred on the date stated above, at 6:25 A. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	about 1932

Other **contributory causes** of importance:

Senile debility	

Name of operation none Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Hammer, M. D.
(Address Salmon Idaho)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 15 1938

DO NOT WRITE IN THIS SPACE
State File No. 108664

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME George Inguap

(a) Residence No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Murda

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Making Gloves
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) United States
(State or country)

FATHER

13. NAME James
14. BIRTHPLACE (city or town) Lemhi
(State or country)

MOTHER

15. MAIDEN NAME Murda
16. BIRTHPLACE (city or town) Lemhi
(State or country)

17. INFORMANT R. B. Cavaness
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Idaho Date 3/ 28/, 1938

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED April 10, 1938 Clio E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH 3/25/38

21. DATE OF DEATH (month, day and year) 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Charles W. Doebler, Coroner
(Address Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Ramie

APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108668

Registration District No. 49
Primary Registration District No. 2127
Local Registrar's No. 6
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allen House

95 10

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jennie House

6. DATE OF BIRTH (month, day and year) Dec 28 - 1854

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
73	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation 10 to 1926

12. BIRTHPLACE (city or town) Otisco
(State or country) Iowa Co. Michigan

FATHER
13. NAME Joseph House
14. BIRTHPLACE (city or town) Ohio
(State or country) ____

MOTHER
15. MAIDEN NAME Emily Coon
16. BIRTHPLACE (city or town) Ohio
(State or country) ____

17. INFORMANT Jennie House
(Address) ____

18. BURIAL, CREMATION OR REMOVAL
Place Ramie Date 1/22, 1938

19. UNDERTAKER Jos Robertson
(Address) Ramie Ida

20. FILED 4/7, 1938 Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/20 1938

22. I HEREBY CERTIFY, That I attended deceased from Last ____, 1937, to 1/20, 1938
I last saw ~~him~~ alive on 1/20, 1938; death is said to have occurred on the date stated above, at 4:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metral Insufficiency	
Myocarditis	

Other contributory causes of importance:

Senility	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C. A. Bryan, M. D.
(Address) Ramie Ida

FORM V. S. No. 5-25 M. 1-16-13

108660

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 4.7

County of Lewis

Primary Registration District No.

File No. 228

City of Nezperce Idaho APR 14 1930 (No. ..... St.)

Registered No. 344

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Williamson Hogan

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR, DIVORCED (Write the word.)
Male	White	Divorced

6. DATE OF BIRTH. Aug (Month) 2 (Day) 1877 (Year)

7. AGE 60 Yrs. 6 Mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Ill

10. NAME OF FATHER Cornelius Hogan

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Margret Tierny

13. BIRTHPLACE OF MOTHER (State or Country) Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ed Hogan
(Address) Nezperce

15. Filed Mar 5 1930 Albert Hoff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 8 1930
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..... to ..... 191.....,
that I last saw h..... alive on ..... 191.....,
and that death occured on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pass pressing up on Heart
Causing Heart failure
(Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary) Sudden
(Duration ..... yrs. ..... mos. ..... ds.
(Signed) Albert Hoff M.D.
19..... (Address) Nezperce Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Colton Wash.	Mar. 10 1930

20. UNDERTAKER	ADDRESS
Albert Hoff	Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

STAR - YORK CO., PTRS. & STNRS. 24652

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Thornton

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108670

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bede Maria Bood

(a) Residence. No. ..... Thornton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jare Bood

6. DATE OF BIRTH (month, day, and year) Mar 4 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Carl Ekstrom
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Betta Jonsdotter
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Bertha Spencer Thornton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burton Date. March 20 1938

19. UNDERTAKER Isaac A Keller
(Address) Rexburg Idaho

20. FILED 4-4, 1938. Fred Heyrung
(Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-17 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to March 17, 1938
I last saw her alive on March 16, 1938; death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	3-9-38
Other contributory causes of importance:	
Chronic nephritis	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
3/20/38 (Signed) Louis A Peck M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108672

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME Eva May Cranmer

(a) Residence. No. [redacted] St. Below Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14-1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	—	—	1	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

MOTHER FATHER

13. NAME Harold Vern Crain

14. BIRTHPLACE (city or town) (State or country) St. Anthony Ida

15. MAIDEN NAME Irene Leonard

16. BIRTHPLACE (city or town) (State or country) Teigar Idaho

17. INFORMANT (Address) Mary Cranmer St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL Place Riverview Date 3/14, 1938

19. UNDERTAKER (Address) Dr. M. Hansen St. Anthony Idaho

20. FILED 4-4, 1938 Mrs. N. Eyring Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1938, to Mar. 14, 1938

I last saw h[illegible] alive on Mar. 14 1938. death is said to have occurred on the date stated above, at 3:00 P. m.

The **principal cause of death** and related causes of importance were as follows: Fire 10 hrs.

	Date of onset
Premature, 5 1/2 Mon	
Mother Burned over 1/3 of body.	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. B. Rigby, M. D.

(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108673

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wendell Thomas Doman

(a) Residence No. ..... St. Riby, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Marceline Montague.

6. DATE OF BIRTH (month, day, and year) Aug. 15 1909

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	28	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (mo. and yr.) 3-38
11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) Riby, Ida.
(State or country)

FATHER

13. NAME Thomas Edward Doman.
14. BIRTHPLACE (city or town) Kaysville
(State or country) Utah.

MOTHER

15. MAIDEN NAME Ada Chandler.
16. BIRTHPLACE (city or town) Washakie,
(State or country) Utah.

17. INFORMANT Thos E Doman
(Address) Riby, Ida. R#1

18. BURIAL, CREMATION OR REMOVAL
Place Riby, Ida. Date 3-16, 1938

19. UNDERTAKER A. B. Eckersell
(Address) Rigby Ida.

20. FILED 4-4, 1938 Thos Heppning
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar. 13 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 9, 1938, to Mar. 13, 1938
I last saw him alive on Mar 12 1938: death is said to have occurred on the date stated above, at 1:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gangrenous Appendicitis	
Abscess	
Peritonitis	Mar 1st.

Other **contributory causes** of importance:

Name of operation Abscess drained Date of 3-10-38
What test confirmed diagnosis? ..... Was there an autopsy? Abdomen full pus.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Rigby, M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108674

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 13
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Camilla Mary Pierson
(a) Residence No. Rexburg, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Theo Pierson

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby, (State or country) Idaho

FATHER
13. NAME George Ward Williams
14. BIRTHPLACE (city or town) Stockton on Tees (State or country) England

MOTHER
15. MAIDEN NAME Hattie E. Chandler
16. BIRTHPLACE (city or town) Willard (State or country) Utah

17. INFORMANT J. Theo Pierson
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho Date March 21 193 8

19. UNDERTAKER Russell J. Fullmer
(Address) Rexburg, Idaho

20. FILED 4-4, 1938 Mae H. Young Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-18 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 11, 193 8, to Mar 18, 193 8
I last saw her alive on Mar 18 1938: death is said to have occurred on the date stated above, at 5 50 p. m.

The **principal cause of death** and related causes of importance were, as follows:

	Date of onset
Lobar Pneumonia	10 days
Other **contributory causes** of importance:	
Acute Hepatitis	6 days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Parley Nelson, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108676

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pauline Hunziker Shenk

(a) Residence No. St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Shenk

6. DATE OF BIRTH (month, day, and year) Feb. 5. 1862

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Zurich
(State or country) Switzerland

FATHER
13. NAME Unkhown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Lydia Sutherland
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burbon Date 4/9, 1938

19. UNDERTAKER Russell R. Adamson
(Address) McCammon Idaho

20. FILED 4-8, 1938 Mrs H Eyring
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 5 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1934, to Apr. 5, 1938
I last saw her alive on Mar 16 1938: death is said to have occurred on the date stated above, at 3 08 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	many years
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Farley Nelson M. D.
(Address) Redding, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108677

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 17

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Daniel Flamm

(a) Residence No. 137 North 3 East Street St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Francis Rigby

6. DATE OF BIRTH (month, day, and year) May 3, 1873

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan
(State or country) Utah

FATHER

13. NAME Jacob Henry Flamm

14. BIRTHPLACE (city or town) Wurtemberg
(State or country) Germany

MOTHER

15. MAIDEN NAME Helena Bock

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. J. D. Flamm
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 4/6, 1938

19. UNDERTAKER Russell R. Flamm
(Address) Rexburg, Idaho

20. FILED 4-8-, 1938 Nita Keyser
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-5 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1937, to April 5 1938

I last saw him alive on April 4 1938: death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Year ago
Acute Urinary Retention.	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No

(Signed) H. E. Ricks, M. D.

(Address Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Sugar City

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108675

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95b

2. FULL NAME James Henry Pincock
(a) Residence No. Sugar City, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. ~~If married, widowed, or divorced~~
HUSBAND of ~~(or) WIFE of~~ Annie Garner Pincock

6. DATE OF BIRTH (month, day, and year) 1-21-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER
13. NAME John Pincock
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Isabella Douglas
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT J. B. Pincock
(Address) Teton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City Date 4-11, 1938

19. UNDERTAKER Wm Hansen
(Address) St. Anthony

20. FILED 4-9, 1938 Mrs. I. E. Young, Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-8 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-20, 1938, to 4-8, 1938
I last saw him alive on 4-5 1938; death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	1936

Other **contributory causes** of importance: Senility.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

4/9/38 (Signed) [illegible], M. D.
(Address) [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10867

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gettie Florence Sweet

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of J. H. Sweet

6. DATE OF BIRTH (month, day, and year) Mar 26 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kearney Co. (State or country) Nebraska

FATHER
13. NAME Geo B Flynn
14. BIRTHPLACE (city or town) ..... (State or country) Missouri

MOTHER
15. MAIDEN NAME Lucinda Galloway
16. BIRTHPLACE (city or town) ..... (State or country) West Virginia

17. INFORMANT J. H. Sweet (Address) Declo Idaho

18. BURIAL, CREMATION OR REMOVAL Place Declo Idaho Date Mar 9, 1938

19. UNDERTAKER Goodmen Mortuary (Address) Rupert Idaho

20. FILED 3-9, 1938 C. E. Lemon Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 6-8, 1938, to Mar 6, 1938
I last saw h.e.r. alive on Mar 6 1938: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute nephritis.	2. 15-38.

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. H. Moellmer, M. D.
(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

...d PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information ...d be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in ...plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

APR 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108680

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 14

(No .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Franklin Nelson

(a) Residence (No. .....) St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Bertha B Nelson

6. DATE OF BIRTH (month, day, and year) Feb 17 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Zenia
(State or country) Indiana

FATHER

13. NAME Jacob Nelson
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mrs John Nelson
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 4-27, 1938

19. UNDERTAKER Rodney L Snodgrass
(Address) Rupert Idaho

20. FILED 3-15, 1938 E. B. Edmonds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Feb 25 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Feb 25, 1938
I last saw him alive on Feb 25 1938: death is said to have occurred on the date stated above, at 9 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other **contributory causes** of importance:	
hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H H Keroagh, M. D.
(Address Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108681

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Grant Cunningham

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs James Cunningham

6. DATE OF BIRTH (month, day, and year) 4-18-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minnesota
(State or country)

FATHER

13. NAME James Cunningham

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mrs Fuller Fenton
(Address) Rupert, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Heather Gardens Date 3-18, 1938

19. UNDERTAKER Rodney Goodman
(Address) Rupert Idaho

20. FILED 3-15, 1938 W. B. Lamoreaux
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-14 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-3—, 1936, to 3—14, 1938.

I last saw h. alive on 3—12 1938; death is said to have occurred on the date stated above, at 5 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	
(Sup Inf. of Lung Rt upper lobe)	July 31—
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Mackey M. D.
(Address) Rupert, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Mundoka
City of Mundoka

APR 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108682

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 16
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

938

2. FULL NAME Grace Randall Wilkinson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W.
5. ~~Single,~~ Married, ~~Widowed or Divorced (write the word)~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas L. Wilkinson

6. DATE OF BIRTH (month, day, and year) 2-16-188[illegible]

7. AGE: Years 57 | Months 1 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cove (State or country) Oregon

FATHER

13. NAME Wm. Henry Randall
14. BIRTHPLACE (city or town) Fullerton (State or country) Nebraska.

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown (State or country) Nebraska

17. INFORMANT Wm. E. Wilkinson (Address) Mundoka Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Jocatello Date 3-19, 193 8

19. UNDERTAKER Rodney A. Boardman (Address) Rupert Idaho

20. FILED 3-18, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-16 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 193 6, to 3-16, 193 8,
I last saw her alive on 3-10 193 8: death is said to have occurred on the date stated above, at 11 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Other **contributory causes** of importance:	
Cerebral apoplexy. (1936)	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. A. Mollyer M. D.
(Address) Rupert, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Minidoka

City of Rupert

APR 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108683

Registration District No. 9

Primary Registration District No. 2015

Local Registrar's No. 17

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

151a

2. FULL NAME Birdie Mary Daly

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F.

4. Color or Race: W.

5. ~~Single, Married~~, Widowed or ~~Divorced (write the word)~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed.

6. DATE OF BIRTH (month, day, and year): Nov 14 1893

7. AGE: Years 44 | Months 3 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) Chapin Ill.
(State or country)

FATHER

13. NAME Irving P. Roberts

14. BIRTHPLACE (city or town) Knoxville
(State or country) Tenn

MOTHER

15. MAIDEN NAME Mary Doolin

16. BIRTHPLACE (city or town) Jacksonville
(State or country) Ill

17. INFORMANT Irving P. Roberts
(Address) 118 So 12th Los Vegas Nev

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 8-18 193.8

19. UNDERTAKER .....
(Address) Rupert Idaho

20. FILED 3-18, 1938 E. Wellmore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-15 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-13, 193.8, to 3-15, 193.8

I last saw h.er alive on 3-15 193.8: death is said to have occurred on the date stated above, at 9.30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gas bacillus infection (B. Welshi)	
Infected Carbuncle on	
Other **contributory** causes of importance: Diabetes.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. Wellmore, M. D.

(Address) Rupert, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108684

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 18

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thadeus S Eastwood

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christina M. Eastwood

6. DATE OF BIRTH (month, day, and year) July 25 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Walnut Hill
(State or country) Kansas

FATHER
13. NAME Joseph W Eastwood
14. BIRTHPLACE (city or town) Monroe Co
(State or country) Illinois

MOTHER
15. MAIDEN NAME Mary Anne Pegg
16. BIRTHPLACE (city or town) Jersey City
(State or country) New Jersey

17. INFORMANT Mrs T.S. Eastwood
(Address) Rupert Idaho

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Hailey Ida. Date Mar 25, 1938

19. UNDERTAKER Alan Goodman
(Address) Rupert Idaho

20. FILED 3-24, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 21 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-21, 193[illegible] to 3-21, 193 8
I last saw him alive on 3-21 193 8: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) [illegible] M. D.
(Address) Rupert Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108685
Local Registrar's No. 51

PLACE OF DEATH

County of Nez Perce
City of Gifford HR 14
Registration District No. 92
Primary Registration District No. 2170
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Garchz Stellys

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman Stellys

6 DATE OF BIRTH (month, day and year) Nov 30 - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Dietrich Dammann
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Margareth Reith
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katherine Stellys
(Address) Gifford Ida

15 Filed Mar 18, 1938 E. E. Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 17 1938
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Mar 17, 1938, that I last saw her alive on Mar 17, 1938, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Senile decay

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) E. E. Watts, M. D.
3-18, 1938 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Good Hope	3-20 1938
20. Undertaker	Address
Brower & Mann	Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Leland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108686

Registration District No. 63

APR

Primary Registration District No. 2143

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME SARAH THORNTON

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred: 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Thornton

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Waterloo
(State or country) Iowa

FATHER

13. NAME John Gilbert

14. BIRTHPLACE (city or town) Not Known
(State or country) "

MOTHER

15. MAIDEN NAME Maryer Bundy

16. BIRTHPLACE (city or town) Not Known
(State or country) "

17. INFORMANT Jesse Thornton
(Address) Leland

18. BURIAL, CREMATION OR REMOVAL Burial
Place Leland Date Mar. 23, 1938

19. UNDERTAKER A. E. Alden
(Address) Troy, Ida

20. FILED Mar 22 1938 B. F. Neakt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar, 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1938., to Mar. 20, 1938
I last saw h[illegible] alive on Mar. 20, 1938.: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Feb 20, 1938
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. A. Christensen, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

REC
APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108687

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 40

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Caughey

(a) Residence No. Lewiston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) 4/9/1878

7. AGE: Years 59 | Months 11 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER
13. NAME Andrew Caughey
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Bown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT St. Joseph's Hospital
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date 4-13, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED April, 1938 E M Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/25/1938

22 I HEREBY CERTIFY, That I attended deceased from 11-20, 1937, to 2-27, 1938
I last saw him alive on 2-27 1938: death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Postoperative	2-18-38
Other contributory causes of importance:	
Cardiac decompensation	2-24-38
Duodenal ulcer & pyloric obstruction	2-24-37

Name of operation Gastro-enterostomy Date of 2-15-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. S. Douglas, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108688

REC'D APR 11 1938

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 41

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1

2. FULL NAME Howard Bielenberg

(a) Residence No. Genesee Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 6, 37

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Genesee
(State or country) Idaho

FATHER

13. NAME Herman Bielenberg

14. BIRTHPLACE (city or town) Genesee
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Rosella Roth

16. BIRTHPLACE (city or town) Genesee
(State or country) Idaho

17. INFORMANT Herman Bielenberg
(Address) Genesee, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Ida. Date 3-4-38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Mar 28, 193 M N Carey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-3 193 8

22 I HEREBY CERTIFY, That I attended deceased from 3/1, 193 8, to 3/3, 193 8

I last saw h/im alive on 3/2 193 8: death is said to have occurred on the date stated above, at 6:50 a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/27/38
secondary to	

Other contributory causes of importance: Measles

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Cutsforth, M. D.

(Address Genesee, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108689

APR 11 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 42
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John T Chambers

(a) Residence. No. ..... St. Orofino Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 23, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forest service
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Coos Co.
(State or country) Oregon

FATHER
13. NAME J M Chambers
14. BIRTHPLACE (city or town) .....
(State or country) Missouri

MOTHER
15. MAIDEN NAME Christina Taylor
16. BIRTHPLACE (city or town) Oshkosh
(State or country) Iowa

17. INFORMANT Mrs C. R Coons.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida. Date Mar 6, 1938

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston Ida.

20. FILED Mar 11, 1938 E M Whitney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to March 4, 1938
I last saw him alive on March 3, 1938: death is said to have occurred on the date stated above, at 7:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Chest (mediastinum)	Sept 1937
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E L Bradson M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108690

APR 11 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 43
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

17

2. FULL NAME Mary Frisch
(a) Residence. No. 631 - 7th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of J. L. Frisch

6. DATE OF BIRTH (month, day, and year) Aug 2, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Negaunee Mich. (State or country)

FATHER
13. NAME Patrick Vaughn
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Ellen Flemming
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT J. L. Frisch (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date May 7, 1938

19. UNDERTAKER Brower Mann Co (Address) Lewiston Idaho

20. FILED May 11 1938 M. W. Cooley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938, to March 4, 1938
I last saw her alive on March 4, 1938: death is said to have occurred on the date stated above, at 2:10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	Feb 15 1937

Other contributory causes of importance:

Arthritis Chronic	1930

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ed Brandon M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108691

Apr 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 14

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norman Allyn Stanford

(a) Residence No. 6th St & Highland Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Kitley

6. DATE OF BIRTH (month, day, and year) 11/21/1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	3	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1915
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town)
(State or country) Springfield Ill

FATHER
13. NAME David Stanford
14. BIRTHPLACE (city or town)
(State or country) Not Known

MOTHER
15. MAIDEN NAME Mary Miller
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT G A Frantzich
(Address) Clarkston, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Idaho Date 3/8/38, 193

19. UNDERTAKER H.R.Merchant
(Address) Clarkston Wash

20. FILED Mar 7, 1938 M McCaskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-4 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-10, 1938, to 3-4, 1938
I last saw h-cu alive on Mar 4 1938: death is said to have occurred on the date stated above, at 10:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cyanosis	2-10-38
Other **contributory causes** of importance: Arteria Sclerosis	Past 10 yrs

Name of operation None Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.
(Address Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce.
City of Lewiston

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108692

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 46

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myron J. Faling

(a) Residence. No. 220 Snake River Ave St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

93C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Faling

6. DATE OF BIRTH (month, day, and year) May 19, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	9	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Watertown
(State or country) New York

FATHER
13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER
15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country) unknown

17. INFORMANT Irving I. Faling
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Mar. 9, 1938

19. UNDERTAKER Brosius Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Mar 26, 1938 M. K. Cicky
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from November, 1937, to Mar 6, 1938
I last saw him alive on Mar 6, 1938: death is said to have occurred on the date stated above, at 10:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance:	
Hypostatic Pneumonia	3-3-38

Name of operation None Date of
What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 193__
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. McRae M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108693

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 47

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Perry

(a) Residence No. ..... St. Juliaetta, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvia Garner Perry

6. DATE OF BIRTH (month, day, and year) July 10, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Indiana

FATHER

13. NAME Wm. J. Perry

14. BIRTHPLACE (city or town) ..... (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Kindig

16. BIRTHPLACE (city or town) ..... (State or country) Penn.

17. INFORMANT Mrs. Florence Messinger (Address) Genesee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kendrick, Idaho Date Mar 10, 1938

19. UNDERTAKER Brower Mortuary Co. (Address) Lewiston Ida.

20. FILED Mar 26, 1938 E M McCaskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 7 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Mch 7, 1938
I last saw ~~him~~ alive on Mch 7, 1938: death is said to have occurred on the date stated above, at 9 a.c. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	about 5 yrs

Other contributory causes of importance:

General oedema	2 wks

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Gaudet Johnson M. D.
(Address) Lewiston, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108694

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 48

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James R. Leachman

(a) Residence No. Walla Walla, Wash. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Polly Leachman

6. DATE OF BIRTH (month, day, and year) 8/18/10

7. AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	27	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Aviator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vallajo
(State or country) Calif.

FATHER
13. NAME Dr. R. S. Leachman
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Anna Muller
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT St. Joseph's Hospital
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Walla Walla, Wash. Date 3/9/37, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Mar. 7, 193[illegible] M. McCarty
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-7 1938

22 I HEREBY CERTIFY, That I attended deceased from March 7, 1938, to March 7, 1938
I last saw h~~im~~ alive on March 7 1938: death is said to have occurred on the date stated above, at 6 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull (Basilar)	Mar 7-1938
Fracture Multiple comp	Mar 7-1938
Pancreas	
Fracture multiple Thigh	Mar 7-1938
Fracture Comp Leg	Mar 7-1938

Other contributory causes of importance:

Name of operation Resuscitation Date of Mar 7-38
What test confirmed diagnosis? Home Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury Mar 7 1938
Where did injury occur? Lewiston Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Kelly airport
Manner of injury Airplane crash
Nature of injury multiples fractures

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Aeroplane
(Signed) E. G. Brandstrom M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108695

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 49

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry R. Stinson

(a) Residence No. Lewiston Auto Court St. Lewiston, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ E. Stinson

6. DATE OF BIRTH (month, day, and year) 3/25/1883

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Robert Stinson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elmina Martin

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT R.W.Stinson
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston? Idaho Date 3/9/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston? Idaho

20. FILED Mar 28, 193 8 M W Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/12 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..

I last saw him alive on 3/12 193 8.: death is said to have occurred on the date stated above, at 6:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bilateral chronic cystic Corpulmon of Brain.	
Other contributory causes of importance:	
Cancer.	

Name of operation Exploratory Date of 3/12/38.

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 193..

Where did injury occur? No injury.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph A Bruce, M. D.

(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108696

Apr 11 1938 Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 30

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Jane Robison

(a) Residence No. Pierce City Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W.R. Robison

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Asotin County
(State or country) Washington

FATHER
13. NAME J.L. Davison
14. BIRTHPLACE (city or town)
(State or country) Eugene, Oregon

MOTHER
15. MAIDEN NAME Anna Bushel
16. BIRTHPLACE (city or town)
(State or country) Oregon

17. INFORMANT W.R. Robison
(Address) Pierce City Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash. May 14, 1938

19. UNDERTAKER H.R. Merchant
(Address) Clarkston Wash

20. FILED April 8, 1938 M. McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 193 8

22 I HEREBY CERTIFY, That I attended deceased from March, 193 8, to March 12, 193 8
I last saw h alive on 3/12 193 8. death is said to have occurred on the date stated above, at 10:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Surgical Shock	

Other contributory causes of importance:

Cholecystectomy	
Chr. Gall B. Disease	

Name of operation Cholecystectomy Date of 3/11/38
What test confirmed diagnosis? Was there an autopsy? No Findings

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul Stamm M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108698

APR 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 33

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Marianne Lea Turnbull

(a) Residence No. 828-4th St. Lewiston Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME R.R.Turnbull
14. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

MOTHER

15. MAIDEN NAME Margaret Wolf
16. BIRTHPLACE (city or town)
(State or country) Wis.

17. INFORMANT R.R.Turnbull
(Address) Lewiston, Ida.

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Cemetery, Date 3/18/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Mar 28 193 8 M K Cooley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/18 193 8

22 I HEREBY CERTIFY, That I attended deceased from 2/28, 193 8, to 3/18, 193 8
I last saw h alive on 3/18 193 8: death is said to have occurred on the date stated above, at 9:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Infant-	
7 mo.,	

Other contributory causes of importance:

Atelectasis	
Aspiration	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ~
Manner of injury ~
Nature of injury ~

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) Ogden Hamm M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
108699
State File No.

Registration District No. 100 9

Primary Registration District No. 96

Local Registrar's No. 3-7

APR 11 1938

9445

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Gledhill Fanning.

(a) Residence. No. 1406 7th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Fanning.

6. DATE OF BIRTH (month, day, and year) February 16th, 1865.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73.	1.	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany, Oregon.

FATHER

13. NAME Elias E. Fanning.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Mary A.

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Pennsylvania.

17. INFORMANT (Address) Carl A. Fanning, Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date Mar. 20th 193 8.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Apr 1, 193 8 H. M. Cauley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/18/38 193

22. I HEREBY CERTIFY, That I attended deceased from June, 193 1, to 3/18/38, 193

I last saw him alive on 3-13, 193 8; death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	3/18/38
Other contributory causes of importance: Generalized Arteriosclerosis.	1928

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Douglas, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

...y of Nez Perce ...ATM...

City of Lewiston ...OF DEATH

THIS SPACE

State File No. 108701

Apr 11 1938

1009

Primary Registration District No. 96 Local Registrar's No. 36

(No. White's ...pital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alex Kasberg

(a) Residence No. Lewiston Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/30/1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rushford
(State or country) Minn.

FATHER

13. NAME Andrew Kasberg

14. BIRTHPLACE (city or town) No Record
(State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Amos Kasberg
(Address) Eldred, Minn.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 3/23/37, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Mar 31, 193 W. M. Cauley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/19 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 28th, 1938, to 3-19, 1938

I last saw him alive on 3-19 1938; death is said to have occurred on the date stated above, at 3:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerulo nephritis with Uraemia	Feb 28 1938

Other contributory causes of importance:

Chronic alcoholism	a number of years ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. White, M. D.

(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108702

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

APR 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 57

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jan Gayle Maynard.

(a) Residence. No. ..... St. Lapwai, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 21st, 1938.

7. AGE Years	Months	Days	If LESS than 1 day 3. hrs. or ..... min.
------.	------.	------.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER
13. NAME Roy Maynard,
14. BIRTHPLACE (city or town) Colton,
(State or country) Washington.

MOTHER
15. MAIDEN NAME Della Chapman,
16. BIRTHPLACE (city or town)
(State or country) Canada.

17. INFORMANT Roy Maynard,
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Washington Date Dec 23, 1938

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Dec 23 1938 T. McCaskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/21/38

22. I HEREBY CERTIFY, That I attended deceased from 3/21/38, 193..., to ....., 193...
I last saw her alive on 3/21/38, 193...; death is said to have occurred on the date stated above, at 11 45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Delivery	
7/2 Mos.	

Other contributory causes of importance:

Uremic Poisoning (mother)	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify
(Signed) Theo. Schlabel, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108703

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 58

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mihael Ambro.

(a) Residence. No. St. Lapwai, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ellen Ellenwood.

6. DATE OF BIRTH (month, day, and year) January 7th, 1909.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29.	2.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spalding,
(State or country) Idaho.

MOTHER FATHER

13. NAME Paul Ambro.

14. BIRTHPLACE (city or town)
(State or country) Oregon.

15. MAIDEN NAME Jane Lawyer.

16. BIRTHPLACE (city or town) Stites.
(State or country) Idaho.

17. INFORMANT Ellen Ellenwood Ambro.
(Address) Lapwai Idaho

18. BURIAL, [illegible]
Place Lapwai, Idaho. Date Mar. 24th 1938.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED March 31, 1938 W. W. Carter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/21/38. 193

22. I HEREBY CERTIFY, That I attended deceased from mch 21, 193 8, to mch 21, 193 8

I last saw him alive on mch 21, 193 8; death is said to have occurred on the date stated above, at 10.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Probable Suicide mch 21

Accident, suicide, or homicide? Date of injury, 193 8

Where did injury occur? Lapwai Nez Perce, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Shot from 410 shot gun

Nature of injury Head and Cranium

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Johnson, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston.

RECEIVED APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108704

Registration District No. 009

Primary Registration District No. 96 Local Registrar's No. 17

(No. 1018 18th. street.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Thomas Langton.

(a) Residence. No. 1018 18th. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Langton.

6. DATE OF BIRTH (month, day, and year) April 7th, 1860.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77.	11.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cora Station, Michigan.

FATHER

13. NAME William Langton.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Wright.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. G. T. Langton.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date 3/23/38, 193

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Apr. 8, 1938 M. W. Carey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/21/38.

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1938, to Mar 21, 1938

I last saw him alive on Mar 21, 1938; death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-19-38

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. O. Clark, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 11 1938

DO NOT WRITE IN THIS SPACE

State File No. 108705

Registration District No. 1009

Primary Registration District No. 16

Local Registrar's No. 60

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marguerite Adams.

(a) Residence. No. Lewiston Orchards.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 30th, 1907.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30.	7.	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottonwood, Idaho.

FATHER

13. NAME R. H. Adams.

14. BIRTHPLACE (city or town) (State or country) Nebraska.

MOTHER

15. MAIDEN NAME Lulu Long,

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMANT R. H. Adams,
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Mar 25 1938

19. UNDERTAKER Bowers Mortuary Co.
(Address) Lewiston, Idaho

20. FILED April 1 1938 M. F. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 22nd, 1938.

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938, to March 22, 1938

I last saw her alive on March 22, 1938; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 3/24, 1938

Where did injury occur? Clarkston or Asotin County
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Clothing caught fire from stove

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Frank Johnson, M. D.

(Address) Lewiston, Idaho.

Permit issued by K. H. Malcom
Malcom's Brewer-Mann Memorial
Lewiston, Idaho

Sent 11-23-55

Nov. 22, 1955
Date

Department of Public Health
Boise, Idaho

I hereby give authorization for the disinterment of: _____

NAME OF DECEASED Marguerite Adams

DATE OF DEATH March 22, 1938

CAUSE OF DEATH _____

ATTENDING PHYSICIAN Dr. Paul W. Johnson

BURIED IN KP Division Lott 81 Grave 4 Normal Hill Cemetery CEMETERY

TO BE REMOVED TO Division K 1(one) Lott 86 Grave 3 Normal Hill CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT _____

NAME OF LICENSED EMBALMER K. H. Malcom E 376

REASON FOR DISINTERMENT move to family Plot

Very truly yours,

Lula Adams.
Signature of relative or person requesting permit.

_____
Address

- * * * * * * * * * * * * * * -

State of Idaho)
County of Nez Perce) ss

On this 25th day of November, 1955, before me Van Pridean
a Notary Public in and for the within county and state personally appeared
Lula Adams known to me (or proved by the oath of _____)
to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

Van Pridean

(Seal)

Notary Public, residing Lewiston, Idaho
My commission expires Sept 15, 1956

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108706

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 61

(No. 510 Lapwai Road.)

(If death occurred in a hospital or institution, give its name instead of street and number)

950

2. FULL NAME Margaret A. Finnell.

(a) Residence. No. 510 Lapwai Road. ~~XXXX~~

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert M. Finnell.

6. DATE OF BIRTH (month, day, and year) July 3rd, 1851.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86.	8.	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME James Griffin.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Mary Smock.

16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMANT Lillian Finnell.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date 3/24/38, 193..

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Mar 26, 1938 M. T. Cauley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/22/38

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.6, to Mch 22, 193.8

I last saw h... alive on Mch 21, 193.8: death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	years ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul D. Johnson M. D.

(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Naz Parce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108707

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 62

APR 11 1938

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gloria Louise Daggett.

(a) Residence. No. ..... St. Lenore, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 24th, 1932.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5.	8.	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lenore.
(State or country) Idaho.

FATHER

13. NAME Glenn W. Daggett.

14. BIRTHPLACE (city or town) Lenore.
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Nellie Henderson.

16. BIRTHPLACE (city or town) Southwick.
(State or country) Idaho.

17. INFORMANT Glenn W. Daggett.
(Address) Lenore, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date 3/25/38. 193...

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Apr 1, 1938 E M Carbery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/22/38. 193...

22. I HEREBY CERTIFY, That I attended deceased from March, 193..., to Mar. 22, 193...
I last saw h.r alive on March 22, 193... death is said to have occurred on the date stated above, at 6:15 A.... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicectomy	3-15-38
Peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of 3-21-38

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J M Lytle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10870

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 63

APR 11 1938

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Julia Blanche Drennan

(a) Residence. No. 1121 3rd, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Darius D. Drennan.

6. DATE OF BIRTH (month, day, and year) January 8th, 1867.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71.	2.	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Des Moines, (State or country) Iowa.

FATHER

13. NAME Edwin George Cross.

14. BIRTHPLACE (city or town) Bethleham, (State or country) Iowa.

MOTHER

15. MAIDEN NAME Juliaetta Goodwin,

16. BIRTHPLACE (city or town) Liverpool (State or country) New York.

17. INFORMANT Mrs. J. E. Duthie,
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d' Alene, Idaho. Date 3/26/38 193

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Mar 26 1938 M. H. Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/24 193 8

22. I HEREBY CERTIFY, That I attended deceased from March 1, 193 7, to 3/24, 193 8

I last saw h[illegible] alive on 3/24, 193 8; death is said to have occurred on the date stated above, at 1130 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
cerebral softening	
Myocardial degeneration	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul G. Kenny M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 64

DO NOT WRITE IN THIS SPACE
State File No. 10870

APR 11 1938

(No. St. Joseph Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Warren

(a) Residence. No. R.F.D. Pomeroy, Wn. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Warren

6. DATE OF BIRTH (month, day, and year) Jan 2, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Home

10. Date deceased last worked at this occupation (month and year) 3-26-38

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME Andrew Carlson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Hulda Peterson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Robert Warren Pomeroy Wn.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Pomeroy Wn. Date 3-24-38, 193

19. UNDERTAKER C. M. Vassar, Pomeroy, Wn
(Address)

20. FILED Mar 31, 193 C M W Corkey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-24-38 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 193 8, to March 29, 193 8

I last saw her alive on March 23, 193 8: death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	1925
Congestive Heart Failure	
Pulmonary Edema	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Scott, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108710

APR 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 65

(No. Somerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

46e

2. FULL NAME Sam A. Evans

(a) Residence. No. Somerville Home St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 10 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Ida

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Somerville Home
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date 3/30/38 193...

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Mar 31 193 8 M. H. Cooley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/28/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1938, to 3-28, 1938
I last saw h~~im~~ alive on 3-27, 1938: death is said to have occurred on the date stated above, at 7:45 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma abdominis
Bed sores and portal circulation.

Date of onset 1-31

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. S. Douglas M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108711

PLACE OF DEATH
County of Nez Perce
City of Spalding.
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 66

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Green.

(a) Residence. No. Spalding, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
f	Indian full	s

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/20/23

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School girl.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spalding, Idaho

FATHER

13. NAME James Green

14. BIRTHPLACE (city or town) (State or country) Ferdinand, Idaho

MOTHER

15. MAIDEN NAME Maggie Mox Mox

16. BIRTHPLACE (city or town) (State or country) Kamiah, Idaho.

17. INFORMENT (Address) James Green Spalding, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Spalding, Idaho. Date Mar. 30th, 1938.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Apr 1, 1938 S M Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/29/38 193

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937, to March 29, 1938

I last saw her alive on 3/28/38, 193: death is said to have occurred on the date stated above, at 12:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, childhood	???
Tuberculosis of the meninges	3/19/38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? lab&x-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph M Alley, M. D.

(Address) Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108712

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 67

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlotte Marie Lowry Powers.

(a) Residence. No. ..... St. Craigmont, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Indian 4/4

5. Single, Married, Widowed or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Powers.

6. DATE OF BIRTH (month, day, and year) October -- 1851.

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86.	5.	--.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Idaho.

FATHER

13. NAME Jacob Wilson.

14. BIRTHPLACE (city or town) ..... (State or country) Idaho.

MOTHER

15. MAIDEN NAME Malinda ---------.

16. BIRTHPLACE (city or town) ..... (State or country) Idaho.

17. INFORMANT ..... (Address) Sam Waters, Craigmont, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Spalding, Idaho. Date April 2nd, 193 8.

19. UNDERTAKER ..... (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED April 8, 193 8 M M Caskey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/30.38 193

22. I HEREBY CERTIFY, That I attended deceased from March 26, 193 8, to March 30, 193 8

I last saw h-- alive on March 30, 193 8: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Paul O Johnson, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108713

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 68

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

79a

2. FULL NAME Lena Marie Faling.

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irving I. Faling.

6. DATE OF BIRTH (month, day and year) February 2nd, 1920.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18.	1.	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Goodrich, Idaho.

FATHER

13. NAME Robert A. Lane.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Pearl E. Woods,

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT Irving I. Faling.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Apr. 1, 1938

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Apr. 8, 1938 M. F. Cooley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1938, to 3-30, 1938

I last saw h[illegible] alive on 3-30, 1938: death is said to have occurred on the date stated above, at 9:12 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	3-26-38

Other contributory causes of importance:

None.

Name of operation None Date of .....

What test confirmed diagnosis? Lab + autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Mellor, M. D.

(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

Ent 6 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108714

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 11

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merle Bird

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): October 26 I92I

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
I6	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Malad Idaho

FATHER

13. NAME: Henry E Bird

14. BIRTHPLACE (city or town) (State or country): Mendon Utah

MOTHER

15. MAIDEN NAME: Kate Dille

16. BIRTHPLACE (city or town) (State or country): Stone Idaho

17. INFORMANT (Address): Henry E Bird Malad Idaho

18. BURIAL, CREMATION OR REMOVAL: Burial
Place. Malad Idaho Date Mar 29 193 8

19. UNDERTAKER (Address): J. Guy Rencon Malad Idaho.

20. FILED Mar 28, 1938 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 26 193 8

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1938, to Mar. 26, 1938.
I last saw her alive on Mar 26 1938; death is said to have occurred on the date stated above, at 6:00PM.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Concussion of Brain	
Shock, Exposure,	Mar 26
Multiple Fractures and	
internal injuries from	
automobile accident	
Other **contributory causes** of importance:	

Name of operation: Heat + physical Date of:
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury 193 8 Mar 26
Where did injury occur? 2 mi. West of Downey on highway (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public highway
Manner of injury Auto. left highway
Nature of injury Multiple fractures, concussion

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Marion J. Kerns, M. D.
(Address) Malad

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

RECEIVED

MAR 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2066

Local Registrar's No. 10

DO NOT WRITE IN THIS SPACE

State File No. 108715

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Hatch Bissell

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lizzie Cissne

6. DATE OF BIRTH (month, day, and year): June IO I864

7. AGE — Years: 73 | Months: 9 | Days: I2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Self

10. Date deceased last worked at this occupation (mo. and yr.): Mar 1938

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Valpariso Indiana

FATHER

13. NAME: James Hatch Bissell

14. BIRTHPLACE (city or town) (State or country): Indiama

MOTHER

15. MAIDEN NAME: Sarah Rumsey

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Mae Bissell Oakland, California

18. BURIAL, CREMATION OR REMOVAL: Burial
Place Malad Idaho Date Mar 25 193 8

19. UNDERTAKER (Address): J. Guy Doman Malad Idaho

20. FILED Mar 28, 1938. M. J. Torna Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month and day): March 22 193 8

22. I HEREBY CERTIFY, That I attended deceased from March 6, 193 8, to March 22, 193 8.
I last saw him alive on March 22 193 8; death is said to have occurred on the date stated above, at 11:06 PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Death followed operation for toxic goiter.	
Other **contributory causes** of importance:	

Name of operation Removal of goiter Date of 3-22-38

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O. P. Gast M. D.
(Address) Malad, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108716

Registration District No. 26

Primary Registration District No. 2064

Local Registrar's No. 12

MAR 29 1938

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clinton Hendry Leavitt

(a) Residence. No. Malad Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): January 17 1913
7. AGE: Years 25 | Months 2 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Odd Jobs
10. Date deceased last worked at this occupation (mo and yr.): Oct 1937
11. Total time (years) spent in this occupation: 10

FATHER
12. BIRTHPLACE (city or town) (State or country): Ogden Utah
13. NAME: George H Leavitt

MOTHER
14. BIRTHPLACE (city or town) (State or country): Ogden Utah
15. MAIDEN NAME: Alice Isabell Henry
16. BIRTHPLACE (city or town) (State or country): Wellville Utah

17. INFORMANT (Address): Ray Leavitt Malad Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Malad Ida Rt I Date: Mar 30 1938 Burial
19. UNDERTAKER (Address): J. Ben Rees Malad Idaho.
20. FILED Mar 28 1938 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 27 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26 1938, to March 27, 1938. I last saw him alive on 3-27, 1938; death is said to have occurred on the date stated above, at 8:30 PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia with fracture of skull. Cut under neck probably contributed to death as well as internal injuries. Auto leaped 150 ft.	
Other **contributory causes** of importance	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to ext'l causes (**violence**) fill in also the following:
Accident, suicide or homicide? ..... Date of injury? 3-26 1938
Where did injury occur? 2 mi. West of Downey
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On highway
Manner of injury Auto left highway.
Nature of injury Cut & contusion of Neck

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) V. P. Gard M. D.
(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of Grandview
Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108717

Registration District No. 74
Primary Registration District No. 2151 Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vanita Kay Anderson (Vanita Kay Anderson)

(a) Residence No. Grandview, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/13/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grandview
(State or country) Idaho

FATHER

13. NAME Gerald K. Anderson
14. BIRTHPLACE (city or town) Florence
(State or country) Kansas

MOTHER

15. MAIDEN NAME Donna B. Basey
16. BIRTHPLACE (city or town) Nelson
(State or country) Nebraska

17. INFORMANT Mrs. Wert Basey
(Address) Grand View, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grand View, Ida Date 3/16/38, 193

19. UNDERTAKER Family and neighbors
(Address) Grand View

20. FILED 3/16/38, 193 Alice C. Erkenbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from Mar-13-, 193 8, to -March 16- 193 8
I last saw her alive on Mar-16 193 8: death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of heart from Birth & Bronchitis	
Other contributory causes of importance: Anemia during birth	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Isa Hooper, M. D.
(Address) Grandview, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gayette
City of Gayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108718

APR. 1 1938
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 20

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95b

2. FULL NAME Mr Madison Mills

(a) Residence No. Gayette, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6. DATE OF BIRTH (month, day, and year) Aug 15 1881.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoe shiner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2-23-38, 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kingsville.
(State or country) Missouri.

FATHER
13. NAME John Mills.
14. BIRTHPLACE (city or town) Toledo.
(State or country) Ohio.

MOTHER
15. MAIDEN NAME Mary Isley.
16. BIRTHPLACE (city or town)
(State or country) Alabama.

17. INFORMANT Margret M Nichols
(Address) Mountain View Cal

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Idaho Date 3-6-, 1938

19. UNDERTAKER Edith Funeral Home
(Address) Gayette Idaho

20. FILED 3/7/38, 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-6-1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 23-, 1938, to Mar 5-, 1938.
I last saw him alive on Mar 5- 1938: death is said to have occurred on the date stated above, at 12:20 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	Not known

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Payton, M. D.
(Address) Gayette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10879

APR 1 1938

Registration District No. 4
Primary Registration District No. 4008
Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Katie Rosenberger.

(a) Residence No. New Plymouth Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, and year): Dec 30 - 851

7. AGE — Years: 77 | Months: 2 | Days: 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Beardstown Ill.

FATHER

13. NAME: Fredrick Rosenberger
14. BIRTHPLACE (city or town) (State or country): Valley Virginia

MOTHER

15. MAIDEN NAME: Mary C. Watson
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): C. H. Rosenberger Fruitland Ida

18. BURIAL, CREMATION OR REMOVAL: Place New Plymouth Ida. Date 3-18-, 1938

19. UNDERTAKER (Address): Edrich Funeral Payette Ida

20. FILED 3/17/38, 19 J. E. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-16 1938

22 I HEREBY CERTIFY, That I attended deceased from March 9, 1938, to March 16, 1938.

I last saw h[illegible] alive on March 15 1938: death is said to have occurred on the date stated above, at 7:30A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	March 1, 38
Senility	

Other **contributory causes** of importance:

Chronic myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo E. Davis, M. D.
(Address) New Plymouth, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108720

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 23

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Murphy Skeen

(a) Residence No. Payette Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oliver Skeen

6. DATE OF BIRTH (month, day, and year) April 7 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indian Valley Idaho

FATHER
13. NAME Tom Murphy
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Elizabeth Woods
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Oliver Skeen
(Address) Payette Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Indian Valley Ida. Date 3-19-1938

19. UNDERTAKER Elliott Funeral Home
(Address) Payette Idaho

20. FILED 3/19/38, 193 J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1938, to Mar 17, 1938.
I last saw him alive on Mar 16 1938: death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	Cannot say
Other **contributory causes** of importance: Miscarriage	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of New Plymouth

APR 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108721

Registration District No. 4-1008.

Primary Registration District No. .....

Local Registrar's No. 24

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wesley N. Stalling.

(a) Residence No. New Plymouth Idaho. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alta Nelson Stallings.

6. DATE OF BIRTH (month, day, and year) 10-2-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Girrard
(State or country) I'll

FATHER

13. NAME J.C.Stallings.

14. BIRTHPLACE (city or town) .....
(State or country) not known

MOTHER

15. MAIDEN NAME Penola Black

16. BIRTHPLACE (city or town) .....
(State or country) not known

17. INFORMANT Mrs Alta Stallings
(Address) NEW PLYMOUTH, IDAHO.

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Idaho. Date 3-22-, 193 8

19. UNDERTAKER Glenn C Landon.
(Address) Payette, Idaho

20. FILED 3/22/38 193 ..... J.O.Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-20-193 8

22 I HEREBY CERTIFY, That I attended deceased from March 5, 193 8, to Mar 20, 193 8.

I last saw h.m. alive on Mar. 20 193 8: death is said to have occurred on the date stated above, at 9:40 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Mar. 1,38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C.C. Lavra M. D.

(Address New Plymouth, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of PAYETTE
City of PAYETTE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108722

APR 1 1938

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 25

(No.) 94

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MRS. MOLLIE PUGH METZ.

(a) Residence No. 603 N 6th. (Usual place of abode) Payette, Idaho St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. Evens Metz.

6. DATE OF BIRTH (month, day, and year) Feb 28-1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	-	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) I'll

FATHER

13. NAME Jacob Pugh.

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Addie Macy.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Dr. Scott Pugh
(Address) New Plymouth Ida. #I

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida Date 3-26-1938

19. UNDERTAKER Edith Landon
(Address) Payette, Idaho.

20. FILED 3/23/38 193 J. J. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-22-1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1936 to 3/22, 1938

I last saw her alive on 3-22 1938: death is said to have occurred on the date stated above, at 11-P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occusion	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. E. Pugh, M. D.
(Address) Payette. Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Am Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10872

Registration District No. 25
Primary Registration District No. 2022 Local Registrar's No. 12
(No. Schiltz Memorial Hospital)
If death occurred in a hospital or institution, give its name instead of street and number)
APR 7 1938

2. FULL NAME James A Hartley
(a) Residence No. Rockland Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Hartley

6. DATE OF BIRTH (month, day, and year) Sept 22 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	05	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Springfield Utah

FATHER
13. NAME Charles Hartley
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Liza
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Elmer Hartley
(Address) Rockland Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rockland Date 3-13, 1938

19. UNDERTAKER A.W. Davis
(Address) Am Falls Ida

20. FILED 3-12, 1938 Irene Baling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-10 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-31, 1938, to 3-9, 1938
I last saw h~~im~~ alive on 3-9 1938: death is said to have occurred on the date stated above, at 7:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Adenocarcinoma	
Intraabdominal	

Other **contributory causes** of importance:

None	

Name of operation ..... Date of .....
What test confirmed diagnosis? Biopsy Was there an autopsy? No Metastasis

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ~~If so, specify~~
(Signed) O. S. Leachman M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Power
City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108724

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 11
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Seelos

(a) Residence No. American Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Seelos.

6. DATE OF BIRTH (month, day, and year) Nov. 12 1857

7. AGE — Years: 80 | Months: 3 | Days: 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1936

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) — (State or country) Germany

FATHER

13. NAME Sebastian Seelos

14. BIRTHPLACE (city or town) — (State or country) Germany.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT George Seelos.
(Address) 1035 Lincoln Poca Ida

18. BURIAL, CREMATION OR REMOVAL
Place Am Falls. Date Mar 8, 1938

19. UNDERTAKER Am Dam
(Address) Am Falls Ida

20. FILED 3-8-, 1938 Frances Salzing
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 5 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 193 7, to March 5, 193 8
I last saw him alive on March 5 193 8: death is said to have occurred on the date stated above, at 3:00 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Chronic nephritis	
Arteriolar sclerosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. S. Leuchtman, M. D.
(Address) American Falls, Idaho

PLACE OF DEATH
County of Power
City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10725

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 13
(No. Schilt Memorial Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Danny E. Morgan
(a) Residence No. Am. Falls Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Mar. 8-1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	3	8 a.m.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Am. Falls, (State or country) Idaho.

FATHER
13. NAME Vaughn Morgan
14. BIRTHPLACE (city or town) Neeley (State or country) Idaho

MOTHER
15. MAIDEN NAME Idah Fifield
16. BIRTHPLACE (city or town) Rockland (State or country) Idaho.

17. INFORMANT Vaughn Morgan (Address) American Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Neeley, Ida Date Mar. 12, 1938

19. UNDERTAKER A. W. Davis
(Address) Am. Falls, Idaho

20. FILED 3-12, 1938 Irene Baling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 11 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-8, 1938, to 3-11, 1938
I last saw him alive on 3-11 1938: death is said to have occurred on the date stated above, at 8:20a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
bronchopneumonia	

Other **contributory causes** of importance:

Not known.	

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O S Zeschin, M. D.
(Address American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS BLANK IS TO BE FILLED FOR BINDING
MARGIN RESERVED FOR BINDING
IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108726

APR 12 1938

Registration District No. 1-2-3
Primary Registration District No. 2201 Local Registrar's No. 12
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Baby Gilliam
(a) Residence No. Wardner, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): ✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Mar. 25 1938

7. AGE: Years | Months | Days: about 1 day | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Kellogg
(State or country) Idaho

FATHER
13. NAME Russell Gilliam
14. BIRTHPLACE (city or town) Latah
(State or country) Wash.

MOTHER
15. MAIDEN NAME Hazel Randall
16. BIRTHPLACE (city or town) Troy
(State or country) Idaho

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date May 27 1938

19. UNDERTAKER P. S. Thornhill
(Address) Kellogg-Idaho

20. FILED 4-10, 1938 Mrs. Helen M. Price
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar. 26 1938 3pm

22 I HEREBY CERTIFY, That I attended deceased from 3-25, 1938, to 3-26, 1938
I last saw him alive on 3-25 1938: death is said to have occurred on the date stated above, at 2 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth (7th month)	3-25-38

Other **contributory causes** of importance:
(Caesarean section done mother placenta previa)

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Glenn McCarger M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg
Apr 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108727

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 13
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 D

2. FULL NAME Ike Corbeill
(a) Residence No. 111 W Mission Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. ~~Single~~, ~~Married~~, Widowed or ~~Divorced~~ (write the word): Widowed
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 74 | Months 3 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 10/37
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) Montreal (State or country) Quebec Can

FATHER
13. NAME Corbeill
14. BIRTHPLACE (city or town) no city (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Lance Corbeill (Address) Kellogg
18. BURIAL, CREMATION OR REMOVAL Place Kellogg Date MAR 30, 1938
19. UNDERTAKER P. J. Thornhill (Address) Kellogg Idaho
20. FILED Apr. 16, 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-28 1938
22 I HEREBY CERTIFY, That I attended deceased from 3-26, 1938, to 3-28-, 1938
I last saw him alive on 3-28 1938: death is said to have occurred on the date stated above, at 545 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral heart disease	1936
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Glenn McCaffery M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kingston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108728

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 14

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Phillip J. Bowman (Bauman)

(a) Residence No. .... Pinehurst Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. .... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Bertha

6. DATE OF BIRTH (month, day, and year): 9/29/51

7. AGE — Years: 86 | Months: 6 | Days: | If LESS than 1 day ..... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Christoff Bauman
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Shiplett (Address) Kingston Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Pinehurst Date: Apr. 1, 1938

19. UNDERTAKER: P. L. Thornhill (Address) Kellogg Ida

20. FILED: Apr. 10, 1938 Mrs. Fleda M. Bird Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/29 1938 5:30 PM

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1938, to March 29, 1938
I last saw him alive on Mar 14 1938: death is said to have occurred on the date stated above, at 5:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Old age.	
Other **contributory causes** of importance:	
Chronic myocarditis	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 1938....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108723

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Langlois

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 17 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberjack
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) So. Dak.

FATHER

13. NAME Joe Langlois
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Zoe Kemler
16. BIRTHPLACE (city or town) (State or country) So. Dak.

17. INFORMANT Louis Langlois
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date April 5, 1938

19. UNDERTAKER P. J. Thornhill
(Address) Kellogg, Idaho

20. FILED Apr. 10, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH. 4/2/38

21. DATE OF DEATH (month, day and year) April 2 1938 8:55 p.m.

22 I HEREBY CERTIFY, That I attended deceased from 4-2-38, to 4-2-38

I last saw him alive on 4-2 1938: death is said to have occurred on the date stated above, at 3:55 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute heart failure	4-2-38
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin McCoffen, M. D.
(Address Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan Hospital
Kellogg #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108730

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 17

APR 12 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wombolt - Sr

(a) Residence No. Sommers Flats St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 15, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	✓	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg
(State or country) Idaho

FATHER

13. NAME John Wombolt
14. BIRTHPLACE (city or town) Montana
(State or country)

MOTHER

15. MAIDEN NAME Josephine Minutt
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT John Wombolt
(Address) Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date April 5, 1938

19. UNDERTAKER P. F. Thornhill
(Address) Kellogg Idaho

20. FILED April 9, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 4, 1938 7:00 A.M.

22 I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to April 4, 1938
I last saw h.i.m. alive on April 4 1938: death is said to have occurred on the date stated above, at 7A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 1, 1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) A. F. Galloway M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108731

Registration District No. 70
Primary Registration District No. 101
Local Registrar's No. 27
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Hakem.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 54 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day Rock.
10. Date deceased last worked at this occupation (mo. and yr.) Mar 5-38
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends. (Address) Wallace Ida
18. BURIAL, CREMATION OR REMOVAL Place Wallace Ida Date Mar 9 1938
19. UNDERTAKER J.A. Bever (Wards) (Address) Wallace Ida.
20. FILED Mar 8, 1938 John Bover Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1938, to Mar 6, 1938
I last saw h— alive on Mar 6 1938: death is said to have occurred on the date stated above, at 8 a P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock	3-6-38
a Crushed R. Chest	"
b Fractured Left Humerus	"
c Ruptured right kidney	"
Other **contributory causes** of importance:	
Hit by automobile	"

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3-6-38
1938
Where did injury occur? County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Highway
Manner of injury see above
Nature of injury " "

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Hubert E. Bruebaker
(Address) Wallace, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10873

APR 7 1938

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 28
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Priska Jarvey
(a) Residence No. Pritchard, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Dr. Bean

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Mr. Lindquist
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Nonni
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Lew Jarvey
(Address) Pritchard, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kingston Date Mar 2, 1938

19. UNDERTAKER P. J. Thornhill
(Address) Kellogg Idaho

20. FILED Mar 19, 1938 John Burr
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 22, 1938, to Feby 27, 1938
I last saw her alive on Feby 27 1938: death is said to have occurred on the date stated above, at 12:40 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza a	Feby 10
Broncho pneumonia	Feby 20

Other **contributory causes** of importance:

Chr. Interstitial Nephritis	(years)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James R Bean, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

APR 7 1938

DO NOT WRITE IN THIS SPACE

State File No. 108735

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 29

(No. Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole Larson

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 86 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country) Sweden

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) .....
(State or country) Sweden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) .....
(State or country) Sweden

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida Date Mar 1, 1938

19. UNDERTAKER J A Beyer Wards
(Address) Wallace Ida.

20. FILED Mar 8, 1938 John Beyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 7 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.3., to March 7, 1938

I last saw him alive on Mar 6 1938; death is said to have occurred on the date stated above, at 5:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H C Lindsay M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

APR 7 1938

DO NOT WRITE IN THIS SPACE
State File No. 10873 5

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 30
(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlene Agnes St Arnaut

(a) Residence No. Cuthie Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 3 | Months 7 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butte Mont.
(State or country)

FATHER

13. NAME Arthur St Arnaut.

14. BIRTHPLACE (city or town) Butte Mont.
(State or country)

MOTHER

15. MAIDEN NAME Irene Thomas

16. BIRTHPLACE (city or town) Mich.
(State or country)

17. INFORMANT Arthur St Arnaut.
(Address) Cuthie Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Mar 10, 1938

19. UNDERTAKER J A Brown (Wards)
(Address) Wallace Ida.

20. FILED Mar 9, 1938 John Buck
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1938, to Mar 7, 1938

I last saw h[illegible] alive on Mar 7 1938; death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Sclerosis	
Lobar Pneumonia	7-10 days

Other contributory causes of importance: Influenza

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr W O Wahl, M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108736

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 32
(No.) Providence Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Veronica Gallagher

(a) Residence No. Burke Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 23-1910
7. AGE: Years 28 | Months 1 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burke Ida.
(State or country)

MOTHER FATHER
13. NAME Terrence Gallagher
14. BIRTHPLACE (city or town) Ireland
(State or country)
15. MAIDEN NAME Bridget Feeney
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Bridget Gallagher
(Address) Burke Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Coeur d'Alene Wash Date Mar 14, 1938

19. UNDERTAKER J A Bauer (ward)
Address Wallace Ida

20. FILED Mar 3, 1938 John Bauer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Mar 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1938, to March 10, 1938
I last saw h[illegible] alive on Mar 10 1938: death is said to have occurred on the date stated above, at 10:50 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicemia, Staphylococcic	Feb - 1938
Pneumonia, Bronchial	Feb 1938

Other **contributory causes** of importance:

Anemia, Secondary	Jan. 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood culture X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. F. Kinsch, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. cation

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108737

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 33

APR 7 1938

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Cain

(a) Residence No. near Wallace St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White. | 5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Catherine Cain

6. DATE OF BIRTH (month, day, and year) Nov 24 1894

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Joseph Cain
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rena Civerici
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rena Cain
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Mar 22 1938

19. UNDERTAKER J A Bean (ward)
(Address) Wallace Ida

20. FILED Mar 21, 1938 John Beer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 19 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19 1938, to 3/19/38, 1938
I last saw him alive on 3/19 1938: death is said to have occurred on the date stated above, at 10 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Silicosis	2 yr
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify 2545 a miner

(Signed) James R Bean, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108738

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 34

APR 7 1938

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert O Williams

(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Feb 2 1870

7. AGE: Years 68 | Months 1 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs Leslie Lampe
(Address) Burke Ida.

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Kellogg Ida. Date Mar 23 1938

19. UNDERTAKER J. A. Burr (Words)
(Address) Wallace Ida.

20. FILED Mar 22, 1938 John Burr
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1937, to March 20, 1938
I last saw him alive on March 11 1938: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis	
Other **contributory causes** of importance:	
Old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. L. Lindsay, M. D.
(Address) Kellogg Ida.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10873

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 35
(No. Co Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 1 1938

2. FULL NAME John Thomas

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 2 - 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Tender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Iowa Slavia

FATHER
13. NAME Not Known

14. BIRTHPLACE (city or town) .....
(State or country) Iowa Slavia

MOTHER
15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) .....
(State or country) Iowa Slavia

17. INFORMANT Hospital Records.
(Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date Mar 26, 1938

19. UNDERTAKER J. A. Bever (Wards)
(Address) Wallace Ida.

20. FILED Mar 25, 1938 John Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 23 1938

22 I HEREBY CERTIFY, That I attended deceased from February, 1938, to March 23rd 1938
I last saw him alive on March 22 1938: death is said to have occurred on the date stated above, at 4:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10874

Registration District No. 70
Primary Registration District No. 011
Local Registrar's No. 36

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ajalmar Lundholm

(a) Residence No. Mullan Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Wafford Lundholm
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Johanna Ylippa
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs Letha (Address) Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date Mar 27, 1938

19. UNDERTAKER J A Bower (words)
(Address) Wallace Ida.

20. FILED Mar 27, 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 23 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 8, to March 23 193 8

I last saw him alive on March 23 193 8: death is said to have occurred on the date stated above, at 6:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Silicosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Silicosis.
(Signed) Herbert E. Bonebrake M.D.
(Address) Wallace, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone,

City of Wallace

APR 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70

Primary Registration District No. 1011

(No.)

DO NOT WRITE IN THIS SPACE

State File No. 108741

Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Martin Congdon

(a) Residence No. Salida, Colo St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane Congdon

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phillipsburg
(State or country) Mont.

FATHER

13. NAME Issac N. Congdon

14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Martin

16. BIRTHPLACE (city or town) Allentown
(State or country) Pa.

17. INFORMANT Newton E. Congdon
(Address) 5617 Park Road, Seattle Wn

18. ~~BURIAL~~, CREMATION ~~REMOVAL~~
Place Seattle Date 2/26, 1938

19. UNDERTAKER L. E. Worstell
(Address) Wallace, Idaho.

20. FILED April 8, 1938 John Dwyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/22, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on 2/7 1938.; death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

Stomach Ulcer Duodenal Ulcer Chronic

Date of onset Jan.

Other contributory causes of importance:

Myocarditis Acute Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

~~Accident~~, suicide, ~~or~~ homicide? ~~Accident~~ Date of injury 2/22 193 8

Where did injury occur? Coeur d'Alene Lake
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Lake

Manner of injury Drowning

Nature of injury Accidental

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Georgeson Wallace Idaho

(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108742

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 38

APR 7 1938

(No. County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Park Meyers

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Co. Hospital Records (Address) Wallace Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace, Id Date 2/24, 1938

19. UNDERTAKER Worstell's (Address) Wallace, Id

20. FILED Apr 4, 1938 John Bwn Registrar.

MEDICAL CERTIFICATE OF DEATH.

2122/38

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 193 7, to Feb 22nd, 193 8
I last saw ~~him~~ alive on Feb 21 1938: death is said to have occurred on the date stated above, at 5 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10874

RECEIVED APR 11 1938

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. Burley Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Ogelby Robertson

(a) Residence No. 203 - 8th Ave No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~: Nellie Robertson

6. DATE OF BIRTH (month, day, and year): 7/15/1880

7. AGE — Years: 57 | Months: 8 | Days: 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (city or town) (State or country): Spanish Fork Utah

FATHER

13. NAME: Chas. O. Robertson
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Rachel Brinkall
16. BIRTHPLACE (city or town) (State or country): Spanish Fork Utah

17. INFORMANT (Address): Mrs Charles Robertson Burley, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Burley Date: 3/30, 1938

19. UNDERTAKER (Address): Evans & Johnson Burley, Ida. E. E. Johnson

20. FILED 3/30, 1938 Anastasia Milner Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/28 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/27, 1938, to 3/28, 1938
I last saw h~~im~~ alive on 3/28 1938 death is said to have occurred on the date stated above, at 6:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/27/38
Other contributory causes of importance:	
Head Injury	1920

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Galen A. Worsley M.D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108744

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No. 1070
(No. Buhl Hospital & clinic
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leslie Franklin Hardwick
(a) Residence No. Buhl Hospital and Clinic St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Anna Pryor
6. DATE OF BIRTH (month, day, and year): June 10, 1866
7. AGE: Years 71 | Months 9 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad
10. Date deceased last worked at this occupation (mo. and yr.): 1923
11. Total time (years) spent in this occupation: 21

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: S. Gelson Tilley
(Address): Buhl, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl, Ida. Date: Mar. 25, 1938

19. UNDERTAKER: B. T. Albertson
(Address): Buhl, Idaho

20. FILED: 3 | 24 | 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/22 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/21/38, 193..., to 3/22/, 193 8
I last saw h~~im~~ alive on 3/22 193 8: death is said to have occurred on the date stated above, at 4:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/18 8
	1/2

Other **contributory causes** of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John W Wurster M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl
R. F. D.

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108745

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 186

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm H. Read

(a) Residence No. Buhl R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Minnie Read

6. DATE OF BIRTH (month, day, and year): 3/23/38

7. AGE — Years: 78 | Months: 1 | Days: 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Barnac N.Y.

FATHER

13. NAME: Firman Read
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Estelia Hobert
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs Minnie Read Buhl Ida

18. BURIAL, CREMATION OR REMOVAL — Place: Buhl Date: 3/27, 1938

19. UNDERTAKER (Address): Evans & Johnson Buhl Ida L.D. Johnson

20. FILED 3/27, 1938 Arnold Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/23 1938

22 I HEREBY CERTIFY, That I attended deceased from March 10th, 1938 to March 23d 1938
I last saw him alive on March 10 1938: death is said to have occurred on the date stated above, at 10 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	

Other **contributory causes** of importance:

Fracture hip	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, Specify

(Signed) H. E. Lamb, M. D.
(Address) Twin Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108746

1st APR 11 1938

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. Buhl-Ida R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archie D Scrivner

(a) Residence No. Buhl-Ida R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Jan 26 1866

7. AGE: Years 72 | Months 1 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): MO —

FATHER
13. NAME: no Info

14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: no Info

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: A. D. Scrivner
(Address): Buhl Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Buhl-Ida. Date 3-14, 1938

19. UNDERTAKER: S. E. Phillips
(Address): Twin Falls Ida.

20. FILED 3/14, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3-9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to Jan 2, 1938
I last saw him alive on Jan 2 1938: death is said to have occurred on the date stated above, at 4:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance: Generalized Arteriosclerosis Chronic Interstitial Nephritis Senility

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. St. McBratney M. D.
(Address) Buhl Idaho

PLACE OF DEATH
County of Twin Falls
City of Buhl
R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108747

APR 11 1938

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Charles Pierce

(a) Residence No. St.
(Usual place of abode) 22 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Amy Pierce

6. DATE OF BIRTH (month, day, and year): 11/26/1861

7. AGE: Years 76 | Months 3 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Centerville Ind.
(State or country)

FATHER
13. NAME: David Charles Pierce Sr.
14. BIRTHPLACE (city or town) New York.
(State or country)

MOTHER
15. MAIDEN NAME: Sally Lindsey.
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT: Mrs Nellie McKibben
(Address) Filer

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date 3/15, 1938

19. UNDERTAKER: Evans & Johnson
(Address) Buhl L Johnson

20. FILED 3/14, 1938 anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/12 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Mar 12, 1938
I last saw alive on 3-11 1938: death is said to have occurred on the date stated above, at 1:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of pylorus	Nov 37
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** no injury
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. L. Berry, M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108748

Registration District No. 37
APR 12 1938
Primary Registration District No. 2085
Local Registrar's No. 41

(No.) Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Antonio Losada

(a) Residence No. Murtaugh, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosa Lamma Losada

6. DATE OF BIRTH (month, day, and year) 7/7/1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	7	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer-Sheep
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orenzi,
(State or country) Spain

FATHER
13. NAME Benjamin Losada
14. BIRTHPLACE (city or town)
(State or country) Spain

MOTHER
15. MAIDEN NAME Rosaea Losada
16. BIRTHPLACE (city or town)
(State or country) Spain

17. INFORMANT Cristana Moline
(Address) Murtaugh, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem Date 3/3/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 3-3-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/1/1938

22 I HEREBY CERTIFY, That I attended deceased from December 16, 1936, to 3/1/, 1938
I last saw him alive on 2/28/ 1938: death is said to have occurred on the date stated above, at 1:00a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobular Bilateral type	Jan. 14-1938
Other contributory causes of importance:	
Myocarditis, Chronic	1926
Nephritis chr. interstitial	1927

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 1938
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Beyma, M. D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10874

APR 12 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 43
(No. Twin Falls, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

173

2. FULL NAME Harry Edward St. John

(a) Residence No. Payette, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Genieve St John

6. DATE OF BIRTH (month, day, and year) Sept. 24, 1890

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	47	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Unk.
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) Thorp
(State or country) Washington

FATHER

13. NAME Alfred St John
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER

15. MAIDEN NAME Elmira Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Mrs. Ralph McClure
(Address) Hailey, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Filer Cem. Date 2/5, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 2-5-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/2/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.. l.m alive on ..... 193.....: death is said to have occurred on the date stated above, at 10 P.M. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wounds inflicted by an Officer in the performance of Legally authorized Duty & Law	3/2/38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Exam & request Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Justifiable Homicide Date of injury 3/2/38 193.....
Where did injury occur? Carey'y on Wood
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Gunshot wound
Nature of injury as above

24 Was disease or injury in any way related to occupation of deceased? No If so, specify. Coroner

(Signed) Geo. C. Talley, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twi n alls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108750

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 44

APR 12 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

173

2. FULL NAME Gorden Lee St Johns

(a) Residence No. ..... Twinn Falls St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Malse	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1936

6. DATE OF BIRTH (month, day, and year) July 16

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Idaho

MOTHER FATHER

13. NAME [illegible] St Johns

14. BIRTHPLACE (city or town) York
(State or country) Washington

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Ethyl Crawford
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Memorial Park Date March 6, 1938

19. UNDERTAKER Fred P Drake
(Address) Twin Falls

20. FILED 3-7-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/2 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wounds	
By a 32 Caliber Revolver	
Fired By Harry Edward	
St John - perforating	
abdomen Left Lung & 13th D Ribs	
Entered	
Other contributory causes of importance:	
Superficial bullet	
wound Rt axilla	

Name of operation None Date of .....

What test confirmed diagnosis? Exam. & recovery Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 3/2/38

193.....

Where did injury occur? Twin Falls County
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Home

Manner of injury Bullet wounds

Nature of injury Murdered by father

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo A Staley M. D.

(Address Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 108751

Apr 12 1938

Registration District No.
Primary Registration District No. 2085
Local Registrar's No. 45

(No. Home Filer)
(If death occurred in a hospital or institution, give its name instead of street and number)

1078

2. FULL NAME Shirley Mae Ault

(a) Residence No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb, 8, 38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
...	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME G M Ault

14. BIRTHPLACE (city or town) Owatonna
(State or country) Minn

MOTHER

15. MAIDEN NAME Anna Wilson

16. BIRTHPLACE (city or town) Hailey
(State or country) Idaho

17. INFORMANT G M Ault
(Address) Filer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Mar. 8, 1938

19. UNDERTAKER Fred L. Drake
(Address) Twin Falls

20. FILED 3-8-, 1938 J. Swindler
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-6 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 2, 1938, to Mar 6, 1938
I last saw h[illegible] alive on Mar 6 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	
Filar,	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Waldo B. Sandelius M. D.
(Address 228 Main Ave So

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108752

RECEIVED
APR 12 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 46

(No. T.F. County Farm)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Henry Burk

(a) Residence No. T.F. County Farm St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 3-16-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknwon

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT T.F. County Farm (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Ida. Date 3-8, 1938

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 3-8-, 1938 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-5 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938, to Mar 3, 1938
I last saw him alive on 3-2 1938: death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver & kidneys.	Unknown

Other **contributory causes** of importance:

Chronic Nephritis	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ~~ext'l~~ causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. T. Parkinson M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108753

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 47

AUG 12 1938

(No. 424 6th Ave W)

(If death occurred in a hospital or institution, give its name instead of street and number)

95b 2

2. FULL NAME Mrs. Lola Underwood

(a) Residence No. 424 6th Ave W St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas. R. Underwood

6. DATE OF BIRTH (month, day, and year) 8-12-1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weston
(State or country) Idaho

FATHER

13. NAME Marion Fifield

14. BIRTHPLACE (city or town)
(State or country) Maine

MOTHER

15. MAIDEN NAME Lucy Hardy

16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Chas. R. Underwood
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 3-8, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED Mch. 10, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-4 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to 3-4, 1938

I last saw her alive on Jan 10. 1938: death is said to have occurred on the date stated above, at 12:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	
Other **contributory causes** of importance:	
old age -	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. A. Knaebel, M. D.

(Address) Twin Falls, Idaho

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108754

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 48

(No.) Twin Falls Co. Gen. Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Richard Irwin

(a) Residence No. 261 Harrison St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 3-8-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Carlton G. Irwin

14. BIRTHPLACE (city or town) Riggins
(State or country) Idaho

MOTHER

15. MAIDEN NAME Lorena Beckwith

16. BIRTHPLACE (city or town) Columbus
(State or country) Nebraska

17. INFORMANT C.G. Irwin
(Address) 261 Harrison St.

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date 3-11, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3-10-, 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-10-1938

22 I HEREBY CERTIFY, That I attended deceased from 3-7-38, 193..., to 3-10-, 193..., I last saw him alive on 3-7-, 193.8.: death is said to have occurred on the date stated above, at 6:30 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature (2 mos.)	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108755

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

123

2. FULL NAME John Dafter

(a) Residence / No. County Farm St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 23 1863

7. AGE: Years 75 | Months 1 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Near Bardstown Kentucky

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Louis Brown Los Angeles, Calif.

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Creek Date March 14, 193[illegible]

19. UNDERTAKER (Address): Fuge Drake Twin Falls

20. FILED 3-15-, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): March 6 193[illegible]

22 I HEREBY CERTIFY, That I attended deceased from 3-9, 193[illegible], to 3-11, 193[illegible]
I last saw him alive on 3-9- 193[illegible]: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Decay	Unknown
Other **contributory causes** of importance:	
Senility (chronic)	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. T. Parkinson M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls / Filer
City of Twin Falls

APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 108756

Local Registrar's No. 50

(No. None)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME T D Wilson

(a) Residence No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Anna Wilson

6. DATE OF BIRTH (month, day, and year): Dec. 3 1872 L8

7. AGE: 65 Years | 2 Months | 4 Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Tyrone Penn.

FATHER

13. NAME: Chase Wilson
14. BIRTHPLACE (city or town) (State or country): Tyrone? Penn.

MOTHER

15. MAIDEN NAME: Anna Miur
16. BIRTHPLACE (city or town) (State or country): Tyrone, Penn.

17. INFORMANT: Mrs Anna Wilson
(Address): Filer Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Filer, Ida. Date: Mar. 15., 1938

19. UNDERTAKER
(Address): Fred DRake Twin Falls Ida.

20. FILED: 3-15-38 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/12 1938

22 I HEREBY CERTIFY, That I attended deceased from October, 1938, to March 12, 1938
I last saw h. him alive on March 12 1938: death is said to have occurred on the date stated above, at 4:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Chronic glomerulo nephritis	1934
2. Malignant Hypertension	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James W. Creed, M. D.
(Address) Box 102, Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

I

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

(No. .....)

DO NOT WRITE IN THIS SPACE

State File No. 108757

Local Registrar's No. 51

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irvin William Lane

(a) Residence No. Twin Falls Ida. St. 604 Blue Lakes Bl

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Irwin Lane

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Garnett, Kansas
(State or country)

FATHER

13. NAME William Lane

14. BIRTHPLACE (city or town) Garnett, Kansas
(State or country)

MOTHER

15. MAIDEN NAME Jane Nulty

16. BIRTHPLACE (city or town) Garnett, Kansas
(State or country)

17. INFORMANT Mrs Irwin Lane
(Address) Twin Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sunset Park Date March 17, 1938

19. UNDERTAKER Fred E. DRake
(Address) Twin Falls

20. FILED 3-17, 1938 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1938, to March, 1938

I last saw h[illegible] alive on 3-14 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	2-20-38
Other **contributory causes** of importance:	
Hebroid Tuberculosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108758

APR 12 1938

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 52
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Antone Slager

(a) Residence No. Rexburg, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Mexican	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT E.F. Prater (Sheriff)
(Address) Twin Falls, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 3/17/, 1938
19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho
20. FILED 3/17/, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/15 1938
22 I HEREBY CERTIFY, That I attended deceased from 3/14/, 1938, to 3/15/, 1938
I last saw him alive on 3/15/ 1938: death is said to have occurred on the date stated above, at 9:50p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	Sudden
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108753

Registration District No. 37
Primary Registration District No. 2085
(No. Twin Falls Precinct Code)
Local Registrar's No. 53

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Berba Lee Cox

(a) Residence No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14, 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
—	—	1	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME C E Cox
14. BIRTHPLACE (city or town) Grant
(State or country) Virginia

MOTHER
15. MAIDEN NAME Edna Lee Clark
16. BIRTHPLACE (city or town) Cedar Creek
(State or country) Idaho

17. INFORMANT C E Cox
(Address) Filer

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer Date Mar 21, 1938

19. UNDERTAKER Fred E Drake
(Address) Twin Falls

20. FILED 3-24, 1938 J Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-19 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1938 to Mch. 19, 1938

I last saw her alive on Feb 19, 1938: death is said to have occurred on the date stated above, at 12 30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-18-38

Other **contributory causes** of importance:

None

Name of operation None Date of None
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Laymon M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 108760

Local Registrar's No. 54

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME John Robert Ellingford

(a) Residence No. Rural Route #3 Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Maude Ellingford

6. DATE OF BIRTH (month, day, and year) 11/23-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Essex,
(State or country) England

FATHER
13. NAME Samuel Ellingford
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Eliza Gower
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. Rosa Waters
(Address) Cedar City, Utah

18. BURIAL, ~~CREMATION~~, Place Sunset Memorial Park Date 3/21/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 3-22-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/19 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-25, 1938, to 3/19/, 1938
I last saw him alive on 3/19/, 1938: death is said to have occurred on the date stated above, at 11:50p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombo Angitis Obliterans Left Leg	Jan. 29-38
Other contributory causes of importance:	
Arteria Sclerosis	10 yrs.
Myocarditis, Chronic	5 yrs.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Seymer, M. D.
(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Apr 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108761

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 55

(No.) Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

1862

2. FULL NAME Y. Arrascada

(a) Residence No. Shoshone St. South Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Basque	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Facunda Arrascada

6. DATE OF BIRTH (month, day, and year) 9/24-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Beer Parlor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ea,
(State or country) Spain

FATHER
13. NAME Lucas Arrascada
14. BIRTHPLACE (city or town)
(State or country) Spain

MOTHER
15. MAIDEN NAME Juana Arrizubieta
16. BIRTHPLACE (city or town)
(State or country) Spain

17. INFORMANT Enos Arrascada
(Address) Elko, Nevada

18. BURIAL, CREMATION OR REMOVAL
Winnemucca, Nev. Date 3/22/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED 3-22-, 1938 J. O. Runshaw
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/21 1938

22 I HEREBY CERTIFY, That I attended deceased from January 26, 1938, to 3/21/, 1938
I last saw him alive on 3/20/ 1938: death is said to have occurred on the date stated above, at 1:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis Chronic Syphilis	unknown

Other contributory causes of importance:

Accidental Laceration Head with Infection Secondary Staphylococcus	Jan. 26-1938

Name of operation Suture Laceration Date of Jan. 26-1938
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan. 26, 1938
Where did injury occur? Twin Falls, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place In Place of Business
Manner of injury Fall - Injury to Head
Nature of injury Laceration Scalp

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Bayne, M. D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Apr 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108762

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 56
(No. Suburban Maternity Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Colleen C. Day

(a) Residence No. Twin Falls R.R.#2-Twin Falls, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/10/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER
13. NAME John P. Day
14. BIRTHPLACE (city or town) Ellensburg,
(State or country) Wash.

MOTHER
15. MAIDEN NAME Catherine Owens
16. BIRTHPLACE (city or town) Denver,
(State or country) Colo.

17. INFORMANT John P. Day
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Memorial Date 3-21-, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 3-19-, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/19/1938

22 I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to March 18, 1938
I last saw her alive on 3/18/ 1938: death is said to have occurred on the date stated above, at 5:30p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Hemolytic Anemia	3/10/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? clin. Was there an autopsy? Feb.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. M. Davis, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108763

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 57

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Twin Falls Co. Gen'l. Hosp)

2. FULL NAME Charles Emerson Edwards

(a) Residence No. Burke, R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Lita Edwards

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 66 | Months 6 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penn York

FATHER
13. NAME: Wm Edwards
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Jean Edwards
(Address) Durango. Colo

18. BURIAL, CREMATION OR REMOVAL
Place: Burke Date: 3/24/1938

19. UNDERTAKER: Evans & Johnson
(Address) Burke Idaho

20. FILED 3/23/1938
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 3/22/1938

22 I HEREBY CERTIFY, That I attended deceased from 2-6-21, 193.., to Mar. 22, 193.8

I last saw him alive on Mar 22 1938: death is said to have occurred on the date stated above, at 2:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Right Purulent Empyema	3-5-38
2. Lobar Pneumonia, RU	2-21-38
Other contributory causes of importance:	

Name of operation Incision-drainage Date of 3-6-38
What test confirmed diagnosis? Pus Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. H. Anderson, M. D.
(Address) Burke, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108764

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 58

(No. Apt 116 - Reed Apts)
(If death occurred in a hospital or institution, give its name instead of street and number)

1317

2. FULL NAME Alfred O. Madland

(a) Residence No. Apt 116 - Reed Apts St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~Mrs.~~ Mrs. Mildred Madland

6. DATE OF BIRTH (month, day, and year) 1-5-1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Life Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Stabanger
(State or country) Norway

FATHER

13. NAME Ole Madland
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER

15. MAIDEN NAME Carena --
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Mrs. Mildred Madland
(Address) Apt 116 - Reed Apts

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls - Ida. Date 3- 20, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3-25-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-17 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1936, to March 17, 1938
I last saw h im alive on Mar 17 1938: death is said to have occurred on the date stated above, at 9:43P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstical Nephritis	1935
Uremic acid Poison Mar	16, 1938

Other contributory causes of importance:

Cerosis of liver
Enlarged heart
High Blood Pressure

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Floyd Ham, M. D.
(Address Twin Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108765

PLACE OF DEATH
County of Twin Falls
City of Twin Falls APR 12 1938
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 59

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Wealthy Green

(a) Residence. No. 236-3 No Twin Falls St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1902-7-10

7. AGE	Years	Months	Days	If LESS than 1 day,
	35	8	14	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dairy wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

PARENTS
10. NAME OF FATHER Wm. Bailey Lake
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ogden Utah
12. MAIDEN NAME OF MOTHER Mary M. Barnes
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Cottonwood Utah

14. Informant Austin O. Green
(Address) 236-3 No Twin Falls Idaho

15. Filed 4-25-, 1938. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 24th 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13th, 1938, to March 24, 1938, that I last saw h alive on March 24th, 1938, and that death occurred, on the date stated above, at 3-05 P m.

The CAUSE OF DEATH* was as follows:
General Peritonitis
(duration) yrs. mos. 8 ds.
CONTRIBUTORY (Secondary) Partial obstruction of bowel
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? Yes Date of March 15-38
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. E. Lamb M. D.
March 24th 1938 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
St Anthony Ida	March 28 '38
20. Undertaker	Address
Wm Hansen	St Anthony Ida

should state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instruction on back of certificate.
TION is very important.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

APR 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108766

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 60

(No. Twin Falls Co Gen Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

17 1a

2. FULL NAME Dennis A. Dunahee

(a) Residence No. 395 Buchanan St St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXX~~ Mrs. Alice Dunahee

6. DATE OF BIRTH (month, day, and year) 8-9-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME John M. Dunahee
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Sarah E. Cramer
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs. Alice Dunahee
(Address) 395 Buchanan St - City

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 3-24, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3-30, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-22 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-18, 1938, to 3-22, 1938
I last saw him alive on 3-22 1938: death is said to have occurred on the date stated above, at 1:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Embolism - Coronary	3-22-1938
Other **contributory causes** of importance:	
Appendicitis acute gangrenous.	3-18-38

Name of operation Laparotomy Date of 3-19-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Charles B. Baymer, M. D.
(Address Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108767

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 61
(Twin Falls General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Harley Eaton
(a) Residence No. Castleford, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Mrs. Margaret Eaton

6. DATE OF BIRTH (month, day, and year) 3-7-1913

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	25	-	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Redstar
(State or country) Arizona

FATHER
13. NAME John Eaton
14. BIRTHPLACE (city or town) Redstar
(State or country) Arizona

MOTHER
15. MAIDEN NAME Stella McFarland
16. BIRTHPLACE (city or town) Redstar
(State or country) Arizona

17. INFORMANT Walter Eaton
(Address) Castleford, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 3-29, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3-30-, 1938 J. Rumsey
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-26 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-18, 1938, to 3-26, 1938
I last saw him alive on 3-26 1938: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of lung	8 days
Other contributory causes of importance:	
Lobar Pneumonia	8 days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ~~ext~~er'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred ~~in industry~~, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) G. C. Parkinson M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Valley

City of Smith Ferry Idaho

RECEIVED

APR 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10876

Registration District No. 15

Primary Registration District No. ____ Local Registrar's No. 3

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Manson Lathrop

(a) Residence No. ____ St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/2/1851

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Pennsylvania
(State or country)

FATHER

13. NAME Wm Lathrop

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Frank Lathrop
(Address) Smith Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Alpha Cem. Date Mar. 20th 193 8

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED Mar 19, 193 Myrtle M. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/14 1938

22 I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to Mar 14, 1938

I last saw him alive on May 6 1938: death is said to have occurred on the date stated above, at 10 pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	not known
Arteria sclerosis	

Other **contributory causes** of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193...

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓

Manner of injury ✓

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. L. Reynolds, M. D.

(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Midvale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108769

APR 16 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 59
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dwane Hicks Towell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) 4/II/38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			I	8 hrs. 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** none

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Midvale Idaho

MOTHER FATHER

13. NAME Warren Hicks Towell

14. BIRTHPLACE (city or town) (State or country) Midvale Idaho

15. MAIDEN NAME Leota Lillian Williamson

16. BIRTHPLACE (city or town) (State or country) Midvale

17. INFORMANT Warren Hicks Towell
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Date , 193..

19. UNDERTAKER
(Address)

20. FILED 4/14-38 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/I2/38

22. I HEREBY CERTIFY, That I attended deceased from 3/II/38, 193.., to 4/I2/38, 193..
I last saw him alive on 4/II/38, 193...: death is said to have occurred on the date stated above, at 2:15 P. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
7 Month Gestation	

Other **contributory causes** of importance:

unknown	

Name of operation 0 Date of 0
What test confirmed diagnosis? clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 193.
Where did injury occur 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) [signature], M. D.
(Address) Emmett, Ida.

Coal

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10870

Registration District No. 86
Primary Registration District No. 1212 Local Registrar's No. 10
(No. 1538)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ina J. Hiet

(a) Residence No. Weiser River Jeffery School St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of George R. Hiet

6. DATE OF BIRTH (month, day, and year) Nov 29-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Lee Hiet
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Barr. Cty Date 3-24-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Apr 8, 1938 Maria Hartman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-26-1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 193~~7~~, to March 20, 1938
I last saw h~~er~~ alive on March 20 1938; death is said to have occurred on the date stated above, at 2:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 20 1938
Hypertension	1934
Chronic Myocarditis	1934
Other contributory causes of importance:	
Lobar Pneumonia	Dec 1937

Name of operation None Date of
What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. M. Coats M. D.
(Address) Weiser Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Curtis

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108771

Registration District No. 86
Primary Registration District No. 1018 Local Registrar's No. 9
(No. Weiser Genl Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 11 1938

2. FULL NAME Jessie Duesenberry

(a) Residence No. 1271 West 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) May Duesenberry

6. DATE OF BIRTH (month, day, and year) 5-6-1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	10	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour Mill
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER
13. NAME George Duesenberry
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Sarah McClair
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT May Duesenberry
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Date 3-16-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED March 16, 1938 Marie Hawthorn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-14-1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1935, to March 14, 1938
I last saw h. alive on March 14 1938: death is said to have occurred on the date stated above, at 1 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Thrombosis of both Art., cerebral, kidney, and Adrenal	March 4
Hypertension	?

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. Curtis, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Schultz

DO NOT WRITE IN THIS SPACE
State File No. 108772

Registration District No. 86
Primary Registration District No. 1050 Local Registrar's No. 8
(No. Little Flower Hospt.)
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 11 1938

2. FULL NAME Mrs. Viola Smith

(a) Residence No. 110 St. Little Flower Hospital
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wh	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of R. W. Smith

6. DATE OF BIRTH (month, day, and year) Dec. 6-1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	11	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME Charles T. Long
14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER
15. MAIDEN NAME Dora Viola Stumph
16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMANT Beulah Long Brown
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Date 4-7-, 1938

19. UNDERTAKER L. B. Northam
(Address) Weiser Idaho

20. FILED Apr 8, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-6-1938

22 I HEREBY CERTIFY, That I attended deceased from 3-1-, 1938, to 3-6-, 1938
I last saw her alive on 3-5- 1938: death is said to have occurred on the date stated above, at 7 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Pneumonia	3-2-38
Other **contributory causes** of importance:	
Chronic Myocarditis	3-2-38
Chronic Bronchitis	3-2-38

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. Schmitz, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108773

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 33

APR 1 1938

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

84

2. FULL NAME Frank Kelleane

(a) Residence No. ... St. Grangeville - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Marie Kelleane
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Columbus, Ohio.
(State or country)

FATHER

13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER

15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records, State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 4-5, 1938

19. UNDERTAKER Glen Gilbert
(Address) Grangeville

20. FILED 4-4, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 3 1938

22 I HEREBY CERTIFY, That I attended deceased from March 25, 1938 to April 3, 1938
I last saw him alive on April 2 1938: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Senile psychosis	
D.V.Pneumonitis - left lower - Chronic	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John Irvine McElwain M. D.
(Address) Orofino - Idaho.

COPY.

108774

PLACE OF DEATH

County of ADA

City of BOISE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108774

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 28

(No. Route 1, Boise)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William I. Rounds

(a) Residence No. Route 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Melzie Rounds

6. DATE OF BIRTH (month, day, and year) 1-28-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clarinda, Iowa
(State or country)

FATHER

13. NAME Charles W. Rounds

14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER

15. MAIDEN NAME Cora Eliz. Andrews

16. BIRTHPLACE (city or town) Missouri Valley,
(State or country) Iowa

17. INFORMANT Mrs. J. D. Poole
(Address) Ogden, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-15, 1938

19. UNDERTAKER Wm. McBratney
(Address) Boise

20. FILED 3-14, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-12 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 12:45A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause of Death unknown other than natural	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. T. McCann, Coroner, M. D.

(Address Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102775

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 60
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd N. Kessey

(a) Residence No. 802 Montana Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, and year) 3/9/1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sporting goods dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.) 4/ 1938
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Alton, Iowa (State or country)

FATHER

13. NAME Nels Kessey
14. BIRTHPLACE (city or town) Norway (State or country)

MOTHER

15. MAIDEN NAME Anna Johnson
16. BIRTHPLACE (city or town) Wisconsin (State or country)

17. INFORMANT Mrs. Marie Kessey
(Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date 4/20, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED April 18, 1938 E. C. Kinnear
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 17, 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1937, to April 17, 1938
I last saw him alive on April 17 1938: death is said to have occurred on the date stated above, at 10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Heart disease	
Other **contributory causes** of importance:	
Chronic Bronchitis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. D. Sturgess M. D.
(Address) Coeur d'Alene, Idaho

108775

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 60

APR 19 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lloyd M. Kerser

(a) Residence No. 802 Montana Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, and year) 3/9/1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spring Beds Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.) 4/1938
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Alton, Iowa
(State or country)

MOTHER FATHER
13. NAME Mels Kerser
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Anna Johnson
16. BIRTHPLACE (city or town) Wisc.
(State or country)

17. INFORMANT Mrs. Marie Kerser
(Address) Coeur d'Alene

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane Wn. Date 4/20, 1938

19. UNDERTAKER Mowry Mortuary
(Address) Coeur d'Alene

20. FILED April 18, 1938 L. C. Trotter M.D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/17 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937, to April 17, 1938
I last saw h-is alive on April 17 1938: death is said to have occurred on the date stated above, at 10:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary heart disease	
Other **contributory causes** of importance:	
Chronic bronchitis	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) Howard J. Lemp, M. D.
(Address Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

KOOTENAI COUNTY HEALTH UNIT

In Cooperation with the State of Idaho Division of Public Health

COEUR D'ALENE, IDAHO

April 25, 1938

Mrs.Pearl Dillingham
Registrar of Vital Statistics
Division of Public Health
Boise, Idaho

Dear Mrs. Dillingham:

Notice reached this office today of an error in the age and birth date as recorded on the death certificate of Mr, Floyd N. Kessey. The year 1891 should correctly read 1890, which brings the age to 48 instead of 47, as first given.

We are enclosing a new original together with the two certified copies which you prepared for us so promptly last week.

Yours very truly,

L C Krotcher MD.

L. C. Krotcher,M. D.
Director

Encl.

108776

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108776

Registration District No. 123
Primary Registration District No. 5201 Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Milo Vidas

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Drezgnik-Jugoslavia

FATHER
13. NAME Antone Vidas
14. BIRTHPLACE (city or town) (State or country) Jugo Slavia

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) No Data

17. INFORMANT Frank Baird
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date April 6 1938

19. UNDERTAKER P. J. Shanahan
(Address) Kellogg Idaho

20. FILED Apr. 10 1938 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH. apr. 1, 1938

21. DATE OF DEATH (month, day and year) 4:00 pm 193

22 I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to April 1, 1938

I last saw him alive on April 1st 1938: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	March 23.
Other **contributory causes** of importance:	
Silicosis	?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner & Silicosis
(Signed) Leon R. Kaufman, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

108777

DO NOT WRITE IN THIS SPACE
108777
State File No.

PLACE OF DEATH

County of Bannock

City of Lava Hot Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 14

MAR 21 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willis Elmer Lake

(a) Residence. No. Lava Hot Springs Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie E Lake

6. DATE OF BIRTH (month, day, and year): Feb 12, 1876

7. AGE — Years: 62 | Months: 1 | Days: 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Restaurant

10. Date deceased last worked at this occupation (mo. and yr.): 2-1-38

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: Harry Lake

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Margaret James

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Susie E Lake

18. BURIAL, ~~CREMATION OR REMOVAL~~: Pocatello Ida Date 3-23-1938

19. UNDERTAKER (Address): Hall Pocatello

20. FILED Apr. 20-1938 Mrs. G. G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1938 to March 19, 1938.

I last saw him alive on March 19, 1938; death is said to have occurred on the date stated above, at 3-A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tumor	
mass	
detected	
about	
2-1-38	
Other **contributory causes** of importance: Leprosuria	Detected
	about
	2-1-38

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If ~~so~~ specify .....

(Signed) W. R. Draper, M. D.

(Address) Lava Hot Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Answering question 23 The Deceased had an injury which occured by his falling into a pit in a public place. As there is a lawsuit pending in this matter it is here mentioned but no commitment made on either side. Trauma is admitted as one cause of Carcinoma, and also of glycosuria. Whether or not the trauma sustained in this accident had to do with the Carcinoma or glycosuria I cannot state.

W L Frazier MD

(over)

Dear Mrs. Dillinghams: —

I had quite a time getting this report. I am also enclosing this letter of his, so you may have all of the information that he gave.

Mrs. G. G. Fitz

Almira

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108778

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 42

APR 2 1938

(No. 932)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William James Hawkins

(a) Residence No. Route #3, Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella Mae Hawkins

6. DATE OF BIRTH (month, day, and year) 6-14-1868

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Ontario,
(State or country) Canada

FATHER

13. NAME Richard Hawkins

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Ann Hopkins

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Ella Mae Hawkins
(Address) Route #3, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date 4-20-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-2-, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/18 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec, 1937, to 4/18, 1938

I last saw h— alive on 4/5 1938: death is said to have occurred on the date stated above, at —a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs.
Other **contributory causes** of importance:	
Senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) F. W. Allmond M. D.

(Address Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK. SERVED FOR BINDING
THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108779

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 73
(No. Pocatello General Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alan Ramsey McPherson

(a) Residence No. 920 North Hayes St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy W. McPherson

6. DATE OF BIRTH (month, day, and year) June 8 1882

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	10	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. business manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montreal
(State or country) Canada

FATHER
13. NAME Thomas Wheton McPherson
14. BIRTHPLACE (city or town) Montreal
(State or country) Canada

MOTHER
15. MAIDEN NAME Anna Hamilton
16. BIRTHPLACE (city or town) unknown
(State or country) unknown

17. INFORMANT Lucy W. McPherson
(Address) 920 North Hayes

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mt. View Cemetery Date April 13 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED April 12, 1938 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 11 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-7, 1938, to 4-11, 1938
I last saw him alive on 4-11 1938: death is said to have occurred on the date stated above, at 4.20 P m.

The **principal cause of death** and related causes of importance were as follows: **Date of onset**

Cerebral hemorrhage

Other **contributory causes** of importance:
Arteriosclerosis

Name of operation None Date of 4/7/38
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Pocatello

108780

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108780

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 39

APR 20 1938

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest C. Thomas

(a) Residence No. Burke Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Virgie Thomas
6. DATE OF BIRTH (month, day, and year): Sept 29 1893
7. AGE: Years 44 | Months 6 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Huntington (State or country) West Virginia

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT: Virgie Thomas (Address) Burke Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wilson Ida Date Apr 18, 1938

19. UNDERTAKER: J. A. Bower Co (Address) Wallace Ida

20. FILED Apr 16, 1938 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 14 1938

22 I HEREBY CERTIFY, That I attended deceased from April 9, 1938 to Apr 14, 1938

I last saw him alive on Apr 14 1938: death is said to have occurred on the date stated above, at 5:45 P m.

The **principal cause of death** and related causes of importance were as follows:

Fracture of 1st lumbar Vertebra with severance of Cord. Shock

Date of onset

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-9-38 193.....
Where did injury occur? Wallace Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Industry
Manner of injury Struck by falling rock
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? YES If so, specify .....
(Signed) Wm. T. Smith M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1087 81

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108781

Registration District No. 41
Primary Registration District No. 216 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

APR 2 1938

930

2. FULL NAME Elizbeth Jane Rennaker
(a) Residence No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Henry

6. DATE OF BIRTH (month, day, and year) Dec. 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1927
11. Total time (years) spent in this occupation 50yrs.

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME Richard Grinmeth
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Nancy J. Graves
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Fannie Dillon
(Address) Salmon, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Ida. Date 1/16/, 1938
19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho
20. FILED 4/24, 1938 Otis C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/12/38

22 I HEREBY CERTIFY, That I attended deceased from 9/10, 1937, to 1/5, 1938
I last saw her alive on 1/5 1938: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1935

Other contributory causes of importance:

Chronic colitis	1933
Chronic Colitis	

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas F Hammon, M. D.
(Address Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

108782

PLACE OF DEATH
County of Lemhi
City of Leadore, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108782

Registration District No. 41
Primary Registration District No. 216 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara J. Carlson
(a) Residence No. Leadore, Idaho St.
(Usual place of abode) 1902 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nef F. Carlson

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1937
11. Total time (years) spent in this occupation 65 yrs.

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER
13. NAME Peter Anderson
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT C. A. Carlson
(Address) Leadore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Ida. Date 4/13/, 1938

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED 4/24, 1938 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH 4/10/38

21. DATE OF DEATH (month, day and year) April 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1936, to Aug 18, 1937
I last saw h.er alive on Aug 18 1937: death is said to have occurred on the date stated above, at 11:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Valvular	unknown
Other contributory causes of importance:	
Chronic Interstitial Nephritis	unknown

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 193X.
Where did injury occur? X X
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place X
Manner of injury X
Nature of injury X

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) A. N. McFarland, M.D.
(Address Box 543 - Salmon Ida.

Swindell

108783

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108783

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 120

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence M. Larson

(a) Residence No. Caldwell---Route #1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Elizabeth Larson

6. DATE OF BIRTH (month, day, and year) 2-25-1869

7. AGE: Years 69 | Months 1 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Henry County
(State or country) Illinois

FATHER

13. NAME P. A. Larson

14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Peterson

16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Mrs. Mary E. Larson
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 4-17-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-18, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-15-1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1936, to 4-15, 1938

I last saw him alive on 4-14 1938: death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1935

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? X-ray. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. F. Swindell, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108784

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108784

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 43

(No. Veterans' Administration, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LEE, Fred R.

(a) Residence No. Paul, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Lola M. Lee

6. DATE OF BIRTH (month, day, and year) 4-19-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME John W. Lee
14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER
15. MAIDEN NAME Samantha J. Stogsdell
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Maude A. White
(Address) Boise, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Pocatello Date 4-24-38, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 4-24, 1938 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 23, 1938

22 I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to April 23, 1938
I last saw him alive on Apr. 23 1938: death is said to have occurred on the date stated above, at 3:20 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized, with myocardial degeneration	Unknown
Other **contributory causes** of importance:	
Chronic passive congestion of lungs, kidneys, liver & spleen	2 Weeks

Name of operation Exploratory Autopsy & Clinical Findings Date of 4-22-38
What test confirmed diagnosis? / Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Mc CLELLAN M. D.
(Address Veterans' Administration Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

108785

PLACE OF DEATH
County of Franklin
City of Weston

APR 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108785

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 29
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harlow Francillo Bassett

(a) Residence No. Weston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

93C

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pacheal Rowe Bassett

6. DATE OF BIRTH (month, day, and year) May 24, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Providence
(State or country) Utah

FATHER

13. NAME Lorin Elias Bassett

14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER

15. MAIDEN NAME Emma Durffie

16. BIRTHPLACE (city or town)
(State or country) Ill.

17. INFORMANT Mary Tingey
(Address) Weston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mendon, Utah Date Apr. 15, 1938

19. UNDERTAKER O. Sherwin Webb
(Address) Preston, Idaho

20. FILED May 8, 1938 G. W. Stokes
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 12 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to April 12, 1938
I last saw him alive on April 10 1938: death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Auricular Fibrillation	1938
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. B. Davies, M. D.
(Address) Preston, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

106786

DO NOT WRITE IN THIS SPARE

State File No. 106786

Registration District No. 45

MAY 2 - 1938

Primary Registration District No. _____ Local Registrar's No. 5

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Arthur Nelson

(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 31, 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
31	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (mo. and yr.) 3/7/38

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) _____ (State or country) Sweden

FATHER

13. NAME John Nelson

14. BIRTHPLACE (city or town) _____ (State or country) Sweden

MOTHER

15. MAIDEN NAME Mina Bornstedt

16. BIRTHPLACE (city or town) _____ (State or country) Sweden

17. INFORMANT (Address) C. George Nelson, Spokane, Wn

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date 3/10, 1938

19. UNDERTAKER Hazen & Jaeger Funeral Home
(Address) Spokane, Washington

20. FILED 3/10, 1938 A. C. Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sudden death — 193.. to 193..
I last saw h.. alive on 193..: death is said to have occurred on the date stated above, at .... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis -	
left ant. descending	Mar 7
Other **contributory causes** of importance:	
Mod. arteriosclerosis of the	
coronary arteries	2

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to exter'l causes (**violence**) fill in also the following: No.
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Natural causes.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased No. If so, specify _____

(Signed) James D. Edgar, M. D.
(Address) 733 W. 4th. Spokane, Wash.

108787

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

RECEIVED MAY 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108787

Registration District No. 35

Primary Registration District No. 2021

Local Registrar's No. 1862

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dowl B. Shrum

(a) Residence No. Glenns Ferry St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jane Freeman

6. DATE OF BIRTH (month, day, and year) Mar. 22 1895

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	42	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restraunt Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commercial Cafe

10. Date deceased last worked at this occupation (mo. and yr.) 4-5-1938

11. Total time (years) spent in this occupation 2½ yrs

12. BIRTHPLACE (city or town) (State or country) Central City Kentucky

FATHER

13. NAME W.F. Shrum

14. BIRTHPLACE (city or town) (State or country) Charlotte N. Carolina

MOTHER

15. MAIDEN NAME Georgia Cox

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Vern Shrum
(Address) Glenns Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glenn Rest Date April 7, 1938

19. UNDERTAKER Bacher & Bey Glenns Ferry
(Address)

20. FILED April 8, 1938 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 5 1938

22 I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 5, 1938

I last saw h~~im~~ alive on April 5 1938; death is said to have occurred on the date stated above, at 2-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	April 4, 1938
Fracture of cervical vertebrae	April 4, 1938

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following: accident

Accident, suicide, or homicide? ..... Date of injury April 4, 1938

Where did injury occur? Glenns Ferry, Elmore Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Cool hall

Manner of injury Fell down stairs

Nature of injury Fractured skull, broken neck

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Colyn W Davis M. D.

(Address) Glenns Ferry, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108788

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108788

Registration District No. 19
Primary Registration District No. 2194 Local Registrar's No. 1-7

(No. State Hospital, South)
(If death occurred in a hospital or institution, give its name instead of street and number)

94 5

2. FULL NAME Josie Davison

(a) Residence No. ..... St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 0 mos. 2 ds. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. M. Davison

6. DATE OF BIRTH (month, day, and year) 12/17/77

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisner
(State or country) Nebraska

FATHER
13. NAME No data
14. BIRTHPLACE (city or town) No data
(State or country)

MOTHER
15. MAIDEN NAME No data
16. BIRTHPLACE (city or town) No data
(State or country)

17. INFORMANT Records, State Hospital, South
(Address) Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Nampa Cem Date April 29, 1938

19. UNDERTAKER E. T. Peak
(Address) Blackfoot Idaho

20. FILED April 27, 1938 Wm. Hales Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/27 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1938, to April 27, 1938.
I last saw her alive on Feb. 26 1938: death is said to have occurred on the date stated above, at 4:48 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis,	April 26
myocarditis, degenerative	indefinite

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury none
Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Emmett, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108789

DO NOT WRITE IN THIS SPACE

State File No. 108789

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 82

MAY 4 1938

(No.....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Caroline Hansen

(a) Residence No. 3 miles No of Pocatello on North Hiway

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): Sept 28, 1855

7. AGE — Years: 82 | Months: 4 | Days: 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: lived with

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: her daughter

10. Date deceased last worked at this occupation (mo. and yr.).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country): San Bernadino California

FATHER

13. NAME: Harley Mowrey

14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER

15. MAIDEN NAME: Caroline Sargent

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Harriet McLaughlin Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL Place: Highland Date: Apr 22 1938

19. UNDERTAKER (Address): L. L. McTeague Pocatello Idaho

20. FILED Apr 20 1938 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1937, to April 19, 1938

I last saw h.. alive on April 19 1938: death is said to have occurred on the date stated above, at 11.0 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of pylorus	

Other **contributory causes** of importance:

Senility	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) D. Ray M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

108790

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 108790

Registered No. 15

Registration District No. 84

Primary Registration District No. 2161

1. PLACE OF DEATH

County of Bannock

City of Lava Hot Springs (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Angus Ferguson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

6. DATE OF BIRTH: Aug 15 1876 (Month) (Day) (Year)

7. AGE: 61 Yrs. 8 Mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None for 14 yrs Invalid.

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Spanish Fork. Utah.

10. NAME OF FATHER: Eli Bergge Kelsey Ferguson

11. BIRTHPLACE OF FATHER (State or Country): Scotland.

12. MAIDEN NAME OF MOTHER: Christiana D. Angus

13. BIRTHPLACE OF MOTHER (State or Country): Scotland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Forest Ferguson

(Address) Lava Hot Springs.

15. Filed May-5-1938 Mrs G. J. Fitz Local Registrar

MEDICAL CERTIFICATE OF DEATH

124c

16. DATE OF DEATH: April 25 1938 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 193~~0~~ to April 25 1938 that I last saw him alive on April 24 1938 and that death occurred on the date stated above, at 9:35 A.M.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of the Liver

(Duration) 2 Yrs. ..... mos. ..... ds.

Contributory (Secondary) General Arthritis

(Duration) 14 yrs. ..... mos. ..... ds.

(Signed) C. A. Rich M. D.

4-26-1938 (Address) Lava Hot Springs.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Soda Springs — DATE OF BURIAL: Apr 28 1938

20. UNDERTAKER: C. D. Whitman — ADDRESS: Soda Spg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

108791

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108791

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 56.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virginia Simpson

(a) Residence No. N. Oak. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94 L

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 20 1856

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rock Island Co.
(State or country) Illinois

FATHER
13. NAME Alan L. Simpson
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME ? Douglas
16. BIRTHPLACE (city or town)
(State or country) Virginia.

17. INFORMANT James Simpson
(Address) Blackfoot, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Ida. Date April 27, 1938

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot, Ida.

20. FILED Apr 26, 1938 W. M. Waters
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) April 25 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-1-38, 193..., to 4-25, 193...

I last saw h alive on 4-25 1938: death is said to have occurred on the date stated above, at 8:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	?

Other **contributory causes** of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ? If so, specify

(Signed) G E Mills, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

108792

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108792

MAY 9 - 1938

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 16
(No. -)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Ries — No middle name
(a) Residence No. Cottonwood, Idaho — 1917 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Otto P. Ries

6. DATE OF BIRTH (month, day, and year) Oct. 21. 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis, Missouri

FATHER
13. NAME Mollenbrock
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT John Ries
(Address) Cottonwood Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date May 8, 1938

19. UNDERTAKER Glenn Tilton
(Address) Grangeville, Ida.

20. FILED 4-21, 1938 W. L. Orr
per TB Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-9 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1938, to 4-9, 1938
I last saw her alive on 4-5 1938: death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-5-38
Other contributory causes of importance:	
Senile degeneration	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Harley F. Orr M. D.
(Address) Cottonwood Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bayette
City of Bancland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

108793

DO NOT WRITE IN THIS SPACE

State File No. 108793

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 31

MAY 10 1938

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Lewis L. Baker

(a) Residence. No. Bayette, Ida R.2 Bx #1 St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lehi Utah

FATHER

13. NAME Albert A. Baker

14. BIRTHPLACE (city or town) (State or country) Lehi Utah

MOTHER

15. MAIDEN NAME Jessie Byte

16. BIRTHPLACE (city or town) (State or country) Lehi Utah

17. INFORMANT (Address) Albert A. Baker Bayette, Ida R2 Bx #1

18. BURIAL, CREMATION OR REMOVAL
Place Ontario, Ore. Date May 1, 1938

19. UNDERTAKER H. L. Peterson
(Address) Ontario, Oregon

20. FILED 5/4/38 193... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 27 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1938, to 4-27, 1938
I last saw him alive on 4-27, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-20-38
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Peterson, M. D.
(Address) Ontario, Ore.

108795

PLACE OF DEATH

County of Ada

City of Boise

MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108795

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 50

(No. Idaho State Penitentiary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles William Patterson

(a) Residence No. Idaho State Penitentiary St.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle E. Patterson

6. DATE OF BIRTH (month, day, and year) April 8 1895

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45	45		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General painting

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Adair, Oklahoma
(State or country)

FATHER

13. NAME James A. Patterson

14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER

15. MAIDEN NAME Gretta B. ?

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT P. C. Meredith
(Address) Warden, Idaho State Penitentiary

18. BURIAL, CREMATION OR REMOVAL
Place Prison Cemetery Date May 4th., 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-5, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/2/1938

22 I HEREBY CERTIFY, That I attended deceased from April 25, 1938 to May 2, 1938
I last saw him alive on May 2 1938: death is said to have occurred on the date stated above, at 12 15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anaemia	

Other contributory causes of importance:

Lead Poisoning Chronic

Name of operation ..... Date of .....
What test confirmed diagnosis Lab. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Wahl, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108796

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 108796

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John A. Lewis

(a) Residence. No. 120 St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lottie Lewis

6. DATE OF BIRTH (month, day, and year) May 28 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. CO
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Section Boss
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oreg
(State or country)

FATHER
13. NAME Samuel Lewis
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Lottie Lewis
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date April 5 193[illegible]

19. UNDERTAKER W.A. Shaw
(Address) Orofino Ida

20. FILED 4/5, 193[illegible] W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-3-1935

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1935, to April 3, 1935
I last saw him alive on April 2, 1935; death is said to have occurred on the date stated above, at 3:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	[illegible]

Other contributory causes of importance:

Asthma	1933
Acute Bronchitis	2/26-1935

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harland P. Kahler M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108 797

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108797

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 89

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Alta May Greenhow,

(a) Residence No. 253 -8th ave., N. City. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William H. Greenhow

6. DATE OF BIRTH (month, day, and year) 10-25-1867

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
70	6	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Salt Lake City,
(State or country) Utah

FATHER
13. NAME Horace Wheat
14. BIRTHPLACE (city or town) ___
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Nannie Belt
16. BIRTHPLACE (city or town) ___
(State or country) Missouri

17. INFORMANT Cora Greenhow,
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date May 6, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 5-4-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3, 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1st, 1937, to May 3, 1938
I last saw her alive on May 2 1938: death is said to have occurred on the date stated above, at 2:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Cardiales	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Tanner, M. D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

100798

PLACE OF DEATH
County of Lincoln
City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108798

Registration District No.
Primary Registration District No. 16 & 17 Local Registrar's No. 114

MAY 6 - 1938 (No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME NATHALIE W. HENKEL

(a) Residence No. Richfield St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 months yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

824

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of
(or) WIFE of Edward Ferdinand Henkel

6. DATE OF BIRTH (month, day, and year) 11-1-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Rudolph Ergon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Hogge

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Kurtz
(Address) Filer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Ida Date Apr 7, 1938

19. UNDERTAKER Myrtle C. Burdett #2290
(Address) Shoshone Idaho

20. FILED 4/6, 1938 Myrtle C. Burdett
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-5- 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-4, 1938, to 4-5, 1938

I last saw her alive on 4-4 1938.: death is said to have occurred on the date stated above, at 1 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	4-4-38

Other **contributory causes** of importance:

Hypertension	?

Name of operation No Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in ~~any~~ way related to occupation of deceased No If so, specify:

(Signed) E. W. Jones M. D.
(Address Hailey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108799

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
MAY 13 1938

DO NOT WRITE IN THIS SPACE
State File No. 108799

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 95

(No. Benson Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~Louis~~ Theodore Larsen

(a) Residence No. 259 Wentworth Avenue St. Salt Lake City, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~) Myrtle VanSteeter

6. DATE OF BIRTH (month, day, and year) July 16 1888

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	51	9	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeley Confectionary
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Levan, ~~Levan~~, Utah
(State or country)

FATHER
13. NAME Lewis Larsen
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME Kristine Christiansen ~~Christine Christensen~~
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Mr. Ray Dundas
(Address) Salt Lake City, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City Date ....., 193..

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 5-6, 1938 D. C. Kay, Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/4/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
History of heart attack three years ago, myocardial failure	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following;
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall Coroner
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

ARTHUR W. HALL
MORTUARY
229 South Garfield
TELEPHONE 226 POCATELLO, IDAHO

June 6, 1938

Mr. Lewis Williams
State Capital
Boise, Idaho

Dear Sir:

Enclosed find two certified copies of death certificate for Louis Theodore Larson. You will find certain corrections on his name, his birthplace, and his mothers maiden name.

Will you please have the original corrected also the two copies I am enclosing herewith and return them at once.

Yours very truly, 08799

Arthur W. Hall
Arthur W. Hall

108800

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone.

City of Kellogg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108800

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 18

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph W Seaver

(a) Residence. No. 22 - 3rd St. Kellogg St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorene Seaver.

6. DATE OF BIRTH (month, day, and year) Feb 17 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Galveston Texas.

FATHER

13. NAME David Seaver

14. BIRTHPLACE (city or town) (State or country) Don't Know.

MOTHER

15. MAIDEN NAME Nellie Snider

16. BIRTHPLACE (city or town) (State or country) Don't know.

17. INFORMANT Mrs. Ralph W. Seaver (Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Ida Date Feb 10, 1938

19. UNDERTAKER P. L. Stanton (Address) Kellogg Ida.

20. FILED May 10, 1938 Mrs. Helen M Bird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 7 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 193..., to _____, 193...

I last saw h... alive on _____, 193...: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 1
Heart failure	Feb 7
Acute Dilatation of Heart	
Other contributory causes of importance:	
Alcoholism	Years
Chronic	Years

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury..... 193...

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) C. E. McDougall Coroner

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Emmett

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108801

Registration District No. 6

Primary Registration District No. .....

Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olive Green Kirk

(a) Residence No. Emmett Idaho St. .....

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Married

5a. If married, widowed, or divorced
HUSBAND of Edward Kirk
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/10-1872

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	66	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 12/10/37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Green

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Maria Spencer

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Edward Kirk
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 4/21, 1938

19. UNDERTAKER H. Buckner
(Address) Emmett Ida

20. FILED 4/20, 1938 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/18 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1937, to April 18, 1938

I last saw h.. alive on April 14, 1938; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Kidney	Aug 1937
Metastatic Cachexia	Sept 1937
Emaciation, Weakness, Fever	
Other contributory causes of importance:	
Malnutrition	Jan 1938

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Bullock, M. D.

(Address) Emmett, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

108802

PLACE OF DEATH

County of Latah

City of Bovill

MAY 4- 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108802

Registration District No. 66

Primary Registration District No. 2148

Local Registrar's No. 52

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles William Sanderson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte

6. DATE OF BIRTH (month, day, and year) 4-9-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumbering

10. Date deceased last worked at this occupation (mo. and yr.) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tioga, Penn.

FATHER

13. NAME C.M. Sanderson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann E. Burgge

16. BIRTHPLACE (city or town) (State or country) rance

17. INFORMANT Mrs Ray Walton
(Address) Troy Ida

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 4-25, 1938

19. UNDERTAKER A.E. Alden
(Address) Troy

20. FILED 4/23, 1938 Mrs. Earl Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1937, to Dec 9, 1937

I last saw him alive on Dec 9, 1937: death is said to have occurred on the date stated above, at 2:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bowel	

Other contributory causes of importance:

Senility
Hypertension
Cardio vasc. Renal disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alonzo A. Townsend Jr., M. D.

(Address) Kendrick, Idaho

108803

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY 18 1938

DO NOT WRITE IN THIS SPACE
State File No. 108803

Registration District No.
Primary Registration District No. Local Registrar's No. 349
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward L. Burke

(a) Residence No. 124 E. A. St.
(Usual place of abode)
Length of residence in city or town where death occurred 42yr/ yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mae Burke

6. DATE OF BIRTH (month, day, and year) 6/30/1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	11	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Civil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. War Veteran.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Quincy,
(State or country) Illinois

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Charley Burke
(Address) Moscow, Idaho

18. BURIAL, CREMATION, or REMOVAL
Place Moscow, Ida. Date 5/6, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 5/5, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/4 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/8, 1935, to 5-4, 1938
I last saw h.im. alive on 5-2 1938: death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cent. Myocarditis	
Cardiac Cent. Failure	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following: No
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Star

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108804

Registration District No. 94-10

Primary Registration District No. 2039-10 Local Registrar's No. 1

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis B. Wakeland 6

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Georgia A. Wakeland

6. DATE OF BIRTH (month, day, and year) Jan 8, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Motor Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Hampton Ark

FATHER

13. NAME John Wakeland

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Georgia Wakeland
(Address) Star Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverdale Date 4/2, 1938

19. UNDERTAKER B. W. Robinson
(Address) Meridian Ida

20. FILED 4-2nd, 1938 [illegible] Registrar.
415 1938

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 1 1938

22 I HEREBY CERTIFY, That I attended deceased from March 31, 1938, to April 1, 1938

I last saw h. alive on March 31 1938.: death is said to have occurred on the date stated above, at 5 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Small Pox	March 27
Other **contributory causes** of importance:	

Name of operation None Date of ....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ....

Manner of injury ....

Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) A. E. Jewell, M. D.

(Address) Meridian, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 9-10
Primary Registration District No. 9-10 Local Registrar's No. 2
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 108805

131

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L. Staudaher

(a) Residence No. 2 Miles North Of Eagle St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Edna Staudaher
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/ 26/1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dillon
(State or country) Mont:

FATHER

13. NAME George Staudaher

14. BIRTHPLACE (city or town)
(State or country) Austria

MOTHER

15. MAIDEN NAME Catherine Millen

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Edna M Staudaher
(Address) Eagle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 4/25, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4/28, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/22 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-15, 1937, to 4-22, 1938

I last saw him alive on 4-22 1938: death is said to have occurred on the date stated above, at 10:55 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia -	4-1-38
Endocarditis - for years.	
Nephritis -	4-11-38
Hypertension - Acute	12-15-37

Other **contributory causes** of importance:

Chr. Nephritis - for yrs
Myocarditis for yrs

Name of operation Date of
What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) O. C. Hamilton, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108806

Registration District No. 9-10

Primary Registration District No. 9-13 Local Registrar's No. 3

(No. 2½ miles South of Eagle, Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joyce Evelyn Knox

(a) Residence No. 2½ miles South of Eagle, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 16. 1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER

13. NAME H. L. Knox

14. BIRTHPLACE (city or town) Maha County
(State or country) Kansas

MOTHER

15. MAIDEN NAME Rosa Jobes

16. BIRTHPLACE (city or town) Casey
(State or country) Iowa

17. INFORMANT H. L. Knox
(Address) Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 4/27/, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 4/25, 193 Emmett Johnson Registrar.
Eagle Idaho

MEDICAL CERTIFICATE OF DEATH. April

21. DATE OF DEATH (month, day and year) 24 193 8

22 I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to April 24, 1938

I last saw her alive on April 21 1938: death is said to have occurred on the date stated above, at 11 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Scarlet Fever	April 18-38
Other **contributory causes** of importance:	
Strepto coni Pneumonia	April 21-38

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Jewell, M. D.

(Address) Kiendlain

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of ADA
City of MERIDIAN-ID

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108807

Registration District No.
Primary Registration District No. Local Registrar's No. 5

MAY 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ELIZABETH HAMILTON

82a

(a) Residence No. St.
(Usual place of abode) MERIDIAN IDAHO (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Homer H Hamilton

6. DATE OF BIRTH (month, day, and year) Feb 22 1867

7. AGE: Years 71 | Months 1 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Feb 1935
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Malad City
(State or country) IDAHO

FATHER
13. NAME MORGAN VAUGHAN
14. BIRTHPLACE (city or town)
(State or country) ENGLAND

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town)
(State or country) ENGLAND

17. INFORMANT Hattie Nichols
(Address) MERIDIAN IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date Apr 22, 1938

19. UNDERTAKER A-S-MATER W. Mateer
(Address) MERIDIAN IDAHO

20. FILED Apr 22, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 19 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-13, 1938, to 4-19, 1938
I last saw her alive on 4-19 1938: death is said to have occurred on the date stated above, at 2 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Mal Nutrition	
Other **contributory causes** of importance:	
Hemiplegia	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify
(Signed) [illegible] M. D.
(Address) MERIDIAN IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108808

MAY 10 1938

Registration District No. 11
Primary Registration District No. 2103 Local Registrar's No. 2
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Starling J. Thomason 82a

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Thomason

6. DATE OF BIRTH (month, day, and year): Mch 23, 1880

7. AGE: Years 58 | Months 0 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): April 1938
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Burlington Jefferson

FATHER
13. NAME: Henry Thomason
14. BIRTHPLACE (city or town) (State or country): Atlanta Georgia

MOTHER
15. MAIDEN NAME: Nancy Thomason
16. BIRTHPLACE (city or town) (State or country): Atlanta Ga.

17. INFORMANT (Address): Mrs S P Thomason Meridian Ida

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place: Meridian Date: April 15, 1938

19. UNDERTAKER: E. W. Peterson
(Address): Meridian

20. FILED April 15, 1938 W H Peer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 4/13 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/11, 1938, to 4/13, 1938
I last saw h[illegible] alive on 4/12 1938: death is said to have occurred on the date stated above, at 1:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/11/38

Other **contributory causes** of importance:

Hypertension	Unknown

Name of operation: none Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) A. C. Jewell, M. D.
(Address) Meridian

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108809

MAY 10 1938

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 27
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Lund

95

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 19 1862
7. AGE: Years 76 | Months 10 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.): 1930
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Carl Lund
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Ida Jansen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT: Ida Lund
(Address)
18. BURIAL, CREMATION OR REMOVAL
Place: Joplin Cemetery Date: , 193
19. UNDERTAKER: E. E. Robinson
(Address) Meridian Ida
20. FILED: April 27 1938 W. H. Pace
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 19 1938
22 I HEREBY CERTIFY, That I attended deceased from None, 193 8, to No Attended 193 8
I last saw h alive on 1-10 193 8: death is said to have occurred on the date stated above, at 4 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	10 to 20 yrs ago
Other **contributory causes** of importance: Hypertension	about 1916

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following: —
Accident, suicide, or homicide? — Date of injury — , 193 —
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No injury
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify —
(Signed) Jas. Wm. Thomas M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Meridian
MAY 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108810

Registration District No. 11
Primary Registration District No. 2005
Local Registrar's No. 8
(No. 167)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Stanke

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Divorced
6. DATE OF BIRTH (month, day, and year): March 13, 1889
7. AGE: Years 49 | Months 1 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer - Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): April 23, 1938
11. Total time (years) spent in this occupation: 30 years

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: August Stanke
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Agnes Hallet
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Herta Boer
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Loveridge Date: April 26 1938

19. UNDERTAKER: E. W. Johnson
(Address) Meridian Ida

20. FILED April 26 1938 E. W. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/24 1938

22 I HEREBY CERTIFY, That I attended deceased from Dead 193.., to ....., 193.....
I last saw him ~~alive~~ on 4/24 193 8. death is said to have occurred on the date stated above, at About 4:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot Wound In The Head. Self Inflicted.	
Suicide	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. McCann Coroner M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108811

MAY 12 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 36

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Morgan Jefferies Jones.

(a) Residence No. Five miles West of Boise. St.
(Usual place of abode) 17 years in Ida. (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 15. 1872.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10.	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales.

FATHER

13. NAME David Jones.
14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Mary Jefferies.
16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMANT Newell Moore.
(Address) R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Apr. 6, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-4, 1938 E. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h. alive on Mar 31 1938: death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Starvation.	5 months duration

Other contributory causes of importance: Probably due to some mechanical obstruction or stenosis in intestinal tract

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. B. Jones M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise
MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108812

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 39
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oliver Bedal

(a) Residence No. Lamberton Addition Ada Co. St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Tina Bedal

6. DATE OF BIRTH (month, day, and year) Jan 26-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER
13. NAME Isaac Bedal
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME Cyrethia Henshaw
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Anna Rose Haskell
(Address) R F D 2 Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Moriss Hill Date April 12, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Idaho

20. FILED 4-13, 1938 E. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/10/1938

22 I HEREBY CERTIFY, That I attended deceased from 193.. to Dead 4/10 8, 193..
I last saw him alive on 193..: death is said to have occurred on the date stated above, at 1: A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown. But Natural	
Died Without Medical Attendance	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Cann, Coroner, M. D.
(Address) Boise Idaho

Dr Stone

PLACE OF DEATH

County of Ada

City of

MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108813

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 40

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Charles. E. Mays.

(a) Residence No. R.D. # 4. One mile south of Boise. St.

(Usual place of abode) 34Years. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 4. 1855.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	0	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waynesburg.
(State or country) Ohio.

FATHER

13. NAME John Mays.

14. BIRTHPLACE (city or town) Ireland.
(State or country)

MOTHER

15. MAIDEN NAME Marianne Morlidge.

16. BIRTHPLACE (city or town) Ohio.
(State or country)

17. INFORMANT Chauncey Mays.
(Address) Emmett, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Apr. 18, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-18, 1938 E. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-16 1938

22 I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to April 16, 1938

I last saw h alive on 4-15 1938: death is said to have occurred on the date stated above, at 5-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bowel with metastases	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold W. Stone M. D.

(Address Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

West

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108814

MAY 2 1938

Registration District No.

Primary Registration District No. 2004 Local Registrar's No. 41

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John B. Vickers

(a) Residence No. 8th and Garden streets St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ona D. Vickers

6. DATE OF BIRTH (month, day, and year) 2-26-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Belmont County
(State or country) Ohio

FATHER

13. NAME Samuel Vickers

14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Lucinda Barnes

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Mrs. Ona D. Vickers
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 4-20-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-20, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-17-1938

22 I HEREBY CERTIFY, That I last not attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 7:15 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4-7-38

Other **contributory causes** of importance:

Arteriosclerosis	
Senility	

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? No History & phys. findings

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) L. F. Wells M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Near Boise

RECEIVED MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108815

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 43

(No. Ada Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

45a

2. FULL NAME Willis Wayman

(a) Residence. No. Meridian Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	? ?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/18/1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dont Know "

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Records of Ada Co. Hosp.
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 4/20, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-20, 1938 E. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 15 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec, 1937, to April 15, 1938

I last saw h— alive on April 1, 1938: death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epithelioma of Lip	1 yr

Other **contributory causes** of importance: none

Name of operation Biopsy Date of Dec. 1937

What test confirmed diagnosis? ? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J W Edmund, M. D.

(Address Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108816

MAY 12 1938

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 44

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

120

2. FULL NAME Sarah E. Middleton

(a) Residence No. 6th and Garden Streets St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. W. Middleton

6. DATE OF BIRTH (month, day, and year) 1-29-1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Henry Hadsell

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME ------- Diamond

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Alma M. Scott
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 4-22-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-22 1938 W. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-20 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 14, 1938, to Apr 20, 1938

I last saw her alive on Apr 19 1938: death is said to have occurred on the date stated above, at 9a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Enteritis	Apr 14 1938

Other **contributory causes** of importance:

Senility	

Name of operation none Date of

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alfred Budge Jr M.D., M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10881

MAY 12 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 46 (46c)
(No. Ada Co: Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas B. Johnson

(a) Residence No. 116 So. 16th St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	? ?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter in Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greencastle
(State or country) Ind:

FATHER

13. NAME Burch Johnson
14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) " "
(State or country) " "

17. INFORMANT Records of Ada Co: Hospital
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/29, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-27, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 25 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct, 1937, to April 25, 1938

I last saw him alive on April 20 1938: death is said to have occurred on the date stated above, at 6:50 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma of Transverse colon	Aug 37
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Xray Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J W Almond, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108818

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 47

MAY 12 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Ada Co: Hospital)

137

2. FULL NAME Sam Tew

(a) Residence No. Eagle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Chinese	? ?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Records of Ada Co: Hospital
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/30/1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-30, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 28th 1938

22 I HEREBY CERTIFY, That I attended deceased from April 26 1938, to April 26, 1938

I last saw h[illegible] alive on 4/26 1938: death is said to have occurred on the date stated above, at 7:40. A.M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prostatic obstruction	2 yrs
Other **contributory causes** of importance:	
Uraemia	2 mos
Duct kidney failure	

Name of operation Suprapubic Date of 4/26/38
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) J W Almond, M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108819

Registration District No. 2
Primary Registration District No. 1804 Local Registrar's No. 102
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

MAY 12 1938

159

2. FULL NAME Ralph Brooks
(a) Residence No. Emmett, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/14/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Gem County Ida.

FATHER
13. NAME Leston N. Brooks
14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER
15. MAIDEN NAME Francis Walker
16. BIRTHPLACE (city or town)
(State or country) Nebraska

17. INFORMANT Leston N. Brooks
(Address) Emmett, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 5/6/38, 193

19. UNDERTAKER C. R. Bergsgaard
(Address) Emmett Ida
5-7, 193 L. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/30/1938

22 I HEREBY CERTIFY, That I attended deceased from Mar. 16, 193, to Mar. 30, 193.
I last saw him alive on Mar 29 193: death is said to have occurred on the date stated above, at 3:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pemature baby (7 mos Preg)	3/14/38

Other **contributory causes** of importance:
Eclampsia of Mother Causing induced labor

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Vernon V. Brennan M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108821

MAY 16 1938

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 104

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

15 7d

2. FULL NAME Roy George Farnsworth

(a) Residence No. 708 Pueblo Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-2-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

FATHER

13. NAME George Burt Farnsworth

14. BIRTHPLACE (city or town) East Wallingford,
(State or country) Vermont

MOTHER

15. MAIDEN NAME Hazel Wilcox

16. BIRTHPLACE (city or town) Nampa,
(State or country) Idaho

17. INFORMANT G. B. Farnsworth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date April 2, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-2, 1938 A. L. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-1 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-19, 1938, to 4-1, 1938

I last saw him alive on 4-1 1938: death is said to have occurred on the date stated above, at 5:07 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis (Stomach)	3-16-38
Operation 3/31-38 for above	

Other **contributory causes** of importance:

Imperforate anus, Congenital, Prematurity	

Name of operation Pyloroplasty Date of 3/31-38

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. M. Sprague, M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ..... .

City of ..... .

MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108822

Registration District No. 2
Primary Registration District No. 1004
Hailey Precinct
Local Registrar's No. 105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christian P. Mead.

(a) Residence. No. 1612 North 12 5th St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Anne Mead

6. DATE OF BIRTH (month, day, and year) August 15th 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) May 1932

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

FATHER

13. NAME John. Mead

14. BIRTHPLACE (city or town) (State or country) No Knowledge

MOTHER

15. MAIDEN NAME Elizabeth Pickle

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) Mrs Lillie McAtee 1612 N. 5th St Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill, Boise Date 5, 1938

19. UNDERTAKER (Address) Mateer Meridian Idaho

20. FILED 4-4, 1938 R. L. Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. ....., 1937, to Apr 2, 1938
I last saw h[im] alive on April 2, 1938: death is said to have occurred on the date stated above, at 6 P. M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	
with mitral	
insufficiency	several years
and Sclerosis	
Other contributory causes of importance:	
Acute Dilation of Heart	36 hours

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. M. Robinson, M. D.
(Address) Boise Idaho

Hamilton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108823

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 106

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

87a

2. FULL NAME Eleanor R. Lyon

(a) Residence No. 910 north 10th street St.

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry A. Lyon

6. DATE OF BIRTH (month, day, and year) 3-27-1890

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	48	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Knitting Instr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jackson.
(State or country) Michigan

FATHER

13. NAME William Russell

14. BIRTHPLACE (city or town) Jackson,
(State or country) Michigan

MOTHER

15. MAIDEN NAME Sarah Russell

16. BIRTHPLACE (city or town) North Hampton
(State or country) Mass.

17. INFORMANT Harry A. Lyon
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4-4-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-4, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-31 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-22, 1938, to 3-31, 1938

I last saw her alive on 3-31 1938: death is said to have occurred on the date stated above, at 7:52 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension 260/180	Several years
Cerebral Hemorrhage	3-30-38
Other contributory causes of importance:	
Right hemiplegia.	3-30-38

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. O. Hamilton M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108824

Registration District No. 2
Primary Registration District No. 1404 Local Registrar's No. 107
(No. 5th & Jefferson)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cassie A. Burmood

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. P. Burmood

6. DATE OF BIRTH (month, day, and year) 3/9/1883

7. AGE: Years 55 | Months 0 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 7/1/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Smiths Center
(State or country) Kansas

FATHER
13. NAME M. E. Wells
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Sarah C. Bennett
16. BIRTHPLACE (city or town)
(State or country) Ill

17. INFORMANT H. P. Burmood
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Smith Center Date 4-6, 1938

19. UNDERTAKER C. D. Beckmann
(Address) Emmett Idaho

20. FILED 4-5, 1938 R. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/3 1938

22 I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to April 3, 1938
I last saw her alive on 4-3 1938: death is said to have occurred on the date stated above, at 9 30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Jan '38

Other **contributory causes** of importance:

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. A. Veleck, M. D.
(Address) Boise

46

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108825

MAY 12 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 108
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter William Fountain

(a) Residence No. St. Lukes Hospital St. Mountain Home Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Fountain

6. DATE OF BIRTH (month, day, and year) Aug. 24 1868

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Probate Judge
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Official
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 37 yrs.

12. BIRTHPLACE (city or town) Joplin
(State or country) Missouri

FATHER

13. NAME Fountain

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Mary Fountain
(Address) Mt. Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Home Date April 5, 1938

19. UNDERTAKER Hooker-Dey Funeral Home
(Address) Mt. Home

20. FILED 4-6-, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 4 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938, to April 4, 1938
I last saw h/m alive on April 1938: death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis	March 18, '38
Hypertension heart disease	9
Other **contributory causes** of importance:	

Name of operation Appendectomy Date of March 26 '38
What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Howard M Clausen M. D.
(Address) 411 Coulson Bldg Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

MAY 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108826

Registration District No. 2
Primary Registration District No. 2004 Local Registrar's No. 109
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ormal Keith Gilbert

(a) Residence No. 735 East State street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Aletha Gilbert

6. DATE OF BIRTH (month, day, and year) 12-9-1903

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	34	3	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) Carson City,
(State or country) Michigan

FATHER
13. NAME Burt Gilbert
14. BIRTHPLACE (city or town) Ionia County
(State or country) Michigan

MOTHER
15. MAIDEN NAME Maude Hawes
16. BIRTHPLACE (city or town) Michigan
(State or country)

17. INFORMANT Mrs. Aletha Gilbert
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4-7-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-7, 1938 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-5-1938

22 I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to 4-5, 1938
I last saw him alive on 4-4 1938: death is said to have occurred on the date stated above, at 12:50 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934?

Other **contributory causes of importance:**
none

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O. J. Saundell M. D.
(Address Boise Idaho

makes

PLACE OF DEATH

County of Ada

City of Boise (ED)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108827

MAY 12 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 111

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Clinton Stone

(a) Residence No. Pearl, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bernice Handy Stone

6. DATE OF BIRTH (month, day, and year) Sept. 9, 1898

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	39	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

FATHER

13. NAME E. F. Stone

14. BIRTHPLACE (city or town) Placerville,
(State or country) Idaho

MOTHER

15. MAIDEN NAME Anna A. Webster

16. BIRTHPLACE (city or town)
(State or country) Georgia

17. INFORMANT Clifford Stone
(Address) Horseshoe Bend, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 4-12-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-11, 193 8 R. Shaw
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-10 1938

22 I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to April 10, 1938
I last saw him alive on 4-10 1938: death is said to have occurred on the date stated above, at 5:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured appendix	April 3.
Other **contributory causes** of importance:	
Cardiac failure.	April 7.

Name of operation Appendectomy Date of April 7
What test confirmed diagnosis? Laparotomy. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) Harry T. Mahoney M.D.
(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108828

MAY 12 1938

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 1129

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

94

2. FULL NAME James Henry Branscomb

(a) Residence No. 112½ East Idaho Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lenore Branscomb

6. DATE OF BIRTH (month, day, and year) 2-23-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Insurance Rating

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rating Bureau

10. Date deceased last worked at this occupation (mo. and yr.) 4-6-38

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Sonoma County
(State or country) California

FATHER

13. NAME Benjamin Branscomb

14. BIRTHPLACE (city or town) _____
(State or country) Virginia

MOTHER

15. MAIDEN NAME Jane Taylor

16. BIRTHPLACE (city or town) _____
(State or country) Missouri

17. INFORMANT Vera Z. Brockon
(Address) Dishman, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4-9-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-11, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-7-1938

22 I HEREBY CERTIFY, That I attended deceased from April 6, 1938, to Apr 7, 1938

I last saw ~~him~~ alive on Apr 7 1938: death is said to have occurred on the date stated above, at 10:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Apr 6

Other **contributory causes** of importance:

Chronic Myocarditis	

Name of operation Ethmoidectomy Date of Mar 28 1938

What test confirmed diagnosis? None Was there an autopsy? No Op by Dr A C Jones.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. M. Bradshaw, M. D.

(Address) Boise Idaho

Painter

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108829

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 113

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Chamberlain

(a) Residence No. 1213 North 11th Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. J. Chamberlain

6. DATE OF BIRTH (month, day, and year) 3-8-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn,
(State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Prussia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT E. M. Chamberlain
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 4-11-1938, 193

19. UNDERTAKER William McBrathey
(Address) Boise, Idaho

20. FILED 4-11, 1938 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-9-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to April 5, 1938

I last saw her alive on April 5 1938; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/4/38

Other contributory causes of importance:

Arteriosclerotic heart Disease in decompensation	?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) [illegible] M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108830

Registration District No. 2
Primary Registration District No. 1804 Local Registrar's No. 114
(No. St. Alphonsus Hos)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jose Andres Zabala

(a) Residence No. 521 Grove St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 18 1894

7. AGE: Years 43 | Months 11 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spain
(State or country)

FATHER
13. NAME Ygnacio Zabala
14. BIRTHPLACE (city or town) Spain
(State or country)

MOTHER
15. MAIDEN NAME Presentacion Calzacorta
16. BIRTHPLACE (city or town) Spain
(State or country)

17. INFORMANT Mrs. A. Mranga
(Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL Boise
Place St. Johns Date 4-13, 1938

19. UNDERTAKER Schreiber & Williams
(Address)

20. FILED 4-13, 1938 L. B. Eagle
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/11 1938

22 I HEREBY CERTIFY, That I attended deceased from March 31, 1938, to April 11, 1938
I last saw him alive on April 6 1938: death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5 days duration
Other contributory causes of importance:	
Lobar pneumonia	Mar 31, 1938

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Smith, M. D.
(Address) 1st Natl Bank Bldg Boise Ida

Pioneer Co.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108831

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 115

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William B. Church

(a) Residence No. 1101 Pueblo Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

9-10

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Edith Church

6. DATE OF BIRTH (month, day, and year) October 6, 1885

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Binder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburgh,
(State or country) Pennsylvania

FATHER

13. NAME Walter S. Church
14. BIRTHPLACE (city or town) Pittsburgh,
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Fannie M. Johnson
16. BIRTHPLACE (city or town) Philadelphia,
(State or country) Pennsylvania

17. INFORMANT Mrs. Edith Church
(Address) 1101 Pueblo St. Boise

18. BURIAL, CREMATION OR REMOVAL
Morris Hill cemetery Date 4/13/38, 193

19. UNDERTAKER Dunnigan Funeral Home
(Address) Boise Idaho

20. FILED 4-13, 1938 N. B. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/11 1938

22 I HEREBY CERTIFY, That I attended deceased from March 25, 1938, to April 11, 1938
I last saw him alive on April 11 1938: death is said to have occurred on the date stated above, at 9:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	2/38
Other **contributory causes** of importance:	
Rheumatic Heart Disease	?

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. M. Vandeventer, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Stone ✓

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108832

RECEIVED MAY 12 1938

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 116

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

7/12

2. FULL NAME Caroline Clambey.

(a) Residence No. 1805. N. 15 Street. St.
(Usual place of abode)

Length of residence in city or town where death occurred 9 Years. (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew. H. Clambey.

6. DATE OF BIRTH (month, day, and year) Apr. 13. 1868.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	11	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Litchfield.
(State or country) Minnesota.

FATHER

13. NAME John Scarp.

14. BIRTHPLACE (city or town) Sweden.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Andrew. H. Clambey.
(Address) 1805. N. 15 Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Apr. 14, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-13, 1938 R. Scarp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-14 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan., 1938, to April 14, 1938.

I last saw her alive on April 4, 1938: death is said to have occurred on the date stated above, at 10 30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1936
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold W. Jones, M. D.

(Address Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

MAY 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108833

Registration District No. 2

Primary Registration District No. 1004 / Local Registrar's No. 118

(No. 1612 Denver)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Ann Borton.

(a) Residence No. Hidvale, Idaho. St. 10 Days in Boise.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel. I. Borton.

6. DATE OF BIRTH (month, day, and year) Nov. 10. 1867.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas,
(State or country)

FATHER

13. NAME Horatio Pritchard.

14. BIRTHPLACE (city or town) Kansas.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mrs. Frances Dorsey.
(Address) 1612. Denver St, Boise.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Memorial Apr 16, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-15, 1938. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-14-1938

22 I HEREBY CERTIFY, That I attended deceased from 3-5, 1938, to Death, 193...

I last saw her alive on 4-13 1938: death is said to have occurred on the date stated above, at 10:05a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	Uncertain.

Other **contributory causes** of importance:

Arteriosclerosis.	
Recent cerebral hemorrhage	4-7-38

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No Physical findings

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. Veal, M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108834

MAY 12 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 119

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Louise Murray

(a) Residence No. 305 East Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James A. Murray

6. DATE OF BIRTH (month, day, and year) 6/29/1873

7. AGE — Years: 64 | Months: 9 | Days: 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Syracuse
(State or country) N.Y.

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) .....
(State or country) Ireland

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMANT James A. Murray
(Address) 305 E. Jefferson St

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 4/18, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-16 1938 R. E. Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (~~Month~~, day and year) April 12 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to April 12, 1938
I last saw ~~her~~ alive on 4-12 1938: death is said to have occurred on the date stated above, at 9-11 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Leukicemia -	3-26-38
Infected complete pro Lappe uteri - Trauma	over 10 yrs. ago. 4-1-38
Other contributory causes of importance:	
Chr. Interstitial Nephritis Cystitis -	Many years 1936

Name of operation ——— Date of ———
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ———, 193—
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. O. Hamilton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 12 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10883

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 121

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William B. Biggerstaff

(a) Residence No. 107 S. 15th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Biggerstaff

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME William Biggerstaff

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Ben Keyes (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 4-15-1930 193

19. UNDERTAKER William McBratney (Address) Boise, Idaho

20. FILED 4-18, 1930 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-15 1930

22 I HEREBY CERTIFY, That I attended deceased from 4-10, 1930, to 4-15, 1930

I last saw h— alive on 4-15 1930: death is said to have occurred on the date stated above, at 5:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary TBc	1 yr
Other **contributory causes** of importance:	
none	

Name of operation none Date of

What test confirmed diagnosis? Trm Was there an autopsy? no Aput

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T W Edmund, M. D.

(Address Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
Typed
File No. 108836

Registration District No. 6
Primary Registration District No. 1004 Local Registrar's No. 122
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruby Florence Dodge

(a) Residence No. 1013 Lincoln Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Douglas Dodge

6. DATE OF BIRTH (month, day, and year) 2-27-1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanna. (State or country) Wyoming

FATHER

13. NAME James Button
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Mary Brown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Earl Dodge (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 4-19-1935, 193

19. UNDERTAKER William McGratary (Address) Boise, Idaho

20. FILED 4-18, 1935 O. O. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-16 1935

22 I HEREBY CERTIFY, That I attended deceased from March 14, 1935, to Apr 16, 1935
I last saw h 91 alive on Apr 15 1935: death is said to have occurred on the date stated above, at 6:50 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Metastases from Carcinoma of Left Breast	

Other **contributory causes** of importance:

Atelectasis Left Lung	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. A. Wade, M. D.
(Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See tion on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise
MAY 2 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108837

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 123
(No. 94a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Simon M. Marks
(a) Residence No. 1001 Hays St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan. 16 1879
7. AGE: Years 59 | Months 3 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Carroll Iowa (State or country) Mo.

FATHER
13. NAME M. J. Marks
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Ella L. Rosenblatt
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Jacob A. Marks
(Address) Boise, Ida

18. BURIAL, CREMATION OR REMOVAL Place Jewish Cem Date 4-19-1938
Boise

19. UNDERTAKER Schneider & Williams
(Address) Boise, Idaho

20. FILED 4-20, 1938 E. L. Eckert Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 18th Apr., 1938, to 18th Apr., 1938
I last saw h— alive on Apr 17 1938: death is said to have occurred on the date stated above, at 1 PM m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	
Embolism.	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. George Jaksch M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

RECD MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108838

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 124

(No St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

127

2. FULL NAME Ethel. M. Nelson.

(a) Residence No. 2419. Broadway Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Seymour. R. Nelson.

6. DATE OF BIRTH (month, day, and year) Nov. 23. 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	4	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Everton.
(State or country) Missouri.

FATHER

13. NAME James. M. Grisham.

14. BIRTHPLACE (city or town) Missouri.
(State or country)

MOTHER

15. MAIDEN NAME Jessie. M. Brookins.

16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT Seymour. R. Nelson.
(Address) R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Apr. 21. 193 8.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-20, 193 8 E. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4 19 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 4/17, 193 8, to 4/19/38, 193

I last saw h e y alive on 4/19 193 8: death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	4/17/38
Perforated Gall Bladder	4/11/38

Other contributory causes of importance:

Hypertension	?

Name of operation Drainage Date of 4/17/38

What test confirmed diagnosis? C. Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr. Lafayette

(Address) 411 6 Eastman Bldg Boise.

Brayton

PLACE OF DEATH

County of Ada

City of Boise

MAY 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108839

Registration District No. 2004

Primary Registration District No. 2004 Local Registrar's No. 125

(No. Salvation Army Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Harley K. Plecker

(a) Residence No. Pierce Park Lane St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-19-1938

7. AGE Years	Months	Days	If LESS than 1 day 15 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

FATHER

13. NAME Cloyce Brown Plecker

14. BIRTHPLACE (city or town) Keota
(State or country) Iowa

MOTHER

15. MAIDEN NAME Helen Dewey

16. BIRTHPLACE (city or town) Peetz,
(State or country) Colorado

17. INFORMANT C. B. Plecker
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4-20-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-21, 193 8 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-19-193 8

22 I HEREBY CERTIFY, That I attended deceased from Apr 19, 1938, to Apr 19, 1938

I last saw h alive on Apr 19 1938: death is said to have occurred on the date stated above, at 4:00 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary atelectasis	Apr 19

Other **contributory causes** of importance:

Mother unusual about Delivery

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Brayton, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

MAY 1-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108840

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 126

(No. Salvation Army Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Baby Hammond

(a) Residence No. Boise Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr: 19 1938

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Hollis Hammond

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Vidella Bishop

16. BIRTHPLACE (city or town)
(State or country) No: Dak.

17. INFORMANT Frank Bishop
(Address) Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/21, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-21, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-19 1938

22 I HEREBY CERTIFY, That I attended deceased from April 19, 1938, to April 19, 1938

I last saw him alive on April 19 1938: death is said to have occurred on the date stated above, at 8 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Premature	April 19-38
Other **contributory causes** of importance:	
none	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Edmunds, M. D.

(Address) Boise

Swindell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108841

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 127
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Emma Hoseley

(a) Residence No. 1410 North 16th street St.
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. (If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Loomis Hoseley

6. DATE OF BIRTH (month, day, and year) 5-27-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emden
(State or country) Maine

FATHER

13. NAME John Redmond
14. BIRTHPLACE (city or town) Quebec,
(State or country) Canada

MOTHER

15. MAIDEN NAME Lavina Boyington
16. BIRTHPLACE (city or town) Emden
(State or country) Maine

17. INFORMANT Mrs. John G. Garrett
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Neillsville, Wis. Date 4-28-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-27, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-26 193 8

22 I HEREBY CERTIFY, That I attended deceased from 4-8-, 193 8, to 4-26, 193 8
I last saw h.. alive on 4-24 193 8: death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Other contributory causes of importance:	
Chronic Myocarditis	unknown

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. F. Swindell, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108842

Registration District No. 2
Primary Registration District No. 604
Local Registrar's No. 128

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Lewis Hoagland

(a) Residence No. 1305 N. 25th St. St. Boise Ada
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cyfistina Hoagland

6. DATE OF BIRTH (month, day, and year) 9-29-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	6	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Kansas

FATHER
13. NAME James Henry Hoagland Co. H-4th Dakota Inf.
14. BIRTHPLACE (city or town) Lansing
(State or country) Michigan

MOTHER
15. MAIDEN NAME Sarah Mari Hayt
16. BIRTHPLACE (city or town) .....
(State or country) Vermont

17. INFORMANT Louis N. Wellman
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Middleton Date April 28, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-27, 1938 E. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-25 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 193?, to 4/25, 1938
I last saw h[illegible] alive on ..... 193..: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Gave him as he was dying	
Other **contributory causes** of importance:	
?	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. J. Coats, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108843

MAY 12 1938

Registration District No. 2
Primary Registration District No. 1204 Local Registrar's No. 129

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Gardin

(a) Residence No. Richfield Tourist Camp St.
(Usual place of abode)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. H. Gardin

6. DATE OF BIRTH (month, day, and year) 3-7-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Pleasant (State or country) Iowa

FATHER
13. NAME ---------- Manafee
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Mt. Pleasant (State or country) Iowa

17. INFORMANT J. H. Gardin (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Cloverdale Date 4-28-1938 193

19. UNDERTAKER William McBratney (Address) Boise, Idaho

20. FILED 4-29 1938 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-26 1938

22 I HEREBY CERTIFY, That I attended deceased from April, 1938, to April 26, 1938
I last saw her alive on April 26 1938: death is said to have occurred on the date stated above, at 6:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute obstructive jaundice of severe Staphylococcus with hemorrhagic phlebitis over entire body.	About April 1st 1938
Other contributory causes of importance:	
Gall stones	2 or 3 yrs.

Name of operation Cholecystectomy & gall bladder drainage Date of April 25
What test confirmed diagnosis? Removal of stones Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. P. Brandt, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108844

MAY 12 1938

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 130

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marjorie Ann Johnson

(a) Residence No. 1317 Leadville Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-6-1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise.
(State or country) Idaho

FATHER

13. NAME Willard Armond Johnson

14. BIRTHPLACE (city or town) Boise.
(State or country) Idaho

MOTHER

15. MAIDEN NAME Laura May Landers

16. BIRTHPLACE (city or town) Boise.
(State or country) Idaho

17. INFORMANT Floyd Landers
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4-30-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 4-30, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-28 1938

22 I HEREBY CERTIFY, That I attended deceased from 10:00 A.m. 4/28/38 1938, to 11:30 A.m. 4/28/38 1938

I last saw h.e.~~x~~ alive on 4/28 1938: death is said to have occurred on the date stated above, at 11:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured viscera	4/28/38
Ran over by auto trailer	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Observed Was there an autopsy? no (refused)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/28/38 193.8

Where did injury occur South Boise - Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Junkie Plane

Manner of injury Ran over by trailer

Nature of injury Child playing around trailer

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Howard M. Chalmpbell M.D.

(Address) 411 Coatman Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Mesa Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108845

Registration District No. 77

Primary Registration District No. ..... Local Registrar's No. 182

MAY 4 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Edgar Shaw

(a) Residence. No. ..... St. Council, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

107a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) April 10, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
I	II	I6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** --

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** --

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Council, Ida.

FATHER

13. NAME William Henry Shaw

14. BIRTHPLACE (city or town) (State or country) Harrison Co-Iowa

MOTHER

15. MAIDEN NAME Nina Thompson

16. BIRTHPLACE (city or town) (State or country) Council, Ida.

17. INFORMANT (Address) W. H. Shaw Council, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood City Date 3/29/38 193..

19. UNDERTAKER (Address) Burial by parents Council, Ida

20. FILED 5/2/38 193..
DR. ALVIN S. THURSTON
COUNCIL, IDAHO
Registrar.
MAY 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27/38

22. I HEREBY CERTIFY, That I attended deceased from 3/13/38 ....., 193..., to 3/27/38 ....., 193....
I last saw him alive on 3/26/38 193...: death is said to have occurred on the date stated above, at 7:30 P ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Broncho-pneumonia	3/10/38
Other **contributory causes** of importance:	
Acute cardiac dilatation	3/27/38

Name of operation None Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide or homicide? XXXXXXXXXXXXXXXXXX Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If ....

(Signed) ..... M. D.
(Address) Cambridge, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH Bannock STATE OF IDAHO
County of Fremont DEPARTMENT OF PUBLIC WELFARE
City of [redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108846

Oxford
MAY 10 1938
Registration District No. 89
Primary Registration District No. 2160 Local Registrar's No. 4
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Gooch Baker. 131
(a) Residence No. Oxford Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. V
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. V
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME William Gooch
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Ann Birkenshaw
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT George Fissler
(Address) Oxford Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oxford Date April 15 1938

19. UNDERTAKER Leurel L. Johnson
(Address) Preston Idaho

20. FILED May 7, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-12-38 193

22 I HEREBY CERTIFY, That I attended deceased from 1-18, 1938, to 4, 193
I last saw h[redacted] alive on 4-1 1938: death is said to have occurred on the date stated above, at 10:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Chronic nephritis	
Other contributory causes of importance:	
Uremia	3-25-38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. R. Miller, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10884

MAY 4- 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 69

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred O. Lee

(a) Residence No. R. F. D. #1 North of City St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Margaret Montgomery

6. DATE OF BIRTH (month, day, and year) April 5, 1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City.
(State or country) Utah.

FATHER

13. NAME Alfred Lee

14. BIRTHPLACE (city or town)
(State or country) Virginia.

MOTHER

15. MAIDEN NAME Rebecca Orm

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Margaret Lee
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Apr. 5, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello Idaho

20. FILED Apr. 4, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/2 1938.

22 I HEREBY CERTIFY, That I attended deceased from Dec, 1936, to March 31, 1938.

I last saw him alive on 3-31 1938.: death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	3 wks

Other contributory causes of importance:

Chronic cystitis	
enlarged infected prostate.	

Name of operation none Date of

What test confirmed diagnosis? Labo Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) D C Ray, M. D.

(Address Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock.
City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108848

MAY 4- 1938
Registration District No. 38
Primary Registration District No. 2161
Local Registrar's No. 68
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Buck.

(a) Residence No. Fort Hall, Idaho. St. 200
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. I yrs. 8 mos. & ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
I	8	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER
13. NAME Zurick Buck
14. BIRTHPLACE (city or town) Bliss, Idaho
(State or country)

MOTHER
15. MAIDEN NAME Maggie Calico
16. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

17. INFORMANT Zurick Buck
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cedars Cemetery Date 3- 14- , 1938

19. UNDERTAKER C.C.Carpenter, Agc. Carpenter
(Address) Fort Hall, Idaho

20. FILED Apr. 7, 1938 D. Gray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-14 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown	
No attending Physician	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. R. E. Rogers, M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Ross Fork Creek Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 69

DO NOT WRITE IN THIS SPACE

State File No. 108845

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Valeria Punkin. 200

(a) Residence No. Fort Hall, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME Andrew Pumpkin

14. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Ellen Lewis

16. BIRTHPLACE (city or town) .....
(State or country) Fort Hall Idaho

17. INFORMANT Andrew Punkin.
(Address) Fort Hall Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ross Creek Cr. Date Mar. 23, 1938

19. UNDERTAKER C.C.Anderson, (Agc. Carpenter)
(Address) Fort Hall, Idaho

20. FILED April 7, 1938 D Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-20 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 3: A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown	
No attending Physician.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. C. Rogers, M. D.

(Address Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108850

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No.)
Local Registrar's No. 70

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Abe Scheinberg.

(a) Residence. No. 335 West Custer St. St.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophia Scheinberg

6 DATE OF BIRTH (month, day and year) July 25, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wool and hide merchant.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia.

PARENTS

10 NAME OF FATHER: Couple Scheinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia.

14 Informant: Sophia Scheinberg
(Address) 335 West Custer, Pocatello, Ida.

15 Filed April 7th 1938 D C Kay
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 7th. (Day) 1938 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1936, to Apr. 7, 1938, that I last saw him alive on Apr 7, 1938, and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:
Coronary Thrombosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Ben C. Eisenberg M. D.
April 7, 1938 (Address) Pocatello, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Salt Lake City, Utah.	Apr. 7th. 1938

20. Undertaker: McHans Funeral Home, Pocatello, Idaho
Address

N. B.—Every item of information given must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108851

Mar 4 - 1938
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 71
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucile A. Myhre
(a) Residence No. 734 E. Halliday St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Orin A
6. DATE OF BIRTH (month, day, and year) June 3, 1908
7. AGE: Years 29 | Months 10 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Mitchell Co. Iowa
(State or country) ~~Dakota~~

FATHER
13. NAME Miles Culver
14. BIRTHPLACE (city or town) Corning
(State or country) New York

MOTHER
15. MAIDEN NAME ~~Ruth~~ Libbie Hillman
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Orin A. Myhre
(Address) 734 E. Halliday
18. BURIAL, CREMATION OR REMOVAL
Place Mt. Angus Date Apr. 8, 1938
19. UNDERTAKER Lowman & Hanna Funeral Home
(Address) Pocatello Idaho
20. FILED 4-8, 1938 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/4/1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938, to Mar 1, 1938
I last saw h~~e~~r alive on Mar 1 1938: death is said to have occurred on the date stated above, at 11 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Post Operative	

Other contributory causes of importance: Dilation of Ureters

Name of operation ..... Date of Mar 5/38
What test confirmed diagnosis? ..... Was there an autopsy? No History only

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ~
Manner of injury ~
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) O. E. Cell, M. D.
(Address) April 8/38

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of

MAY 4- 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 77

DO NOT WRITE IN THIS SPACE

State File No. 108852

118c

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David F Dowd

(a) Residence. No. 470 Park Ave Shoshone Falls, Ida
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leonore D Dowd

6. DATE OF BIRTH (month, day, and year): Sept 14, 1863

7. AGE: Years 74; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Carpenter

10. Date deceased last worked at this occupation (mo. and yr.): 30 yrs.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Gorgeous Dowd

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Elizabeth Ellington

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs Leonore D. Dowd Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date April 8 1938

19. UNDERTAKER (Address): Jack A. W. Bond

20. FILED 4/11, 1938 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1938, to 4-6, 1938.

I last saw h. alive on 4-6, 1938. death is said to have occurred on the date stated above, at 6 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric hemorrhage	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) W. L. Draper, M. D.
Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108853

MAY 4 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 74
(No. 335 West Custer)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sofia ~~Scheinberg~~ (Scheinberg) 165

(a) Residence No. 335 West Custer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	~~ma~~ single

5a. If married, widowed, or divorced
HUSBAND of --
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) In 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 32			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country) Rumania

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) onknown
(State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country) unknown

17. INFORMANT Edith Mo~~r~~z (cousin)
(Address) 1741 East 9 South Salt Lake

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Salt Lake city Date April 12 193 8

19. UNDERTAKER McH n Funeral Home
(Address) Pocatello Idaho

20. FILED Apr 12 193 8 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) April 12 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strangulation	
Hanging	
Suicide	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
~~Manner~~ of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall Coroner
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108854

MAY 4 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 75
(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacklyn Kay Toomey

(a) Residence No. Pocatello, St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/12/38.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME A. L. Toomey
14. BIRTHPLACE (city or town) Philadelphia,
(State or country) Penn.

MOTHER

15. MAIDEN NAME Martha J. Butterfield
16. BIRTHPLACE (city or town)
(State or country) Illinois.

17. INFORMANT A. L. Toomey
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date April 14, 193 8.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED April 13, 193 8. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/12/38.

22 I HEREBY CERTIFY, That I attended deceased from 4-12-, 1938, to 4-12-, 1938
I last saw h[illegible] alive on 4-12-193[illegible]: death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis.	
Other contributory causes of importance:	
Pneumatic infection	
of pleura	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of info. should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEA... plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruc... tion on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108855

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 76

MAY 4 1938

(No. Ranch 3 miles North of Poc,)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Ruth Main Cederholm

(a) Residence No. 3 miles North of city. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walfred Cederholm

6. DATE OF BIRTH (month, day, and year) July 4 1916

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	21	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

FATHER
13. NAME Leland R. Main
14. BIRTHPLACE (city or town) Flint
(State or country) Michigan

MOTHER
15. MAIDEN NAME Naomi Clayton
16. BIRTHPLACE (city or town) Burlington
(State or country) Iowa

17. INFORMANT Walfred Cederholm
(Address) Route 1 Pocatello Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mountainview Date April 16 193 8

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED 4-14, 193 8 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 13 8

22 I HEREBY CERTIFY, That I attended deceased from April 6, 193 8, to April 13, 193 8
that last saw her alive on April 13, 193 8: death is said to have occurred on the date stated above, at 11 30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolis	

Other **contributory causes** of importance:

Shock (from convulsion	
of 10 mo old baby)	

Name of operation Curettement Date of 4-6
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108856

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 77
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Antonio Di Pe

(a) Residence No. 1018 N. 9th St. 46
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.R.R.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation 7yr.

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Donato Di Pe

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Carmel Di Pe
(Address) Anaconda Mont.

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Apr. 16, 1938

19. UNDERTAKER Edwards Funeral Home
(Address) Pocatello Idaho

20. FILED 4-18, 1938 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1937, to April, 1938
I last saw h.. alive on 4 July 1935: death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D C Ray, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10885?

Registration District No. 28
Primary Registration District No. 8161 Local Registrar's No. 78
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. B. McClain
(a) Residence No. Casa Del Rio St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola

6. DATE OF BIRTH (month, day, and year) Feb. 29, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watch maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Morgan Jewelry Co
10. Date deceased last worked at this occupation (mo. and yr.) 9/6/38
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Cripple Creek
(State or country) Colo.

FATHER
13. NAME W. B. McClain
14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town)
(State or country) unknown

17. INFORMANT Mrs. Lola McClain
(Address) Casa Del Rio Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Apr. 18, 1938

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED 4-18, 1938 D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr. 16 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-7, 1938, to 4-15, 1938
I last saw h[illegible] alive on 4/15 1938: death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	
Other contributory causes of importance:	
Hypertension arteriosclerosis	

Name of operation [illegible] Date of 4/7/38
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature], M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108858

RECEIVED MAY 4 - 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 79

(No. 411 North Arthur)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Karen J. Mitchell

(a) Residence No. 411 North Arthur St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of B. R. Mitchell

6. DATE OF BIRTH (month, day, and year) Oct. 31/1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Schleswig Holste
(State or country) Germany

FATHER
13. NAME Christenson Jensen
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME Olena Klausen
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT B. R. Mitchell
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Apr. 19, 1938.

19. UNDERTAKER Arthur M. Hall
(Address) Pocatello, Idaho

20. FILED Apr. 18, 1938. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/15/1938

22 I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 15, 1938
Last saw her alive on April 15 1938; death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1935
Other contributory causes of importance: Empiel Carcinoma of Lungs & Pericardial adhesions	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. S. Conway, M. D.
(Address Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108859

RECEIVED MAY 4 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 80

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret L. Glover 53c

(a) Residence No. Robin, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of George E. Glover

6. DATE OF BIRTH (month, day, and year) Sept 13, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arimo
(State or country) Idaho

FATHER

13. NAME Willi m Jenkins

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Adelia Curtis

16. BIRTHPLACE (city or town) Provo
(State or country) Utah

17. INFORMANT Mr. George E. Glover
(Address) Robin, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Robin, Idaho Date 4/20, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Apr. 18, 1938. N. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/16 1938

22 I HEREBY CERTIFY, That I attended deceased from July, 1937, to Apr 16, 1938
I last saw h[illegible] alive on ..... 193..: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Spine	
Other contributory causes of importance:	

Name of operation nd Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. H. Young, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108860

MAY 4- 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 81

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank (Onorio) Massaro 55a

(a) Residence No. 515 N. 6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexandra

6. DATE OF BIRTH (month, day, and year) Feb. 24, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker's helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. asst. U.P.R.R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Naples Italy

FATHER

13. NAME Dominic Massaro
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Alexandra Massaro
(Address) 515 N. 6th

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Apr. 20, 1938

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello D. C. Kay

20. FILED 4-20, 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr. 19, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Melano-Sarcoma	
forbrain.	
Other **contributory causes** of importance:	
Enucleation eye & Evisceration	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. V. Clothier M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 81

JUL 19 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank (Dnaris) Massaro

(a) Residence No. 515 - No. 6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexandra

6. DATE OF BIRTH (month, day, and year) Dec. 24, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P.R.R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Naples
(State or country) Italy

FATHER
13. NAME Dominic Massaro
14. BIRTHPLACE (city or town)
(State or country) Italy

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town)
(State or country) Italy

17. INFORMANT Mrs. Alexandra Massaro
(Address) 515 No 6th

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Apr. 20, 1938

19. UNDERTAKER Daynard's Funeral Home
(Address) Pocatello Idaho

20. FILED Apr 20, 1938 S. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 17 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Melano-Sarcoma of orbit	

Other **contributory causes** of importance:

Enucleation of eye and extraction of orbit evisceration	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. C. Gates M. D.
(Address) Pocatello, Idaho

AMBULANCE SERVICE

JUL 19 1938

MRS. BYRON B. DOWNARD
LADY ATTENDANT

Downard's Funeral Home

BYRON B. DOWNARD
FUNERAL DIRECTOR

PHONE 672

Pocatello, Idaho

July 18, 1938.

Bureau of Vital Statistics
Dept/ of Public Welfare
Boise Idaho

Gentlemen;

Enclosed you will find a corrected copy of the death certificate for Frank Massaro who died April 17, 1938. There is a mistake in age on the original we sent you. Please send us a certified copy of the corrected certificate, 50 cents is enclosed for the copy.

Thank you

Downard Funeral Home
by John Glossman

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108861

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 83

MAY 4 - 1938

(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

51c

2. FULL NAME Robert Dietrich

(a) Residence No. Bernice, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Ray Hopkins Dietrich

6. DATE OF BIRTH (month, day, and year) 11/19/1857

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	81	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Peoria
(State or country) Illinois

FATHER

13. NAME Joseph Dietrich

14. BIRTHPLACE (city or town) Alsace
(State or country) Lorrine

MOTHER

15. MAIDEN NAME Magdiline Roessler

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Ray Dietrich
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Topeka, Kansas Date ....., 193..

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 4-29, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/19 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 193 7, to 4-19, 1938

I last saw h alive on 4/18 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Indefinite Senescence	
Probable	

Other contributory causes of importance:

Myocardial failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108862

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 84

MAY 4

(No. St. Anthoney Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

157d

2. FULL NAME Janice Hardy

(a) Residence No. Pocatello Camp, Cabin 11&12 412 No. St. 12th Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/4/1938

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Ira Charles Hardy
14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER

15. MAIDEN NAME Anna BoDell Harris
16. BIRTHPLACE (city or town) Grace
(State or country) Idaho

17. INFORMANT Ira Hardy
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cleveland Date 4/__/38 193__

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 4-22, 19[redacted] S C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/21 193 8

22 I HEREBY CERTIFY, That I attended deceased from April 2, 193 8, to April 21, 193 8
I last saw her alive on 4-21 193 8; death is said to have occurred on the date stated above, at 7 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Pyloric Stenosis	Birth
Other contributory causes of importance:	
Physiologic Jaundice, severe	

Name of operation Exteam Pyloric Resection Date of 4/21/38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following;
Accident, suicide, or homicide? Date of injury ___, 193__.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ben C. Eisenberg, M. D.
(Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

RECEIVED
MAY 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108863

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 85
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lula May Grooms

(a) Residence No. 311 South 11th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank E, Grooms

6. DATE OF BIRTH (month, day, and year) July 19 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country) Kentucky

FATHER

13. NAME Thomas Fowler

14. BIRTHPLACE (city or town) unknown
(State or country) Indianna

MOTHER

15. MAIDEN NAME Mary Fowler --

16. BIRTHPLACE (city or town) unknown
(State or country) Kentucky

17. INFORMANT Frank E. Grooms
(Address) 311 South 11th Poc. Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mountainview Date 4/26, 193 8

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello, Idaho

20. FILED 4-25, 193 8 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 23 193 8

22 I HEREBY CERTIFY, That I attended deceased from March 23, 193 8, to April 23, 193 8
I last saw her alive on April 23 193 8. death is said to have occurred on the date stated above, at 7:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemmorrhage	3-20-38
Other **contributory causes** of importance:	
Coronary throrbosis	4-23-38

Name of operation none Date of
What test confirmed diagnosis? cl. Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William T. Howard M. D.
(Address) Carstens, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

MAY 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108864

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 86

(No. Lynn Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Kenneth McCardell

(a) Residence No. 337 South Hayes St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kathleen McCardell

6. DATE OF BIRTH (month, day, and year) Aug. 22 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	8	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tooelle
(State or country) Utah

FATHER
13. NAME Peter Dunlop McCardell
14. BIRTHPLACE (city or town) unknown
(State or country) Utah

MOTHER
15. MAIDEN NAME Drusella Bronson Marek
16. BIRTHPLACE (city or town) Almo
(State or country) Idaho

17. INFORMANT Drusella Marek (mother)
(Address) Pocatello Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mt. view Cemetery 4/26, 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED 4-25, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day ~~April~~) 22 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-16, 1938, to 4-22, 1938
I last saw him alive on 4-22-1938: death is said to have occurred on the date stated above, at 2:10 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Peritonitis	
(Ruptured appendix)	

Other **contributory causes** of importance:
Mitral insufficiency

Name of operation Appendectomy Date of 4-18-38
What test confirmed diagnosis? ~~sp~~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) D. Nixon, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

MH 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

(No. Lynn Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108865

Local Registrar's No. 87

10 7a

2. FULL NAME Mayme Hardy

(a) Residence No. Cook Apts. Centre St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmer Hardy

6. DATE OF BIRTH (month, day, and year) Nov. 18 1885

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyram
(State or country) Utah

FATHER

13. NAME Christopher Wingar

14. BIRTHPLACE (city or town) unknown
(State or country) Norway

MOTHER

15. MAIDEN NAME Caroline Anderson

16. BIRTHPLACE (city or town) Stoskholm
(State or country) Sweden

17. INFORMANT Zelda Hardy
(Address) Cook Apts. Poc.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Hyram Utah Date 4/26, 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED 4-25, 1938 D Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 23 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-23-, 1938, to 4-23-, 1938

I last saw her alive on 4-23 1938; death is said to have occurred on the date stated above, at 9:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial -	

Other **contributory causes** of importance:

Rheumatoid arthritis	

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1938

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** none

Manner of injury none

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? No, so, specify —

(Signed) J. H. Hammond, M. D.

(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock 1938
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108866

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 88
(No. St Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Kay Byington 2108

(a) Residence No. , St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 20, 1933

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	5	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home, XXXX

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XXXX

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grace
(State or country) Idaho

FATHER

13. NAME Harold Byington

14. BIRTHPLACE (city or town) Rockland
(State or country) Idaho

MOTHER

15. MAIDEN NAME Gwen Smith

16. BIRTHPLACE (city or town) Grace
(State or country) Idaho

17. INFORMANT Harold Byington
(Address) Grace, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grace Date 4/28/38, 193

19. UNDERTAKER Arthur V. Hall
(Address) Pocatello, Idaho

20. FILED 4-27, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/25 1938

22 I HEREBY CERTIFY, That I attended deceased from April 25, 193[illegible], to April 25, 193[illegible]
I last saw him alive on April 25 193[illegible]: death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture base of skull and Concussion of brain	4-25-38
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-25-38 193
Where did injury occur? near Pocatello, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. on highway
Manner of injury Struck by truck
Nature of injury Skull fracture

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. M. Newton, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10886

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 89
(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catharine Keough Conlin
(a) Residence No. St. Ashton Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas H.

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	-	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 48 yrs.

12. BIRTHPLACE (city or town) Ishpeming Michigan
(State or country)

FATHER
13. NAME Cornelius Keough
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME Mary Butler
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Thomas J. Conlin
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashton Id. Date Apr. 28, 1938

19. UNDERTAKER Leonards Funeral Home
(Address) Pocatello Idaho

20. FILED 4-27, 1938 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr. 25 1938

22 I HEREBY CERTIFY, That I attended deceased from April 17, 1938, to April 25, 1938
I last saw h.. alive on April 25 1938.: death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. Bronchopneumonia	4-17-38
Other contributory causes of importance:	
Acute Endocarditis	4-15-38

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. M. Newton, M. D.
(Address Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108868

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 90
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joe Shelby Black
(a) Residence No. 1056 E. Lander St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 95 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E.
6. DATE OF BIRTH (month, day, and year): Sept. 23, 1863
7. AGE — Years: 72 — Months: 7 — Days: 3 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contractor
10. Date deceased last worked at this occupation (mo. and yr.): 1936
11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country): Chillicothe Missouri

FATHER
13. NAME: Adam Black
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Sally Kelly
16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMANT: Mrs. Sarah Black
(Address): 1056 E. Lander
18. BURIAL, CREMATION, OR REMOVAL
Place: Mountainview Date: Apr., 28, 193 8
19. UNDERTAKER: Downard Funeral Home
(Address): Pocatello Idaho
20. FILED: 4-27, 193 8 D. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Apr. 26 193 8
22. I HEREBY CERTIFY, That I attended deceased from June 7, 193 7 to April 26, 193 8
I last saw h. alive on Apr. 26 193 8: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Dis	Chronic
Other contributory causes of importance:	
Coronary occlusion	4/25/38

Name of operation: — Date of:
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) William T. Howard M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108869

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 91
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Brigid (Delia) Lyons

(a) Residence No. 1927 N. Clark St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Daniel

6. DATE OF BIRTH (month, day, and year) May, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Roscammon Co. Ireland

FATHER
13. NAME Chas. Meighan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Anne Healy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Daniel Lyons
(Address) 927 N Clark

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Apl 20, 1938

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 4-7-, 1938 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 27 1938

22 I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to April 27, 1938.
I last saw her alive on 4/26 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	Gradual
Other **contributory causes** of importance:	
Fracture of head of humerus	April 1, 1938

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury April 1, 38 193.....
Where did injury occur? Pocatello, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** In Home
Manner of injury Fell on floor.
Nature of injury Fracture of humerus

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Hurlburt M. D.
(Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108870

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 92

MAY 4 - 1938

(No. 823 South 9th)
(If death occurred in a hospital or institution, give its name instead of street and number)

54

2. FULL NAME Dora R. Smith

(a) Residence No. 823 South 9th St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of E. Warren Smith

6. DATE OF BIRTH (month, day, and year) 4/14/1872

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
66	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin, Idaho

FATHER

13. NAME Allen Rankin
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Janet Adamson
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT E. Warren Smith
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date 5/1/38 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED May 7, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/28/1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__
I last saw h__ alive on ____ 193__; death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic coma	
Found dead in bed.	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(Signed) Arthur W. Hall, Coroner
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of De Smet.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 31
Primary Registration District No.
Local Registrar's No.

DO NOT WRITE IN THIS SPACE
State File No. 108871

MAY 12 1938

(No. De Smet, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

9 | 2

2. FULL NAME Margaret Jackson.

(a) Residence. No. Lovell, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Jackson.

6. DATE OF BIRTH (month, day, and year) October 7, 1893 (Record)

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or min.
about 44	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Own Home.

10. Date deceased last worked at this occupation (month and year) Mar/1938

11. Total time (years) spent in this occupation 25 Yrs.

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER

13. NAME Gedeon Peone

14. BIRTHPLACE (city or town) (State or country) Wash

MOTHER

15. MAIDEN NAME Julia Furgerson

16. BIRTHPLACE (city or town) (State or country) Wash

17. INFORMENT (Address) John Jackson ##### Lovell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Ida. Date Apr/23/ 1938

19. UNDERTAKER (Address) Kimball Funeral Home. Tekoa, Washington.

20. FILED Apr/21/, 1938 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to Apr 20, 1938
I last saw h alive on Apr 19, 1938: death is said to have occurred on the date stated above, at 11:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	
Other contributory causes of importance: Cardio-Vascular Disease	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Nelson, M. D.
(Address) Tekoa, Wash.

Dr. Nelson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of DeSmet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108872

Registration District No. 31

MAY 14

Primary Registration District No. ..... Local Registrar's No. 9

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

96 D

2. FULL NAME James Jackson

(a) Residence. No. Farm near Indian Agency St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
about 78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Spokane Co. Wn.

FATHER

13. NAME Ravenhead

14. BIRTHPLACE (city or town) (State or country) Spokane Co. Wn.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Flathead Mont.

17. INFORMANT John Jackson
(Address) DeSmet Ida.

18. BURIAL, CREMATION OR REMOVAL
Burial Place DeSmet Ida. Date Apr. 16, 1938

19. UNDERTAKER STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED April 22, 1938. John Dart
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1938, to Apr 4, 1938

I last saw him alive on Apr. 11, 1938: death is said to have occurred on the date stated above, at 8:00 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	
Other **contributory causes** of importance: Cardiac Vascular disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. A. Nelson M. D.

(Address) DeSmet, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108874

MAY 11 1938

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 19
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

46 b

2. FULL NAME Della May Lewis

(a) Residence No. St.
(Usual place of abode) 24 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. E. Lewis

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	2	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11/36
11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) Fayette County
(State or country) Ohio

FATHER
13. NAME Isaac Light
14. BIRTHPLACE (city or town)
(State or country) Va.

MOTHER
15. MAIDEN NAME Margaret Sharritt
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT W. E. Lewis
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 4/6, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED May 9, 1938 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 5, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 7-26, 193-, to 4-4, 1938
I last saw her alive on 4-4 193 8: death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Other contributory causes of importance:	
Anemia	

Name of operation None Date of
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193-
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. D. Rath. M. D.
(Address) St Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108875

MAY 11 1938

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 20

(No. 127)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Elmore Smith

(a) Residence No. 16 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Smith

6. DATE OF BIRTH (month, day, and year) Apr. 3, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4/38
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Kalamazoo
(State or country) Mich

FATHER
13. NAME Silas R. Smith
14. BIRTHPLACE (city or town)
(State or country) Mich.

MOTHER
15. MAIDEN NAME Adeline Nichols
16. BIRTHPLACE (city or town)
(State or country) N. Y.

17. INFORMANT Mrs. Hannah Smith
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 4/9, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED May 9, 1938 J. Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 5, 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-2-38, to 4-5-38
I last saw h[illegible] alive on 4-5 1938: death is said to have occurred on the date stated above, at 10:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis	
Other **contributory causes** of importance:	
acute Cholangitis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) O. D. Robb M. D.
(Address) St Maries. Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108876

MAY 11 1938

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 21

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Filseth

46 E

(a) Residence No. .... St. ....
(Usual place of abode) 23 yrs. (If nonresident give city or town and state) 48 yrs.
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alma Filseth

6. DATE OF BIRTH (month, day, and year) March 11, 1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodlawn Cemetery

10. Date deceased last worked at this occupation (mo. and yr.) 5/1938

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Hedmark
(State or country) Norway

FATHER

13. NAME Christian Filseth

14. BIRTHPLACE (city or town) ....
(State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ....
(State or country) Norway

17. INFORMANT Mrs. Alma Filseth
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 4/18, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED May 9, 1938 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 15, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 3-17, 1938, to 4-15, 1938

I last saw h alive on 4-15 1938: death is said to have occurred on the date stated above, at 6:15 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Epil. Glandular Tract Liver	

Other **contributory causes** of importance:

Anemia	

Name of operation — Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) D. B. D. Platt, M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108877

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 23
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Stevens

(a) Residence No. St.
(Usual place of abode) 1 (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Stevens

6. DATE OF BIRTH (month, day, and year) Mar. 22, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4/38
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) Owen Sound
(State or country) Canada

FATHER
13. NAME William Stevens
14. BIRTHPLACE (city or town) Ontario
(State or country) Canada

MOTHER
15. MAIDEN NAME Maria Scott
16. BIRTHPLACE (city or town) Dublin
(State or country) Ireland

17. INFORMANT Mrs. Susie Stevens
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 5/1, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED May 9, 1938 Walter Rodberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 27, 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 26, 1938, to Apr 27, 1938
I last saw him alive on Apr 26 1938.: death is said to have occurred on the date stated above, at 1:25 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion (Probably)	Apr 27-38
Other **contributory causes** of importance:	
Influenza	Apr 20-38

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. Cornwall, M. D.
(Address) St Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St.Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108878

MAY 11 1938

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac N Golladay

210 8

(a) Residence. No. Main & Second Sts. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Golladay

6. DATE OF BIRTH (month, day, and year): Oct.15.1867

7. AGE: Years 70 | Months 6 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Steam Engineer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Saw Mills

10. Date deceased last worked at this occupation (mo. and yr.): 1932

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Springfield Ill.

FATHER

13. NAME: William Golladay

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT: Eugene Golladay (Address) St.Maries Ida.

18. BURIAL, CREMATION OR REMOVAL: Burial St.Maries Ida. Date 4-25, 1938

19. UNDERTAKER (Address): Stapish Funeral Home St. Maries Idaho

20. FILED May 9, 1938 E. Walter Olberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1938, to Apr 23, 1938.

I last saw him alive on Apr 22 1938: death is said to have occurred on the date stated above, at 1.30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Traumatic Shock	Apr 22-1938

Other **contributory causes** of importance:

fractured 2 ribs - punctured lung - fractures of clavicle	Apr 22-1938

Name of operation: None Date of: -

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury, 193.

Where did injury occur? Benewah County Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. public place

Manner of injury. automobile accident

Nature of injury. Multiple rib fractures - injury lung

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D.L. Cornwall M. D.

(Address) St Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of String Town
Plummer. R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 46
Primary Registration District No. 2126

DO NOT WRITE IN THIS SPACE
State File No. 108873

Local Registrar's No. 32

(No. 1316)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bruce Baxter Blackwelder

(a) Residence No. No established residence except place of death

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emily Thuma

6. DATE OF BIRTH (month, day, and year) 1-6-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation 15 Years.

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Caleb Alexander Blackwelder

14. BIRTHPLACE (city or town) (State or country) N Carolina

MOTHER

15. MAIDEN NAME Katherine McCoy

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Mrs Sam Verco
(Address) Plummer

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Rathdrum Ida. Date 4-18, 1938

19. UNDERTAKER Logan
(Address)

20. FILED May 2, 1938 Fred A Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-16 1938

22 I HEREBY CERTIFY, That I attended deceased from April 2nd, 1938, to April 13th 1938

I last saw him alive on April 13 1938: death is said to have occurred on the date stated above, at 5 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis.	1937
Other **contributory causes** of importance:	
Old Age.	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. S. Abegglen M. D.
(Address) Tekoa Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108851

MAY 6 - 1938

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 46

(No. State Hospital, South)
(If death occurred in a hospital or institution, give its name instead of street and number)

190

2. FULL NAME William Orval Hulme

(a) Residence No. ..... St. Bloomington, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
1 12

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/19/12

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bloomingtton
(State or country) Idaho

FATHER

13. NAME John P. Hulme

14. BIRTHPLACE (city or town) No data
(State or country)

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) No data
(State or country)

17. INFORMANT Records, State Hospital, South
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Bloomington, Ida. Date May 5, 1938

19. UNDERTAKER John C. Sandberg.
(Address) Blackfoot, Idaho.

20. FILED May 5, 1938 Wm. Valentine
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/3 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to April 3, 1938

I last saw him alive on April 2 1938: death is said to have occurred on the date stated above, at between 12 p.m. & 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Long exposure to freezing temperature	April 3

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Yes. By Dr. Hampton & Johnswell

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury none
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Johnswell, M. D.
(Address Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108882

RECEIVED MAY 6 1938

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 47
No. ( )

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leon George Baker alias Richard Wil[illegible]

(a) Residence No. St. Emmett [illegible]
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ina Hitchcock

6. DATE OF BIRTH (month, day, and year) Dec. 16 1892

7. AGE: Years 45 | Months 3 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4-4-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Osage City Kans

FATHER

13. NAME Harry J. Baker
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Grace Page
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT H. B. Baker (Address) Star Rt. Blackfoot Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date April 16 1938

19. UNDERTAKER J. C. Sandberg
(Address) Blackfoot Idaho

20. FILED Apr 15, 1938 Ford Walker Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) April 4 1938.

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 5:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
- over -	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) John C. Sandberg Coroner
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108884

MAY 6 1938

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

94 b

2. FULL NAME Thomas Jefferson Johnson

(a) Residence No. 9 North Shilling St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine Ryan Johnson

6. DATE OF BIRTH (month, day, and year) Dec 1, 1871.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Store.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Corin,
(State or country) Utah.

FATHER

13. NAME Wm. C. Johnson
14. BIRTHPLACE (city or town) St. Louis,
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Martha Flora,
16. BIRTHPLACE (city or town) St. Lewis
(State or country) Missouri.

17. INFORMANT James R. Ryan
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Date Apr. 21, 1938

19. UNDERTAKER E J Funk
(Address) Blackfoot

20. FILED 4-28, 1938 Wm. Yglesias Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-18 1938

22 I HEREBY CERTIFY, That I attended deceased from April 18, 1938, to April 18, 1938
I last saw him alive on April 18 1938: death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	April 18, 1938

Other contributory causes of importance:
Pain in R Lower Abdomen Appendicitis

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Eagar M. D.
(Address) Blackfoot, Ida.

50

19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

MAY 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108885

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 50

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

95 52

2. FULL NAME William Henry Kalleyham

(a) Residence No. No. Poplar St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 31-1865 appx

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tom Green Cty.
(State or country) Texas

FATHER

13. NAME No data

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Records Dept. Public Assistance
(Address) Blackfoot - Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Ferm Cem Co. Date April 22, 1938

19. UNDERTAKER E. F. Funk
(Address) Blackfoot Ida

20. FILED April 27, 1938 W. M. Haws Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/19 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-1-, 1938, to 4-20, 1938

I last saw h.m alive on 4-19 1938: death is said to have occurred on the date stated above, at 12 00 M. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	3-1-38
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. Miller, M. D.

(Address Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Moreland Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108887

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 52

MAY 6 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Charles Leki Monson

(a) Residence No. Moreland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ~~Single~~

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23, 1867

7. AGE: Years 70 | Months 7 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Milling
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Threshing Contractor
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hyrum Utah.
(State or country)

FATHER
13. NAME John Monson
14. BIRTHPLACE (city or town) Denmark.
(State or country)

MOTHER
15. MAIDEN NAME Mary C. Christensen
16. BIRTHPLACE (city or town) Denmark.
(State or country)

17. INFORMANT Lorenzo Monson
(Address) Ketchum Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Moreland Ida. Date April 25 1938

19. UNDERTAKER John C. Sandberg.
(Address) Blackfoot Ida.

20. FILED Apr. 25, 1938 Mc Laurie
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) April 22 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-20, 1938, to 4-22, 1938
I last saw him alive on 4-22 1938. death is said to have occurred on the date stated above, at 10 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic nephritis	3 yrs
with uremia	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. O. Humpherys M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108886

Registration District No. 121
Primary Registration District No. 1097
Local Registrar's No. 53

(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Elizabeth McDonald

(a) Residence No. 589 N. University St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

186a

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Henry McDonald

6. DATE OF BIRTH (month, day, and year) May 26, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rice Co. (State or country) Minnesota

FATHER

13. NAME John Emerson

14. BIRTHPLACE (city or town) New Brunswick (State or country) Canada

MOTHER

15. MAIDEN NAME Mary Slocker

16. BIRTHPLACE (city or town) Illinois (State or country)

17. INFORMANT J. W. McDonald (Address) Blackfoot, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Blackfoot, Ida. Date April 27 193 8

19. UNDERTAKER John C. Sandberg (Address) Blackfoot, Idaho

20. FILED Apr 26 193 8 Wm Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) April (day) 23 193 8

22 I HEREBY CERTIFY, That I attended deceased from Apr 18, 193 8, to Apr 23, 193 8

I last saw h.e alive on Apr 23 193 8: death is said to have occurred on the date stated above, at 7:40 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myo Carditis + Arteriosclerosis	Chronic
Other **contributory causes** of importance: Fractured Rt. Hip and Rt Humerus	Apr 18, 38

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? Fell at Home
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Beck M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10885

MAY 6 - 1938

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 54
(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glenn William Erickson 1612

(a) Residence. No. St. Moreland, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 22, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

FATHER

13. NAME Glen William Erickson
14. BIRTHPLACE (city or town) (State or country) Central, Idaho.

MOTHER

15. MAIDEN NAME Ivy May Jordan
16. BIRTHPLACE (city or town) (State or country) Moreland, Idaho

17. INFORMANT (Address) Mary L. Erickson Moreland, Idaho.

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Moreland, Idaho Date April 24, 1938

19. UNDERTAKER None —
(Address)

20. FILED Apr. 24 1938 Mrs. Nalus E. Lowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1938, to April 23, 1938
I last saw him alive on April 23, 1938; death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 22, 1938.
Other contributory causes of importance:	
Prolonged delivery.	
Pre-eclampsia in mother	April 1, 1938.

Name of operation None — Date of
What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Beck Jr. M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Shelley, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108891

MAY 6 - 1938

Registration District No. 121.
Primary Registration District No. 2194. Local Registrar's No. 58.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

936

2. FULL NAME Susanna (Britton) Staples

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of David Staples

6. DATE OF BIRTH (month, day, and year) June 9, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER
13. NAME Richard Britton
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Bayliss
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Wilford B Staples.
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Goshen Date 4-10-38, 193

19. UNDERTAKER
(Address) Shelley, Idaho

20. FILED 4-7, 1938 W. B. Staples
April-4 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-7 1938

22 I HEREBY CERTIFY, That I attended deceased from April 29, 1936, to June 10, 1937
I last saw her alive on June 10 1937: death is said to have occurred on the date stated above, at 7.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Other contributory causes of importance:	
Hypertension	1930
Chronic Myocarditis	1937

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Lloyd Johnson, M. D.
(Address) Shelley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Shelley,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108892

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 59

MAY 6 - 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beth Killian

87 b 3

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-11-1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	7	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Delos Killian
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER
15. MAIDEN NAME Cora Thorne
16. BIRTHPLACE (city or town) .....
(State or country) Utah

17. INFORMANT Delos Killian
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Ida. Date 4-11, 1938

19. UNDERTAKER T. M. Madden
(Address) Shelley, Idaho

20. FILED 4-7, 1938 W. McKales Etaine
April 7. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4.7 1938

22 I HEREBY CERTIFY, That I attended deceased from October, 1936, to April 7, 1938

I last saw her alive on April 7 1938: death is said to have occurred on the date stated above, at 11 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chorea	Oct. 1936
Respiratory Failure	4/7/38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. Lloyd Nichols, M. D.
(Address) Shelley, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR ...SERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Firth

RECEIVED MAY 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108893

Registration District No. 121
Primary Registration District No. 2194
(No.)
Local Registrar's No. 60

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kate Goodenough Lockyer

820

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mayford Lockyer

6. DATE OF BIRTH (month, day, and year) 12, 6, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	4	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carson City
(State or country) Nevada

MOTHER FATHER
13. NAME Andrew Goodenough
14. BIRTHPLACE (city or town)
(State or country) Michagan
15. MAIDEN NAME Mary Beck.
16. BIRTHPLACE (city or town)
(State or country) Iowa
17. INFORMANT W. J. Lockyer.
(Address) Lava Hot Springs Ida.
18. BURIAL, CREMATION OR REMOVAL
Place Firth Ida Date 4-22, 1938
19. UNDERTAKER Thompson
(Address) Shelley, Idaho
20. FILED 4-21, 1938 [illegible] Registrar.
April-21

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-20 1938
22 I HEREBY CERTIFY, That I attended deceased from 4-9, 1938, to 4-28, 1938
I last saw her alive on 4-17 1938; death is said to have occurred on the date stated above, at 10.40A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis due to Cerebral Hemorrhag	4-9-38

Other contributory causes of importance:
Topic Goitre of Many years Standing

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edwin Cutler, M. D.
(Address) Box 86 - Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham.

City of Fort Hall, Idaho.

RECEIVED MAY 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108894

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 61

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sharlele Rarose Faulkner. 159

(a) Residence No. 1 Fort Hall, Idaho. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: Sho.-Ban.-Chip. 7/16

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 27, 1938

7. AGE — Years: | Months: | Days: I2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - - -

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

FATHER

13. NAME Charles Faulkner, Jr.

14. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

MOTHER

15. MAIDEN NAME Rose Gimino

16. BIRTHPLACE (city or town) (State or country) Lakeside, Ore.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place - - - Date ....., 193..

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho.

20. FILED May 3, 1938 Mrs Hakum E. Hale
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-8 1938

22 I HEREBY CERTIFY, That I attended deceased from March 27, 1938, to April 8, 1938

I last saw her alive on April 7 1938: death is said to have occurred on the date stated above, at II:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Premature birth 6-I/2 Mo's.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. O'Ray, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham.
City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10895

MAY 6- 1938

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 62
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

10 74

2. FULL NAME Rose Celia Racehorse.

(a) Residence No. Blackfoot, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho.-Ban. 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. I5, I937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
I	2	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot, Idaho
(State or country)

FATHER
13. NAME Nelson Racehorse.
14. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

MOTHER
15. MAIDEN NAME Maud Pocatello.
16. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

17. INFORMANT Hospital Records.
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Unknown Date ....., 193..

19. UNDERTAKER .....
(Address)

20. FILED May 3, 193 8 Mrs Hallie E Fannie
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-9 193 8

22 I HEREBY CERTIFY, That I attended deceased from Apr. I, 1938, to April 9, 1938
I last saw ~~her~~ alive on April 7, 193 8: death is said to have occurred on the date stated above, at 8: P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Bronchial Pneumonia	2 weeks
Other **contributory causes** of importance:	
J Thrush	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D O'Ray, M. D.
(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108896

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 16

MAY 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) Wright 132

2. FULL NAME Andrew Preston Carter

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nettie B. Carter

6. DATE OF BIRTH (month, day, and year) July 26-1866

7. AGE: Years 71 | Months 8 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jane
(State or country) Missouri

FATHER

13. NAME Do

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Andy Carter
(Address) Hailey Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sun View Date 5-6, 1938

19. UNDERTAKER Ray McGoldrick
(Address) Hailey Idaho

20. FILED 5-1, 1938 Robert H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 4 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-10, 1938, to 4-4, 1938

I last saw him alive on 4-4 1938.: death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Other contributory causes of importance: Nephritis	6 mo

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

MAY 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108898

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agness T. Vorberg

(a) Residence No. Hailey Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): aug 11 1889

7. AGE — Years: 48 | Months: 7 | Days: 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockraiser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 4-4-38
11. Total time (years) spent in this occupation: 27 yrs

12. BIRTHPLACE (city or town) (State or country): Dayton, Ida. Albany County.

FATHER

13. NAME: Herman Vorberg
14. BIRTHPLACE (city or town) (State or country): Munich Bavaria.

MOTHER

15. MAIDEN NAME: Agness E. Schmidt
16. BIRTHPLACE (city or town) (State or country): Leipsig Germany.

17. INFORMANT (Address): Elizabeth Vorberg Hailey, Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Hailey Cemetery Date: 4-12-, 1938
19. UNDERTAKER (Address): Ray McGaedrick Hailey Ida
20. FILED 5-1, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 4-8-1938

22 I HEREBY CERTIFY, That I attended deceased from 4-6-, 1938, to 4-8-, 1938
I last saw her alive on 4-6-, 1938: death is said to have occurred on the date stated above, at 6.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	4/5
Other contributory causes of importance:	

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. W. Jones M. D.
(Address) Hailey Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of North Star Mine out of Hailey.

MAY 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 10899

Local Registrar's No. 19 / 161 e

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eldon Roy Gutches

(a) Residence No. North Star Mine St. Hailey, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) North Star mine out of Hailey
(State or country) Ida.

FATHER

13. NAME John Henry Gutches

14. BIRTHPLACE (city or town) Shoshone
(State or country) Ida

MOTHER

15. MAIDEN NAME Ada Marie Johnstone

16. BIRTHPLACE (city or town) Aberdeen
(State or country) Idaho

17. INFORMANT John Henry Gutches
(Address) Hailey, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place N. Star Cemetery Date 4-14-38, 193...

19. UNDERTAKER R. M. Goldrick
(Address) Hailey Idaho.

20. FILED 5-1, 1938 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-14 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/14, 1938, to 4/14, 1938.

I last saw h... alive on ... (193...: death is said to have occurred on the date stated above, at 2:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxia from Lung Haemorrhage	

Other **contributory causes** of importance:

Patent foramen ovale of heart.	

Name of operation ~~no~~ Date of ....
What test confirmed diagnosis? ~~no~~ Was there an autopsy? ~~no~~

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ~~no~~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ~~no~~
Manner of injury ~~no~~
Nature of injury ~~no~~

24 Was disease or injury in ~~any~~ way related to occupation of deceased? ~~no~~ If so, specify ....

(Signed) Wm. W. Lay M. D.
(Address) Ketchum Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Clarks Fork.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108900

Registration District No. 80
Primary Registration District No. 2157 Local Registrar's No. 24
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William John Sacht. 162

(a) Residence No. Clarks Fork, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Sacht.

6. DATE OF BIRTH (month, day, and year) June 17, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) 1918
11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) Buffalo
(State or country) N. York

FATHER

13. NAME Henry Peter Sacht.
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Marie Kepke
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT W.C. Sacht
(Address) Clarks Fork, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Date May 3, 1938

19. UNDERTAKER L. E. Moon
(Address) Sandpoint Idaho.

20. FILED May 2, 1938 Charles Crisp, Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 1 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 9:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes.	
Probable Myocarditis	

Other **contributory causes** of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) L. E. Moon M.D. Coroner
(Address Sandpoint, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108901

County of ... City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 18

(No. ...)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard Charles Porter

(a) Residence. No. 613 Lakeview Blvd. St. ...

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, and year) July 3, 1937

7. AGE — Years: ... Months: 8 Days: 2 If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Scotts Bluff (State or country) Nebr.

FATHER

13. NAME Francis Porter

14. BIRTHPLACE (city or town) ... (State or country) Nebr.

MOTHER

15. MAIDEN NAME Marjorie Etheridge

16. BIRTHPLACE (city or town) Wheatland (State or country) Wyo.

17. INFORMANT Marjorie Porter (Address) Sandpoint, Ida.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Place Sandpoint, Ida Date Mar. 7, ..., 1938

19. UNDERTAKER Lawrence G. Moon (Address) Sandpoint, Idaho

20. FILED April 6, 1938 Siegel O. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/5/1938

22 I HEREBY CERTIFY, That I attended deceased from 2-27-, 1938, to 3-5-, 1938

I last saw him alive on 3-2- 1938.: death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	2-26-38
Whooping Cough	undetermined

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. P. Stackhouse M. D.

(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inform should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEAT. plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instr tion on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Blanchard

MAY 2 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108902

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 6
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Tanner

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	wh.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mch 18 - 1938

7. AGE Years	Months	Days	If LESS than 1 day / 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation — (mo. and yr.) .....
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Blanchard
(State or country) Idaho

FATHER

13. NAME Paul Tanner
14. BIRTHPLACE (city or town) .....
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Bernice Christianson
16. BIRTHPLACE (city or town) Arnold
(State or country) Neb.

17. INFORMANT .....
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Blanchard Ida Date 3/19, 1938

19. UNDERTAKER None
(Address)

20. FILED Mch 18, 1938 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-18 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-18, 1938, to 3-18-38, 1938
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 12:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A C Spooner M. D.
(Address) Spirit Lake Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

RECEIVED
MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 22

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Page Hospital)

DO NOT WRITE IN THIS SPACE
State File No. 108903

1220

2. FULL NAME David Roberts

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Indigent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bonner County

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Martin Bixel, Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL: Pinecrest
Place Sandpoint, Ida Date April 12 193 8

19. UNDERTAKER (Address): Lawrence G. Moon, Sandpoint, Ida

20. FILED May 9, 1938 Virgil C. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 7 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1938, to April 7, 1938
I last saw him alive on April 6, 1938: death is said to have occurred on the date stated above, at 4:50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1936
Other contributory causes of importance: Asthma and Bronchitis	1937
Hernia Operation March 14 38	

Name of operation Hernia Date of March 14 38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Taylor M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 27

DO NOT WRITE IN THIS SPACE
108904
State File No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bessie Mac Intyre

(a) Residence. No. 532 Main St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Mac Intyre

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1938

11. Total time (years) spent in this occupation Many yrs.

12. BIRTHPLACE (city or town) Falmouth
(State or country) England

FATHER

13. NAME Edward James Martin

14. BIRTHPLACE (city or town)
(State or country) Eng.

MOTHER

15. MAIDEN NAME —— Jefferies

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. Geo. Bates
(Address) Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida Date Apr. 10, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Ida

20. FILED May 4, 1938 Virgil C. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1938, to Apr 7, 1938

I last saw her alive on Apr 7, 1938: death is said to have occurred on the date stated above, at 5:50P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 4
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also~~ the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. P. Stackhouse M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108905

MAY 12 1938

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 30

(No. Graham Hospital
If death occurred in a hospital or institution, give its name instead of street and number)

1612

2. FULL NAME Infant Campbell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 8, 1938

7. AGE Years	Months	Days	If LESS than 1 day hrs. or ..... min.
Still			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

FATHER

13. NAME Ralph Campbell

14. BIRTHPLACE (city or town) .....
(State or country) Montana

MOTHER

15. MAIDEN NAME Mildred E. Brodock

16. BIRTHPLACE (city or town) Great Falls
(State or country) Mont.

17. INFORMANT Ralph Campbell
(Address) Cocolalla, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida. Date April 10 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED May 9, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 8 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to April 8, 1938
I last saw him alive on April 8, 1938: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Floyd A. Woods, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Dover

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108906

MAY 13 1938

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 74

(No. .....)

131

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maude Ann Eastman

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank L. Eastman

6. DATE OF BIRTH (month, day, and year) Jan. 18, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 27, 1938

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) .....
(State or country) Wis.

FATHER

13. NAME James Thomas

14. BIRTHPLACE (city or town) .....
(State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT James Eastman
(Address) Dover, Ida.

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida. May 2, 193 8

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Ida.

20. FILED May 9, 1938 Virgil C. Hoadley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr. 28 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 193 7, to Apr 28, 193 8

I last saw h[illegible] alive on Apr 1, 193 8; death is said to have occurred on the date stated above, at 2:30A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1936

Other **contributory causes** of importance:

Hypertension	1935

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm F. Tyler M. D.

(Address Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

MAY 2 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108907

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 23
(No. Crosby Residence, 410 S. 4th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Marvin Smith

(a) Residence. No. Clagstone, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. Mar. 3, 1938 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Saletha Smith

6. DATE OF BIRTH (month, day, and year) May 5, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1919
11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Boone County, Iowa

FATHER

13. NAME Soloman Smith
14. BIRTHPLACE (city or town) (State or country) PA.

MOTHER

15. MAIDEN NAME Rebecca Daley
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Leo Elton
(Address) Clagstone, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida. Date Apr. 25, 1938

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED May 4, 1938 Doyle C. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938 to Apr 23, 1938
I last saw him alive on Apr 20, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance are as follows:

	Date of onset
Carcinoma Jaw & Throat	1937

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Carywood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108908

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

REC'D MAY 13 1938

167

2. FULL NAME Georgia Nelson Basom

(a) Residence No. Carywood, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Roye A. Basom

6. DATE OF BIRTH (month, day, and year): Oct. 17, 1877

7. AGE — Years: 60 Months: 5 Days: 27 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own Home

10. Date deceased last worked at this occupation (mo. and yr.): Jan 1, 1938.

11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Cohoes New York.

FATHER

13. NAME: Nelson Nelson.

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Georgia Ashdown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): Opal Basom Carywood Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Westmond Idaho Date: Apr 20, 1938

19. UNDERTAKER (Address): Moon Mortuary Sandpoint Ida

20. FILED: May 4, 1938 Virgil C. Goodmen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 14, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on ..... 193....: death is said to have occurred on the date stated above, at About 2 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probable Suicide	
Gunshot wound in head	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Apr 14, 1938

Where did injury occur? Carywood, Bonner County
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** in home

Manner of injury Gunshot

Nature of injury Wound in head

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) L. S. Moon Coroner

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

RECEIVED MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 2 9

(No. Page Hospital
If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108909

73C

2. FULL NAME John Miller

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Indigent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Poor Farm

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT County Poor Farm
(Address) Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida Date Apr. 10, 1938

19. UNDERTAKER Lawrence C. Moon
(Address) Sandpoint, Ida

20. FILED May 9, 1938 Maggie C. Henderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1938, to Apr 7, 1938

I last saw him alive on Apr 7, 1938: death is said to have occurred on the date stated above, at 10:AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Arteriosclerosis	1937
Other contributory causes of importance: Acute Indigestion	Apr 4, 1937

Name of operation No Surgical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

RECEIVED MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108910

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 31

82a

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Frances Michael

(a) Residence. No. 212 S. Third Ave, St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel S. Michael

6. DATE OF BIRTH (month, day, and year) March 13, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938

11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (city or town) (State or country) Culpepper Co., Virginia

FATHER

13. NAME Joseph S. Hackley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Kisner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Samuel S. Michael (Address) Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida. Date Apr. 12, 1938

19. UNDERTAKER Lawrence G. Moon (Address) Sandpoint, Idaho

20. FILED May 9, 1938 Virgil C. Goodman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1937, to Apr. 10, 1938.

I last saw ~~him~~ alive on Apr. 10, 1938.; death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr. 5, 1938
Diabetes	5 yrs.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also~~ the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. J. Stackhouse, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108911

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 73

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Elizabeth Lyon

(a) Residence No. (No) St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F M	WHITE	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leo E Lyon

6. DATE OF BIRTH (month, day, and year) 12-4-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	3		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Basalt Idaho
(State or country)

FATHER
13. NAME Charles Criddle
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Emma Jane Crofts
16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT Leo E Lyon
(Address) Firth Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Basalt, Ida. Date Apr. 13, 193 8

19. UNDERTAKER [illegible]
(Address) Shelley

20. FILED Apr 13, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-10 1938

22 I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to April 10, 1938
I last saw her alive on April 10 1938: death is said to have occurred on the date stated above, at 6:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	April 5, 38
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. Floyd Acline, M. D.
(Address) Shelley, Idaho

PLACE OF DEATH
County of Bonn
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108912

Registration District No. 73
Primary Registration District No. 2 12 0
Local Registrar's No. 74

MAY 9 - 1938

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

231

2. FULL NAME Elva Lavay Higgins

(a) Residence No. St. Terryton, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. E. Higgins

6. DATE OF BIRTH (month, day, and year) Jan. 2, 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1937

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Virgil Kansas

FATHER

13. NAME Chas L. Rickman

14. BIRTHPLACE (city or town) (State or country) Waverly Kansas

MOTHER

15. MAIDEN NAME Lottie Smith

16. BIRTHPLACE (city or town) (State or country) Melvin Kansas

17. INFORMANT Chas L. Rickman
(Address) Terryton, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls Date Apr. 19, 1938

19. UNDERTAKER
(Address) Idaho Falls.

20. FILED Apr 1 4, 1938 C. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Apr 16 1938

22 I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to Apr 16, 1938

I last saw h.. alive on Apr 16 1938: death is said to have occurred on the date stated above, at 1 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Apr 6
Other contributory causes of importance:	
Pulmonary TB	7

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BI...

PLACE OF DEATH
County of Bonneville
City of Idaho Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108913

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 75

(No. .....)

MAY 9 - 1950

(If death occurred in a hospital or institution, give its name instead of street and number)

199

2. FULL NAME David Blum

(a) Residence No. 520 North Water St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 29 1867

7. AGE — Years: 70 | Months: 4 | Days: 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madrid Iowa

FATHER

13. NAME Henry Blum
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Bessie Jacobson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ann F. Blum
(Address) 520 North Water

18. BURIAL, CREMATION OR REMOVAL
Place New Sweden Date April 19, 1938

19. UNDERTAKER Jack A. Hood
(Address) 213 W. Ridge, Idaho Falls

20. FILED Apr. 20, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 17 1938

22 I HEREBY CERTIFY, That I attended deceased from — , 193..., to — , 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 8:15 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	
Contributory death	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) ..... M. D.
(Address) ..... Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108914

Registration District No. 13
Primary Registration District No. 1210
Local Registrar's No. 76

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leland Henning
(a) Residence No. 126 - 3rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Greta Henning
6. DATE OF BIRTH (month, day, and year): Jan 19 1903
7. AGE: Years 34 | Months 10 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iona Idaho

MOTHER FATHER
13. NAME: James N. Henning
14. BIRTHPLACE (city or town) (State or country): Midland Idaho
15. MAIDEN NAME: Martha Kate Mitchell
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT: J. H. Henning (Address) Iona Idaho
18. BURIAL, CREMATION, OR REMOVAL: Idaho Falls Date April 21, 193 8
19. UNDERTAKER: Jack A. Wood (Address) Idaho Falls Idaho
20. FILED May 9, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 19 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 193 8, to Apr. 19, 193 8
I last saw him alive on Apr. 18 193 8; death is said to have occurred on the date stated above, at 6-37 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac embolism (Instant death)	Apr. 19, 1938
following an appendectomy	Apr. 7, 1938
Other **contributory causes** of importance:	
	Apr. 7/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John O. Miller M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108915

Registration District No. 3
Primary Registration District No. 7 1 7 0
Local Registrar's No. 77

MAY 9 - 1938

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Destiamonia Lavern Campbell
(a) Residence No. St. Shelley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None
6. DATE OF BIRTH (month, day, and year): Nov. 22, 1937
7. AGE: Years: 1 | Months: 5 | Days: 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓
10. Date deceased last worked at this occupation (mo. and yr.): ✓
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town): Idaho Falls
(State or country): Idaho

FATHER
13. NAME: Andrew G Campbell
14. BIRTHPLACE (city or town): Spring Coulee
(State or country): Alberta, Can!

MOTHER
15. MAIDEN NAME: Destiamonia Barnes
16. BIRTHPLACE (city or town): Ida. Falls
(State or country): Idaho

17. INFORMANT: Andrew G Campbell
(Address): Shelley, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Idaho Falls Date: April 22, 1938

19. UNDERTAKER: O Buck
(Address): Idaho Falls, Ida.

20. FILED: May 2, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 20 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 15, 1938, to apr 20, 1938
I last saw h[illegible] alive on apr 19 1938: death is said to have occurred on the date stated above, at 4:15 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pertusis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Ucon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10891

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 78

MAY 9- 1938.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number) 11a

2. FULL NAME Alfonzo B. Simmons

(a) Residence No. Ucon, Idaho St. Ucon, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 31 1861

7. AGE: Years 76 | Months 9 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Uinta Utah

MOTHER FATHER

13. NAME: William Bert Simmons
14. BIRTHPLACE (city or town) (State or country): New Hampshire
15. MAIDEN NAME: Mary Taylor
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Ruton Simmons Ucon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Ucon, Idaho Date: April 24 193 8

19. UNDERTAKER (Address): Earl G. Wagner Idaho Falls, Idaho

20. FILED: Apr 24, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 20 1938

22 I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to April 20, 1938
I last saw h[illegible] alive on April 5 1938.: death is said to have occurred on the date stated above, at 7-30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	March 1938
Bronchitis & Emphysema	April 1938
Other contributory causes of importance: Chr Prostatitis & Hypertrophy. Hypertension & Arteriosclerosis	1936

Name of operation: None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn.
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108917

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 79

(No. 186a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sabina Watson

(a) Residence No. 189 S. Water St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Watson

6. DATE OF BIRTH (month, day, and year) 2-3-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1937
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Near Dublin (State or country) Ireland

FATHER
13. NAME Jack Cooney
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Bridget Lyons
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Watson
(Address) Idaho Falls, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date Apr. 28, 1938

19. UNDERTAKER O. C. Buck
(Address) Ida. Falls Ida.

20. FILED Apr 27, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Apr 24 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 23, 1938, to Apr 24, 1938
I last saw h~~er~~ alive on Apr 24 1938: death is said to have occurred on the date stated above, at 11:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture of Femur	Nov 30-37.
Chronic Myocarditis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 30-37 193.....
Where did injury occur? Idaho Falls Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Fell in a store.
Manner of injury Slipped and fell
Nature of injury Fracture of femur.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108918

MAY 4- 1938

Registration District No. 73

Primary Registration District No. 21N-0

Local Registrar's No. 80

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Bessie Baltzier

(a) Residence No. Porter Hotel St. Butte Montana

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of August

6. DATE OF BIRTH (month, day, and year) 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butte (State or country) Mont

FATHER

13. NAME Joseph Baltzier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Funk

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Prof Gaynor

(Address) Butte Montana

18. BURIAL, CREMATION OR REMOVAL

Place Butte Date Apr. 27, 1938

19. UNDERTAKER Goff & Hayes

(Address) Idaho Falls Ida

20. FILED Apr. 28, 1938 Wm Cummins Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr. 27 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to April 27, 1938

I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Self Inflicted Gun Shot Wound to Head	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide or homicide? ..... Date of injury 4-22 1938

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Park

Manner of injury Gun Shot Wound

Nature of injury To Head

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Porter Coroner M.D.

(Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108913

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 81

MAY 9 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Edgar Miller

(a) Residence No. Ida. Falls, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

95

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lester Felix Miller

6. DATE OF BIRTH (month, day, and year) Dec. 27 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optometrist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed
10. Date deceased last worked at this occupation (mo. and yr.) 6/1935
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Vassar Mich.

FATHER
13. NAME Unk. Miller
14. BIRTHPLACE (city or town) (State or country) Unknown "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Jr. Eugene F. Miller
(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Idaho Falls, Ida. Date April 30, 1938

19. UNDERTAKER O. Beck
(Address) Ida. Falls, Ida.

20. Filed 29, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 2:50 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause unknown	
Duodenitis of Hemorrhage	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** [illegible]
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred [illegible] M.D.
(Address Idaho Falls Idaho

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108920

Registration District No. 73
Primary Registration District No. 2117
Local Registrar's No. 82

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet E. Crowley

(a) Residence No. 133 East 14th St. St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Samuel S. Crowley

6. DATE OF BIRTH (month, day, and year): Jan 16, 1860

7. AGE: Years 78 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER
13. NAME William P. Hutchings
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Mary C. Stone
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Stanley Crowley
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date May 1, 1938

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Apr 30, 1938 Wm Fitzmaurice
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/27 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1938 to Apr. 27, 1938
I last saw her alive on Apr. 11, 1938: death is said to have occurred on the date stated above, at 1-30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 yrs.
Arteriosclerosis Hypertension	3 yrs.
Chronic Myocarditis	3 yrs.
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Millar M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH.
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108922

MAY 9 - 1938

Registration District No. 13
Primary Registration District No. 2407
Local Registrar's No. 84

(No.) L. D. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glenne Warren Decker

(a) Residence No. 112 St. Jefonia, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 15, 1937

7. AGE — Years: | Months: 6 | Days: 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Alfred Decker
14. BIRTHPLACE (city or town) (State or country): Badger Idaho

MOTHER
15. MAIDEN NAME: Nora Salkield
16. BIRTHPLACE (city or town) (State or country): Jefonia Idaho

17. INFORMANT: Alfred Decker
(Address): Jefonia, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Jefonia Date: May, 1938

19. UNDERTAKER: Jack A. Hood
(Address): Idaho Falls Idaho

20. FILED: May 9, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 1 1938

22 I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to May 1, 1938
I last saw him alive on May 1 1938: death is said to have occurred on the date stated above, at 5 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	April 27

Other **contributory causes** of importance:

Influenza	April 19
Otitis Media Sup.	April 23

Name of operation: none Date of:
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. Specify
(Signed) Jobe M. Hart, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville.

City of Idaho Falls. Idaho

RECEIVED

MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. ~~107~~ 73

Primary Registration District ~~No6~~ 2170

DO NOT WRITE IN THIS SPACE

State File No. 108923

Local Registrar's No. 91

127

(No. L. D. S. Hospital Idaho Falls Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Luella, Almira, Hossner.

(a) Residence. No. Ashton Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Fred. Hossner.

6. DATE OF BIRTH (month, day, and year) Sept. 9th 1876.

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	61.	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Redkey. Ind.

FATHER

13. NAME Joshia Phillips.

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Sarah. Deeds

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT Ralph. Hossner.
(Address) Ashton Idaho.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ashton Idaho. Date 4/29th, 1938

19. UNDERTAKER Lewis Kiser
(Address) Ashton Idaho.

20. FILED 4/28th, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1938, to Apr 26, 1938

I last saw her alive on Apr 26, 1938; death is said to have occurred on the date stated above, at 9 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	1 mo.
Cholelithiasis	
Peritonitis	3 days.

Other contributory causes of importance:

Name of operation Cholecystectomy Date of Apr 23 38

What test confirmed diagnosis? Clinical + Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Cahoon M. D.

(Address) Idaho Falls Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108924

PLACE OF DEATH
County of Bonneville
City or Idaho Falls.

MAY 11 1938

Registration District No. ~~103~~ 73
Primary Registration District No. ~~0 2170~~
Local Registrar's No. 90

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred. Wilhelm. Hackman

(a) Residence. No. Ashton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ora. Hackman.

6. DATE OF BIRTH (month, day, and year) May 18th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77.	11	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sausage Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Effie. Germany

FATHER
13. NAME Dk. Hackman.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Caroline, (Unkown)
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Ora. Hackman. Ashton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ashton Idaho. Date 4/18th, 1938

19. UNDERTAKER Lewis Kiser (Address) Ashton Idaho.

20. FILED 4/16th 1938 ~~Frank Kroutz~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1938, to Apr 15, 1938
I last saw him alive on Apr 15, 1938: death is said to have occurred on the date stated above, at 6.0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas.	
Other contributory causes of importance:	
Prostatic Hypertrophy	
Chronic Nephritis	
Aortic Stenosis.	

Name of operation None Date of
What test confirmed diagnosis? Clinical + Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. R. Calvert, M.D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108925

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No. 938

(No. 938)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C. Rhodes

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1862

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	75	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Meadville
(State or country) Penn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Aged Assistance office record.
(Address) Bonners Ferry.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Apr. 4, 1938

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED 4-7, 1938 Ken Bonner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden death	
Myocordial failure	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Chester M. Symonds M.D.
Coroner

(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108926

MAY 12 1938

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No. 4

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luella Louise Linton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 19 1921

7. AGE: Years 16 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **planer, sawyer, bookkeeper, etc.**: At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Great Falls Mont

FATHER

13. NAME: E. F. Linton,

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Margaret Snoga

16. BIRTHPLACE (city or town) (State or country): Readsville

17. INFORMANT (Address): Mrs. E. F. Linton Bonners Ferry

18. BURIAL, CREMATION, OR REMOVAL: Pleasant Valley Cemetery Date May 12 1938

19. UNDERTAKER (Address): H. E. Brown Bonners Ferry

20. FILED May 9, 1938 Ben Bonner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 8 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938., to April 8, 1938

I last saw her alive on April 8, 1938.; death is said to have occurred on the date stated above, at 7. A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epidemic Type	April 7 1938.
Cerebrospinal Meningitis	

Other **contributory causes** of importance:

Name of operation: Laparotomy Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ben Bonner M. D.

(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108927

Registration District No.

Primary Registration District No. Local Registrar's No.

MAY 12 1938

(No. If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Irilla Belden

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nathen S. Belden

6. DATE OF BIRTH (month, day, and year) Jan. 25 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 12 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gilmington (State or country) Wisconsin

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME --Mowers

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mable Cross (Address) Grand Coulee, Wash.

18. BURIAL, CREMATION, OR REMOVAL. Grand View Cemetery
Place Bonners Ferry Date April 26 1938

19. UNDERTAKER Crouch Mortuary (Address) Bonners Ferry, Idaho

20. FILED 4-27-, 1938. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 193.., to April 23, 1938.

I last saw ... alive on April 12, 1938.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	1930

Other **contributory causes** of importance:

Spinal Cord degeneration - Ma	1937

Name of operation ..... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) [signature] M. D.

(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108928

Registration District No. 2017

Primary Registration District No. 3 Local Registrar's No. 107

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel Gertrude Robbins

(a) Residence No. Parma St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Feb 10 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Atlanta (State or country) Iowa

FATHER

13. NAME W. H. Robbins

14. BIRTHPLACE (city or town) Hamilton (State or country) Indiana

MOTHER

15. MAIDEN NAME Olive M. Kellogg

16. BIRTHPLACE (city or town) Cave Grove (State or country) Illinois

17. INFORMANT W. H. Robbins
(Address) Parma Ida

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date April 1, 1938

19. UNDERTAKER E. V. Pickrell
(Address) Caldwell Ida

20. FILED ....., 193.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 28 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938, to April 28, 1938.

I last saw her alive on ..... 193.....: death is said to have occurred on the date stated above, at 6 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	
Other contributory causes of importance:	
Influenza	

Name of operation No Date of No

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. M. Mitchell, M. D.

(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108929

Registration District No. 2007

Primary Registration District No. 3

Local Registrar's No. 108

(No. 82a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Henry Taylor

(a) Residence. No. Roswell St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah E Taylor

6. DATE OF BIRTH (month, day, and year) Sept 17-1842

7. AGE: Years 95 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pike Co Illinois

FATHER

13. NAME Mathew Taylor

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rebecca Coheron

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT M R Taylor (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Roswell Cem Date 4/2 1938

19. UNDERTAKER C V Peckham (Address) Caldwell Ida

20. FILED 5-1-, 1938 Mrs Alice Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1935, to March 31, 1938

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	
Senility	

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W H Whitehead, M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108930

County of Canyon
City of Caldwell
Registration District No. 2007
Primary Registration District No. 3
Local Registrar's No. 109

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Euretta Walmsley
(a) Residence. No. Canyon St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
6a. If married, widowed, or divorced (or) WIFE of: Fred J. Walmsley
6. DATE OF BIRTH (month, day, and year): Nov 20 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boston, Massachusetts

FATHER
13. NAME: John W. Bruce
14. BIRTHPLACE (city or town) (State or country): Randolph, New Hampshire

MOTHER
15. MAIDEN NAME: Mary E. Richardson
16. BIRTHPLACE (city or town) (State or country): Dexter, Indiana

17. INFORMANT (Address): Husband, Caldwell Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Canyon Date: 5-3 1938
19. UNDERTAKER (Address): C. V. Sechrist, Caldwell Idaho
20. FILED 5-1, 1938 Mrs. Alice Reed, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 30 1938
22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937, to April 30, 1938
I last saw her alive on April 20, 1938: death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Stroke	April 20-1938
Other contributory causes of importance:	
Chronic Paralytic Stroke	
Status Indian Judge	
1931 to April 20 1938	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? Canyon Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Dr. Fred Walmsley M. D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Huston ?

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108931

Registration District No.
Primary Registration District No. 2005
Local Registrar's No. 31
(No. Lizzard Butte)

(If death occurred in a hospital or institution, give its name instead of street and number) 193

2. FULL NAME Orrell Darrel Smith

(a) Residence No. Boise Ida St. 1807 Grant St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Georgia Smith

6. DATE OF BIRTH (month, day, and year) Dec 21-1900

7. AGE: Years 37 | Months 3 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER
13. NAME Chas Smith
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Jane Spurgeon
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs A. D. Smith
(Address) Boise, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cem. Date 4-8, 193 8

19. UNDERTAKER
(Address) Nampa Idaho

20. FILED 4-11, 193 8
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-5 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 1:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidently Electrocuted while working on high tension Line. Struck slipped striking power	
Line making Connection through	
Other contributory causes of importance: his body with telephone	
line.	

Name of operation ~~None~~ Date of ~~None~~
What test confirmed diagnosis? ~~None~~ Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 4/4-, 193 8
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Electrocuted
Nature of injury ~~None~~

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Lineman

(Signed) Wm C Talley Coroner
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108932

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 52

MAY 9 - 1938

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward H Plowhead

(a) Residence. No. 422 Cleveland Bvld St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth G. Plowhead

6. DATE OF BIRTH (month, day, and year) Nov. 9 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Real Estate

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Middleton
(State or country) Idaho

MOTHER FATHER

13. NAME Jacob Plowhead

14. BIRTHPLACE (city or town) ....
(State or country) Switzerland

MOTHER

15. MAIDEN NAME Magadelena Luti

16. BIRTHPLACE (city or town) ....
(State or country) Switzerland

17. INFORMANT Jas H Gipson
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date ....., 193..

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 4-11..., 193.. ....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 11-38 193

22. I HEREBY CERTIFY, That I attended deceased from ...Mar 1st..., 193.., to ...Apr 11..., 193..

I last saw ~~him~~ alive on Apr 11., 193.; death is said to have occurred on the date stated above, at 4:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma	
Thrombosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) [signature], M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108933

MAY 9 - 1938

Registration District No. 1
Primary Registration District No. 1015
Local Registrar's No. 33

(No. if death occurred in a hospital or institution, give its name instead of street and number) Lemon Nursing Home 108

2. FULL NAME Frank Howard

(a) Residence No. Wilder Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie Howard

6. DATE OF BIRTH (month, day, and year) April 23 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 10 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Erma Howard
(Address) Boise

18. BURIAL, CREMATION, or REMOVAL
Place Canyon Hill Cem. Date April 14, 1938

19. UNDERTAKER C. N. Eckhart
(Address) Caldwell Idaho

20. FILED 4-26, 1938 [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 11 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 9, 1938, to Apr 11, 1938
I last saw him alive on Apr 11 1938.: death is said to have occurred on the date stated above, at 9-P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & Lobar	Apr 9/38
Other contributory causes of importance:	
Nephritis -	about 10 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert C. Gallett M. D.
Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108934

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Aubrey Ronald Rainey 173

(a) Residence No. Homedale St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 14 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Bernardino
(State or country) California

FATHER
13. NAME Sterling Orr
14. BIRTHPLACE (city or town) Indiana
(State or country) Missouri

MOTHER
15. MAIDEN NAME Lottie Haggworth
16. BIRTHPLACE (city or town) Kirksville
(State or country) Oklahoma

17. INFORMANT Sterling Orr
(Address) Homedale Ida

18. BURIAL, CREMATION OR REMOVAL Cloverdale Date 4/14 1938

19. UNDERTAKER J. Ted Isham
(Address) Caldwell Ida

20. FILED 4-16, 1938 Wm. Lynch Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 12 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 12, 1938

I last saw him alive on April 12 1938: death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wounds of stomach, liver & left lung	April 12 1938
Other contributory causes of importance:	

Name of operation Laparotomy Date of 4-12-38
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or (homicide)? H Date of injury 4-12, 1938
Where did injury occur? Residence near Homedale (Specify city or town, county, and state) Ida
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Gun accidentally discharged
Nature of injury Gunshot wound

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Blanford, M. D.
(Address Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Huston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108935

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 56

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey Guy Armstrong. 82a

(a) Residence No. Huston St. Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Augustus

6. DATE OF BIRTH (month, day, and year): Sept 7 - 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: Retired

12. BIRTHPLACE (city or town) Statesville (State or country) Georgia

FATHER

13. NAME Henry Armstrong

14. BIRTHPLACE (city or town) Cohetta (State or country) Georgia

MOTHER

15. MAIDEN NAME Sally Lasher

16. BIRTHPLACE (city or town) Cohetta (State or country) Georgia

17. INFORMANT (Address) Ethel Armstrong Huston Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date 4/19, 1938

19. UNDERTAKER (Address) V. Peckham Caldwell Ida

20. FILED 4-21, 1938 Mrs. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) April 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1937, to April 15, 1938

I last saw him alive on April 1, 1938: death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	4/13, 38

Other contributory causes of importance:

Apoplexy 1st Stroke when incurred	Apr 24 1937

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. M. Coldwell M.D.

(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108936

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 37

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

154

2. FULL NAME Male Hart

(a) Residence. No. 521 Chicago St. ....
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. 15 mos. ... ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 15 minutes. Apr. 17, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 15. min.
15 minutes			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Caldwell, Ida

FATHER

13. NAME Warren Alfred Hart

14. BIRTHPLACE (city or town) (State or country) York, Nebraska

MOTHER

15. MAIDEN NAME Zella Gertrude Burnett

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT (Address) Dr. C. P. Whittenberger

18. BURIAL, CREMATION OR REMOVAL
Place Home Date Apr. 17, 1938.

19. UNDERTAKER (Address) None (Fabian)

20. FILED 4-23, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 17, 1938
I last saw him alive on Apr. 17 1938: death is said to have occurred on the date stated above, at 3:45 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Degenerated placenta	

Other **contributory causes** of importance:

Hemorrhage from uterus. Premature birth at 6½ months	Entire 3-4 months

Name of operation None Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) C. P. Whittenberger M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108937

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 56

(No. 82a Main St.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Mason

(a) Residence No. Caldwell St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 24 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) East Tenn
(State or country) Tennessee

FATHER

13. NAME James A. Morris

14. BIRTHPLACE (city or town)
(State or country) Tennessee

MOTHER

15. MAIDEN NAME Rebecca Landers

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Minnie M. Claybaugh
(Address) Caldwell Rt 3

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem Date 4-23, 1938

19. UNDERTAKER V. V. Peckham
(Address) Caldwell Ida

20. FILED 4-23, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/21 1938

22 I HEREBY CERTIFY, That I attended deceased from September 1930, to 4-21-, 1938
I last saw her alive on June 1937: death is said to have occurred on the date stated above, at 7-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility	Sept 1930
Repeated small cerebral accidents. Hemorrhage	1935

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carl Warner, M. D.
(Address) Caldwell, Idaho

Kan

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108938

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 39

MAY 9 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marva Belle Sorensen

(a) Residence No. 161 Wilder Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX female

4. Color or Race white

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Dec 7 - 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nyssa Ore

FATHER

13. NAME Ray J Sorensen

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Violet Belle Day

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMANT A. C. Sorenson (Address) Wilder Ida

18. BURIAL, CREMATION OR REMOVAL Nyssa Cem Date 4-24-1938

19. UNDERTAKER K. D. Eschbach (Address) Caldwell Ida

20. FILED 4-27, 1938 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 22 1938

22 I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to April 22, 1938

I last saw h[illegible] alive on April 22 1938: death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception of	
Ascending colon	April 1938
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm B Hanford M. D.

(Address Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10893.7

MAY 5 - 1938

Registration District No.

Primary Registration District No. 1005 Local Registrar's No. 40

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daisy Belle Straun

(a) Residence No. 127 Caldwell St. Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Frank J. Straun

6. DATE OF BIRTH (month, day, and year): May 25 18

7. AGE: Years 66 | Months 10 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canada Virginia

FATHER

13. NAME: Robert Wayne

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Robert Straun

(Address) Caldwell Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Canyon Hill Cem. Date 4/26 1938

19. UNDERTAKER: C. V. Peterson

(Address) Caldwell Ida

20. FILED May 2 8, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 22 1938

22 I HEREBY CERTIFY, That I attended deceased from March 11, 1938, to April 22, 1938

I last saw her alive on April 12 1938: death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gall stones with infected gall bladder	3/11 38
Other contributory causes of importance:	
Surgical shock	4/21 38

Name of operation Drainage of Gall Bladder Date of 4/22 38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. H. Lee M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108940

Registration District No. 1
Primary Registration District No. 1025 Local Registrar's No. 41

(No. Caldwell Sanitarium
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruzell Bennett Tish

(a) Residence No. Caldwell #3 St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Ray Tish

6. DATE OF BIRTH (month, day and year) 6-6-189[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cataqua
(State or country) Nebraska

FATHER

13. NAME Joseph Bennett
14. BIRTHPLACE (city or town) Springfield
(State or country) Illinois

MOTHER

15. MAIDEN NAME Cora Seaman
16. BIRTHPLACE (city or town) York
(State or country) Nebraska

17. INFORMANT Ray Tish
(Address) Caldwell #3

18. BURIAL, CREMATION OR REMOVAL Interment Hillcrest Date 4-16-1938

19. UNDERTAKER Siebhaus
(Address) Caldwell Ida

20. FILED 4-22-, 1938 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938, to April 23, 1938
I last saw h[illegible] alive on April 23 1938: death is said to have occurred on the date stated above, at 7:20 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ileus Post Operative	April 15-38

Other **contributory causes** of importance:

Hysterectomy (Sup Inf. Uterine fibroid)	April 15 38

Name of operation Hysterectomy Date of 4/15/38
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? Caldwell Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108941

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 43

(No. 1530)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Carey W. Boyd 167

(a) Residence No. 2007 Home, Caldwell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 22 1865
7. AGE — Years: 72 | Months: 3 | Days: 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1936
11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (city or town) (State or country): Grand Rapids Mich.

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. Carey

18. BURIAL, CREMATION OR REMOVAL
Place Cedarwood Date 5-2, 1938

19. UNDERTAKER (Address): Tate & Cage Caldwell Idaho

20. FILED 5-2-, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 28 1938

22 I HEREBY CERTIFY, That I attended deceased from March, 1936, to April 29, 1938
I last saw h.. alive on April 28 1938: death is said to have occurred on the date stated above, at 12 30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile dementia	2 yrs.

Other **contributory causes** of importance:

Hypostatic pneumonia	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? None

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mrs. Carey
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108942

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 44

MAY 2 - 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Ruth Hanssen

(a) Residence. No. 1209 Denver St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

108

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 7 - 1933

7. AGE: Years 4 | Months 6 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Long Pine Nebr

FATHER
13. NAME: W E Hanssen
14. BIRTHPLACE (city or town) (State or country): Randreph Nebr

MOTHER
15. MAIDEN NAME: Veronica Anderson
16. BIRTHPLACE (city or town) (State or country): Wausa Nebr

17. INFORMANT (Address): W E Hanssen Caldwell Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL: to Wausa Nebr Date 4-21, 1938

19. UNDERTAKER (Address): Paul L. Cope Caldwell Idaho

20. FILED ....., 193.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1938, to Apr. 19, 1938.
I last saw her alive on Apr. 19, 1938; death is said to have occurred on the date stated above, at 3.0 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. J. Tabker M. D.
(Address) Caldwell Idaho

RECEIVED

MAY 9 - 1938

4/9

108943

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 57

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nettie Osborne Tobias

(a) Residence No. 823-9 ave S St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 8/24/53

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ill
(State or country)

FATHER

13. NAME David Osborne

14. BIRTHPLACE (city or town) New Jersey
(State or country)

MOTHER

15. MAIDEN NAME Ackerman

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs. C. C. Tobias
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Washington Cem. Date 4-10, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/13, 193 5, to 4/8, 193 8

I last saw h-r alive on 4/8 193 8 death is said to have occurred on the date stated above, at 11:50A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis With Anemia	
Rt. Pyonephrosis	Mar 38
Pyelonephritis	
Arteriosclerosis and Hypertension	
Heart Disease	

Other **contributory causes** of importance:

3 by Drops of Gall Bladder	Mar 38
Nephrostomy + Cholecystostomy	

Name of operation — Date of 3/7/38

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Floyd N. Tobias M.D.

Filed (April 10 1938)

Local Registrar Lyda Rodgers

MARGIN RESERVED FOR BINDING

. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

MAY 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 2026

DO NOT WRITE IN THIS SPACE
State File No. 108944

Local Registrar's No. 52

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard De Courcy

131

(a) Residence No. RFD - Nampa St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/4/54

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
83	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME DeCourcy
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) ....

17. INFORMANT Grover De Courcy
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise Valley Cem. Date 4-10, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED May 3, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/8/1938

22 I HEREBY CERTIFY, That I attended deceased from ...., 193.., to 4-8-, 1938
I last saw him alive on 4-6-1938: death is said to have occurred on the date stated above, at .... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	3-31-38
Other contributory causes of importance: Chronic Nephritis Myocarditis	

Name of operation .... Date of ....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) F. E. Bellamy M.D.
(Address) Nampa Ida.

B

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im-
tion on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108945

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 53

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ola Minnie Simpson 95

(a) Residence No. 616 - 7th Ave. No. Nampa Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm A. Simpson

6. DATE OF BIRTH (month, day, and year) 7-8-1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dallas
(State or country) Texas

FATHER

13. NAME John A. Foster

14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER

15. MAIDEN NAME May

16. BIRTHPLACE (city or town)
(State or country) Texas

17. INFORMANT William A. Simpson
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date April 14, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED May 3, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-12 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 12, 1938, to Apr 12, 1938

I last saw her alive on Apr 12 1938; death is said to have occurred on the date stated above, at 930 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Immediate Cause Heart failure	instant
Acute Gastritis,	
and Cholecystitis with	
Gall stones	
Other contributory causes of importance:	
Post operative	
Late just as	
operation completed	

Name of operation Cholecystectomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. R. Proctor, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108946

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 54

(No. State School)
(If death occurred in a hospital or institution, give its name instead of street and number)

92a

2. FULL NAME Sarah Ritson

(a) Residence No. State School St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not married

6. DATE OF BIRTH (month, day, and year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Institutional patient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 18 years

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Joseph Ritson

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Thompson

16. BIRTHPLACE (city or town) Wyoming
(State or country)

17. INFORMANT Records, State School
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 4-25 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED May 3, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-23-1938

22 I HEREBY CERTIFY, That I attended deceased from July 15-1937, 193..., to Apr. 23-'38, 193...

I last saw her alive on 4-22-1938: death is said to have occurred on the date stated above, at 7:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury..., 193...

Where did injury occur? No injury
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Callaway, M. D.

(Address State School, Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa
Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
108947
State File No.

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 55

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

MAY 9 - 1938

2. FULL NAME Albert Edward Robinson 95 b2

(a) Residence. No. 1310 Dearborn St. Caldwell Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred: 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Julia Robinson

6. DATE OF BIRTH (month, day, and year): April 8th 1876.

7. AGE: Years 62 | Months 0 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self.
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boulder County Colorado

FATHER
13. NAME: W. J. Robinson
14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER
15. MAIDEN NAME: Carline Barber
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): C. C. Robinson

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Nampa Ida. Date 4/13, 1938

19. UNDERTAKER (Address): Wm. D. Gallup Nampa Idaho

20. FILED 4-15, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/13 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/ 1938, to 4/13, 1938
I last saw him alive on 4/13, 1938; death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardio Vascular	
Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. A. Newkirk, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

MAY 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108948

Registration District No. 7

Primary Registration District No. 2004 Local Registrar's No. 56

(No. Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Smith Streeder 95

(a) Residence No. Nolton Sights Caldwell Idaho

(Usual place of abode Snowville Heights) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color of Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mrs. Emma Streeder

6. DATE OF BIRTH (month, day, and year): Aug 13 - 1853

7. AGE: Years 84 | Months 7 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: John Streeder

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Elizabeth Blackmore

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs Emma Streeder Nampa Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~: Nampa Cemetery

Place Nampa Ida. Date 5-2, 1938

19. UNDERTAKER (Address): Wm D Talley Nampa Ida.

20. FILED May 3, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/9 — 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937 to April 9, 1938

I last saw h— alive on April 8, 1938: death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death due to heart trouble & Mitral regurgitation	
Other contributory causes of importance:	

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W C Holt M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108949

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 57

MAY 9 - 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sally C. Brown

(a) Residence. No. 1111 - 15th Ave. So. - Nampa St. Ida, 820
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of C. R. Brown

6. DATE OF BIRTH (month, day, and year) Jan. 16 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Perryville Penn.

FATHER
13. NAME Bakefield
14. BIRTHPLACE (city or town) (State or country) New York New York

MOTHER
15. MAIDEN NAME Dixon
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Mrs. E. E. Miller Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Cemy. Date 4/17, 1938

19. UNDERTAKER (Address) Keith Gadley Nampa, Ida.

20. FILED May 3, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/14 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to April 14, 1938
I last saw her alive on April 14, 1938: death is said to have occurred on the date stated above, at 4:55 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 6th 38
Other contributory causes of importance:	
Senile Dementia	1936
Hypertension	40 years

Name of operation None Date of .....
What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lewis L. Rodwell, M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108950

MAY 9 - 1938

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marjorie Anna Lowe

(a) Residence. No. 2 Mi East of Belmont Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

202 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME Wm James Lowe

14. BIRTHPLACE (city or town) (State or country) Sunny Side Utah

MOTHER

15. MAIDEN NAME Vina Lee Drake

16. BIRTHPLACE (city or town) (State or country) Nacona Texas

17. INFORMANT Wm J Lowe
(Address) Belmont Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rockbarry Co. Date 4/23, 1938

19. UNDERTAKER Keith Sallee
(Address) Nampa, Ida.

20. FILED May 3, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/21 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 1:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidently Killed	
by Being Drawn over	
With Farm Tractor	
Crushing Skull	
Other contributory causes of importance:	
Tractor was cranked	
while in gear	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-21, 1938
Where did injury occur? 2 Mi East of Belmont Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury As above
Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm D Sallee Coroner M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10895

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 62.

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

154

2. FULL NAME Infant Hendricks

(a) Residence. No. Jordan Valley Oregon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
✓	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Joseph Sylvester Hendricks

14. BIRTHPLACE (city or town) Jordan Valley
(State or country) Ore.

MOTHER

15. MAIDEN NAME Edith Mary Scott

16. BIRTHPLACE (city or town) Jordan Valley
(State or country) Ore.

17. INFORMANT J. S. Hendricks
(Address) Jordan Valley - Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Jordan Valley Cem. Date 4/29, 1938

19. UNDERTAKER Keith Talkington
(Address) Nampa, Ida.

20. FILED May 4, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 193..., to 4/28, 193...
I last saw him on 4/28, 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] 6.5 mo. premature male infant	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. P. Rose, M. D.
(Address) Nampa Idaho

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108954

MAY 9 - 1938

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 63
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James L. Pearson

(a) Residence No. 6 mi West of Nampa (Usual place of abode) Karcher Rd St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs. Jennie Pearson

6. DATE OF BIRTH (month, day, and year) June 17-1863

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Penn.

FATHER

13. NAME J. L. Pearson
14. BIRTHPLACE (city or town) ..... (State or country) Penn

MOTHER

15. MAIDEN NAME Mary Jane Devine
16. BIRTHPLACE (city or town) ..... (State or country) Penn

17. INFORMANT Mrs. Jennie Pearson (Address) Nampa Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Karcherville
Place Nampa Date May 5th, 1938

19. UNDERTAKER Wm. D. Valley (Address) Nampa Ida.

20. FILED May 4, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/30/1938

22 I HEREBY CERTIFY, That I attended deceased from 4-6-38, 193..., to 4-30-, 193.8
I last saw h~~im~~. alive on 4-27- 193.8: death is said to have occurred on the date stated above, at 9:40 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Other **contributory causes** of importance:	

Name of operation ~ Date of .....
What test confirmed diagnosis? Clinical test Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A Swayne M. D.
(Address Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108955

MAY 9 - 1938

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 64

(No. 1324 Nampa Idaho Sugar Ave. St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Hannah Jean Hilton

(a) Residence No. 1324 (Usual place of abode) Chicago St. Caldwell (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year): Sept 28 - 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crane (State or country) Missouri

FATHER
13. NAME Henry Greenway
14. BIRTHPLACE (city or town) Buroral (State or country) Missouri

MOTHER
15. MAIDEN NAME Mary Jane Tennant
16. BIRTHPLACE (city or town) Marionville (State or country) Missouri

17. INFORMANT Mrs Retta Paynor (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 4-4 1938

19. UNDERTAKER S V Peckham (Address) Caldwell Ida

20. FILED May 4, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 30 1938

22 I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to March 30, 1938

I last saw her alive on March 29 1938: death is said to have occurred on the date stated above, at 8:- 8 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Small Pox	
Other **contributory causes** of importance:	
Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A Swayne, M. D.
(Address) Nampa Ida Ho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

MAY 9- 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108956

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 65
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Elinor Ann Scholten
(a) Residence No. ... St. Meridian, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 6 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 25, 1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise Ida
(State or country)

FATHER
13. NAME James Scholten
14. BIRTHPLACE (city or town) Clermont
(State or country) So Dakota

MOTHER
15. MAIDEN NAME Nellie De Haai
16. BIRTHPLACE (city or town) Delfzyl Holland
(State or country)

17. INFORMANT Jas. Scholten
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date April 9, 1938

19. UNDERTAKER E. E. Robison
(Address) Meridian Ida

20. FILED May 4, 1938 Ryda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 7 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1938, to April 6, 1938
I last saw her alive on April 6 1938: death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. C. Hall M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10855?

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 66

MAY 9- 1938

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Vernia Savage

(a) Residence No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

87 W

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 3-29-1869

7. AGE — Years: 69 | Months: 1 | Days: 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beersheba Springs
(State or country) Tennessee

FATHER

13. NAME William Hennessey
14. BIRTHPLACE (city or town)
(State or country) Tennessee

MOTHER

15. MAIDEN NAME Elizabeth Tate
16. BIRTHPLACE (city or town)
(State or country) Tennessee

17. INFORMANT Mrs. Belle Brown
(Address) Kimberly, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 4-30, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED May 4, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-28-1938

22 I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1938, to Apr. 28, 1938
I last saw him alive on Apr. 28 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	
Encephalete	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos E Mangum M. D.
(Address) Nampa Idaho

Belknap.

PLACE OF DEATH
County of Canyon
City of Nampa

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108958

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 67

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbra Ginette Shaddy

(a) Residence. No. 2½ Mile South Side Blvd St. (Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 26 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Ida

FATHER

13. NAME Web. Trumon Shaddy

14. BIRTHPLACE (city or town) (State or country) Right County Miss.

MOTHER

15. MAIDEN NAME Bessie E. McClellan

16. BIRTHPLACE (city or town) (State or country) Nampa Ida.

17. INFORMANT (Address) Web. Shaddy Nampa Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa Ida. Date Jan. 21, 1938

19. UNDERTAKER Keith Talley
(Address) Nampa Idaho.

20. FILED May 7, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/20 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1938, to 1-20, 1938
I last saw h[illegible] alive on 1-19, 1938: death is said to have occurred on the date stated above, at 1:40 A, m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis following flu	
Other contributory causes of importance: Flu cold	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108959

Registration District No. 7

Primary Registration District No. 1007 Local Registrar's No. 68

(No. 423 - 7 Ave No. Nampa Ida
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gilbert Welker

(a) Residence. No. 423 - 7th Ave No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

97

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Welker.

6. DATE OF BIRTH (month, day, and year) 8/24-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willard Utah

MOTHER FATHER

13. NAME Wilburn Welker.

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Anna Pugh.

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) C. N. Welker. Boise Ida.

18. BURIAL, CREMATION OR REMOVAL Place Nampa Ida. Date 4/28, 1938 Ryerdawn

19. UNDERTAKER (Address) Jim D. Talbert Nampa Ida.

20. FILED May 7, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/26 - 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to 4-26- , 1938
I last saw h~~im~~ alive on 4-25- , 1938; death is said to have occurred on the date stated above, at 5:40 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 4 hours before death

Other contributory causes of importance: Arterio Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. N. Welker M. D.
(Address) Nampa Ida.

Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108960

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 69

MAY 9 - 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Estella C. Shane

93C

(a) Residence. No. 915-14 Ave So. Nampa Dist.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 24 - 1918

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Boise Ida.
(State or country)

FATHER
13. NAME Harry Shane
14. BIRTHPLACE (city or town) N.Y. City
(State or country) N.Y.

MOTHER
15. MAIDEN NAME Clara Brooks
16. BIRTHPLACE (city or town) Gaston Ore.
(State or country)

17. INFORMANT Son Shane Ore.
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Calvary
Place Nampa Ida. Date 4/28, 1938

19. UNDERTAKER Wm. O. Talkey
(Address) Nampa Ida.

20. FILED May 7, 1938 Cyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 Jan., to 4-26, 1938
I last saw h[illegible] alive on 4-22, 1938; death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Jan. 1 Jan.

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.
(Address) Nampa Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108961

MAY 9 - 1938

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Thomas Alcorn

(a) Residence No. 403 Canyon Ave Nampa St. 93a
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/24/80

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ill.
(State or country)

FATHER
13. NAME Peter B. Alcorn
14. BIRTHPLACE (city or town) .....
(State or country) Scotland

MOTHER
15. MAIDEN NAME Purdie
16. BIRTHPLACE (city or town) .....
(State or country) Scotland

17. INFORMANT Elsie Mae Alcorn
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 5-6, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED May 7, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-4-1938

22 I HEREBY CERTIFY, That I attended deceased from Ap 21, 1938, to Ap 28, 1938
I last saw h. alive on Ap 28 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Myocarditis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A. Swayne, M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108962

MAY 9 - 1938

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 71
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Clapp Sharon Clapp
(a) Residence. No. Eagle R. 1 St. 160 a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		2da.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Nampa Ida.

FATHER
13. NAME Henry A. Clapp
14. BIRTHPLACE (city or town) (State or country) Newburg Ont.

MOTHER
15. MAIDEN NAME Mary A. Skinner
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT H. A. Clapp (Address) Eagle Route #1

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cem. Date 3/27, 1938

19. UNDERTAKER Keith Talley (Address) Nampa Ida.

20. FILED May 7, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1938, to 3-27, 1938
I last saw he alive on 3-26, 1938: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity due to a Confinement Prematurely which was due to a placenta Previa	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) C. Croxton, M. D.
(Address) Nampa Ida

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108964

MAY 10 1938

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rachael M. White Read Seery

(a) Residence No. 347 - N Hansen St. Burley
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

820

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 20 1861
7. AGE — Years: 77 — Months: 1 — Days: 25 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Cuyler W.

MOTHER FATHER
13. NAME: Wm. Whitehead
14. BIRTHPLACE (city or town) (State or country): Don't Know
15. MAIDEN NAME: Ann Spencer
16. BIRTHPLACE (city or town) (State or country): Cuyler W.

17. INFORMANT: Ann Seery Cuyler W.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place: Cuyler Utah Date: May 12, 1938

19. UNDERTAKER: J. C. Payne
(Address) Burley

20. FILED Apr 17, 1938 Laura D. Brocker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr. 8, 1938, to Apr. 8, 1938

I last saw her alive on Apr 8 1938: death is said to have occurred on the date stated above, at 8:38 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr. 8 1938.
Arteriosclerosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. M. [illegible] M. D.
(Address) Burley Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108965

MAY 10 1938

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 29
(No. 95)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorenzo W. Biggs

(a) Residence. No. N. Schuddi Ave. St. Burley Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Ella Peck Biggs

6. DATE OF BIRTH (month, day, and year) Feb. 26 - 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.) 4-21-38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Franklin (State or country) Ida.

FATHER
13. NAME John Biggs
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Jane Wright
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Ella Peck Biggs (Address) Burley Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Franklin Ida. Date 4-25-, 1938

19. UNDERTAKER Tom B. McCulloch (Address) Burley Idaho

20. FILED 4-24-, 1938 Laura D. Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-1-, 1937, to 4-21-, 1938
I last saw him alive on 3-3-, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute dilatation of heart.	
Other contributory causes of importance:	
mitral stenosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) G. W. Cope M. D.
(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Oakley

MAY 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108966

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 30

(No. 5)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Manuel Martin 107a

(a) Residence No. Oakley St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) Nov. 25. 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Oakley (State or country) Ida

MOTHER FATHER

13. NAME Moses S. Martin

14. BIRTHPLACE (city or town) Oakley (State or country) Ida

15. MAIDEN NAME Sarah E. Mackey

16. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

17. INFORMANT Moses S. Martin (Address) Oakley

18. BURIAL, CREMATION OR REMOVAL Place Basin Date May 13, 1938

19. UNDERTAKER Jos. F. Jaques (Address) Burley

20. FILED April 27, 1938 Laura E. Graehl Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 12 1938

22 I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 12, 1938

I last saw her alive on April 12 1938; death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	April 7th
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. P. Sullivan, M. D.

(Address) Oakley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

RECEIVED
MAY 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108967

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs H. M. King

(a) Residence No. Headquarters Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. M. King

6. DATE OF BIRTH (month, day, and year) Feb 12 1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton (State or country) Wash

FATHER
13. NAME David Turner
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Maggie Ball
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT H. M. King (Address) Headquarters Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Lewiston Ida Date 5-31, 1938

19. UNDERTAKER Vassar-Rawlings Co
(Address) Lewiston Idaho.

20. FILED 4-6-, 1938 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/31/1938

22 I HEREBY CERTIFY, That I attended deceased from 3/25, 1938, to 3/31, 1938
I last saw her alive on 3/31 1938: death is said to have occurred on the date stated above, at 2:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	3/21/38

Other **contributory causes** of importance:

Carcinoma of rectum	1938

Name of operation Laparotomy Date of 3/26/38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Hoffman, M. D.
(Address) Orofino, Idaho.

127 b

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

RECEIVED MAY 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108968

Registration District No. 90
Primary Registration District No. 2167
Local Registrar's No. 35

(No. State Hospital North) (If death occurred in a hospital or institution, give its name instead of street and number) 84

2. FULL NAME Sarah E. Ross

(a) Residence No. 827 Pine Street St. Sandpoint, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unascertained

7. AGE — Years: 62 | Months: ? | Days: ? | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Allegheny City, Pennsylvania

FATHER

13. NAME: Unascertained
14. BIRTHPLACE (city or town) (State or country): Unascertained

MOTHER

15. MAIDEN NAME: Unascertained
16. BIRTHPLACE (city or town) (State or country): Unascertained

17. INFORMANT (Address): Records: State Hospital North, Orofino, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Hosp. Cemetery Date: Apr. 6, 1938

19. UNDERTAKER (Address): Fred A. Billberg, Hosp. Attd. State Hospital North, Orofino, Idaho.

20. FILED 4-7, 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Apr. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to April 5, 1938

I last saw her alive on April 4 1938: death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arteriosclerosis	
Other contributory causes of importance:	
Psychosis with Cerebral arteriosclerosis	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelway M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

MAY 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108963

Registration District No. 90
Primary Registration District No. 2167
Local Registrar's No. 36

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME JOHN D. BARKAS (uncertain)

(a) Residence No. Elk River, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	unknown

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 62 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. placer mine

10. Date deceased last worked at this occupation (mo. and yr.) unknown

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country) unknwon

MOTHER

15. MAIDEN NAME unknwon

16. BIRTHPLACE (city or town) unknwon
(State or country)

17. INFORMANT Orofin Hospital
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 4/9/38, 193

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino Idaho

20. FILED 4-9, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-8-1938

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938, to April 8, 1938
I last saw h[illegible] alive on April 7 1938.: death is said to have occurred on the date stated above, at 3:40 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Renal disease	Several Months
Acute pulmonary Edema	7 days
Other **contributory causes** of importance:	
Chronic Myocarditis.	years

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) C. B. Lappenbusch, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater.

City of Orofino

MAY 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108970

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 37-

(No. Rural Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Gleason

(a) Residence. No. ..... St. Orofino Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME William Gleason

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT George G Leggett (Address) Orofino

18. BURIAL, CREMATION OR REMOVAL

Place Orofino Date 4-18, 1938

19. UNDERTAKER V. A. Shaw (Address) Orofino

20. FILED 4-17, 1938 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-16-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1938, to 4-16, 1938

I last saw him alive on 4-16, 1938: death is said to have occurred on the date stated above, at 4-30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis	
Terminal Pneumonia	4-12-38
Other contributory causes of importance:	
Acute Gastritis and	4-10-38
Old age	

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? not ✓ Date of injury ....., 193...

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury .....

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) W. H. Stinson, M. D.

(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Ahsahka

MAY 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108971

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 35
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Steiner

(a) Residence No. (Usual place of abode) Ahsahka Ida St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julius Steiner

6. DATE OF BIRTH (month, day, and year) Oct 2-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pontiac Ill.

FATHER

13. NAME James P. King

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Eliza A. Hicks

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT William P. King Ahsahka Ida
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Southwick Date 4-20, 1938

19. UNDERTAKER Cod[illegible] Mortuary
(Address) Orofino Ida

20. FILED 4-20, 1938 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-18 1938

22 I HEREBY CERTIFY, That I attended deceased from 1927, 193..., to 4-18, 1938

I last saw her alive on 4-17 1938: death is said to have occurred on the date stated above, at 8 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Umbilicus	Unknown
Probably Metastasis -	

Other **contributory causes** of importance:

Arthritis Deformans	
Valvular Heart, Brights	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following: not

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. H. Thurston, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108972

MAY 4 - 1938

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 39

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Powell

94a

(a) Residence No. Lenore Idaho R.I St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith M. Powell

6. DATE OF BIRTH (month, day, and year) 7-8-1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cheney, (State or country) Wash.

FATHER

13. NAME Wallace Powell

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Hattie Clawson

16. BIRTHPLACE (city or town) (State or country) unasertained

17. INFORMANT Edith Powell
(Address) Lenore Ida. RI.

18. BURIAL, CREMATION OR REMOVAL
Place Teaken Date 4-25, 1938

19. UNDERTAKER Orofino Mortauy
(Address)

20. FILED 4/26, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-23 1938

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1933 to April 23, 1938
I last saw him alive on April 16 1938: death is said to have occurred on the date stated above, at about 10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	?

Other **contributory causes** of importance:

Un dulant fever	about 1937
Bronchial Pneu	Nov 1937

Name of operation none Date of ~
What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ~, 193~
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No injury
Manner of injury
Nature of injury ~

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) W. H. Robertson, M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino
Registered MAY 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108973

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 40
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number) 83

2. FULL NAME R. H. Wille

(a) Residence No. ... St. Sandpoint - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug. 4, 1869
7. AGE: Years 68 | Months 8 | Days 18 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: August Wille
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unascertained
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Records: State Hospital North, Orofino - Idaho.
18. BURIAL, CREMATION OR REMOVAL Place: Hospital Cemetery Date: 4-24, 1938
19. UNDERTAKER: Fred A. Billberg, Hosp. Attd (Address) State Hospital, Orofino, Idaho.
20. FILED 4/25, 1938 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 23 1938
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to April 23, 1938
I last saw him alive on April 22 1938: death is said to have occurred on the date stated above, at 5 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
Other **contributory causes** of importance:	
Terminal Condition	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Custer

City of MacKay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108974

Registration District No. 76

Primary Registration District No. 2153

Local Registrar's No. 224

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William John Harris.

(a) Residence. No. MacKay - Ida. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 22 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Grass Valley Calif
(State or country)

FATHER

13. NAME Wm Harris

14. BIRTHPLACE (city or town) .....
(State or country) Wales.

MOTHER

15. MAIDEN NAME Caroline Payne

16. BIRTHPLACE (city or town) .....
(State or country) Wales.

17. INFORMANT E. H. Harris
(Address) MacKay Idaho

18. BURIAL, CREMATION OR REMOVAL March
Place MacKay Date Mar 16, 1938

19. UNDERTAKER John M. Jones
(Address) MacKay Ida

20. FILED 4-16, 1938 Rose M. Thibodeau
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/12/1938

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 1938, to 3/12, 1938
I last saw him alive on 3/12, 1938: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance:	
Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. C. Peterson M. D.
(Address) MacKay, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Custer
City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108975

Registration District No. 76
Primary Registration District No. 2153 Local Registrar's No. 225

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131 k

2. FULL NAME George Nowacki

(a) Residence. No. Mackay St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Bliner

6. DATE OF BIRTH (month, day, and year) Dec 24 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)

FATHER
13. NAME Steven Nowacki
14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Rose Nowacki
(Address) Mackay - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCalls Date 3-21, 193

19. UNDERTAKER John Miller
(Address) Mackay

20. FILED 4-11, 1938 Rose M. Shirbroder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/1/35, 193..., to 3/17/38, 193...
I last saw h.. alive on 3/17, 1938: death is said to have occurred on the date stated above, at 12:40 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis: Chronic	2 yrs
Interstitial	previous
Other contributory causes of importance:	
Hypertension	2 weeks
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. J. Richards, M. D.
(Address) Mackay, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108976

PLACE OF DEATH
County of Elmore
City of ~~Creek~~ Mouth of Buck Creek, South bank of Middle Fork of Boise River

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 93(4)14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

FULL NAME Andrew L. Johnson

(a) Residence. No. % Mrs. W. R. Stearman, Route 4 St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ella C. Johnson

6. DATE OF BIRTH (month, day, and year) 9-10-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	8	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hurricane Bridge (State or country) West Virginia

FATHER
13. NAME William Johnson
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Sarah Jane Burford
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMENT (Address) William L. Johnson, Boise, Idaho, Route 4

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Berthoud, Colo. Date — , 193—

19. UNDERTAKER William McBratney (Address) Boise, Idaho

20. FILED 5-14, 1938 Geo. M. Vales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h...alive on ..., 193...; death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apparant heart failure of unknown cause.	
Deceased died suddenly at Mouth of Buck creek on South bank of Middle Fork of Boise River from	
Other contributory causes of importance: natural causes.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Geo. M. Vales, M. D.
(Address) Justice of the Peace, Atlanta Precinct, Elmore County
State of Idaho, acting as Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Mountain Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108977

MAY 7 - 1938

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bryon Card

(a) Residence. No. County Farm St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

114a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Koontz

6. DATE OF BIRTH (month, day, and year) September 25, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hard rock

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 30yrs.

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs B. Crabb
(Address) Mountain Home

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Home Ceme. Date March 10 38

19. UNDERTAKER Jacobs-Bay Funeral Home
(Address) Mountain Home Geo. Jacobs

20. FILED Mar. 11 1938 H. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-7 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1937, to Mar 8, 1938

I last saw h[illegible] alive on 3-7, 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Delirium	1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Prognosis Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) H. E. Evans, M. D.

(Address) Mtn. Home, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Monntain Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108978

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 6

MAY 7 - 1938

(No) (If death occurred in a hospital or institution, give its name instead of street and number)

131a

2. FULL NAME Frank Lee

(a) Residence No. County Home St. Mt. Home
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Chas. Crabb
(Address) Mt. Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Home Ceme Date April, 1938

19. UNDERTAKER Zacha-Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED May 31, 1938 H. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-3-1938

22 I HEREBY CERTIFY, That I attended deceased from 10-14-1937, to 3-31-1938.

I last saw him alive on 3-30-1938: death is said to have occurred on the date stated above, at 1 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other **contributory causes** of importance:

Chronic Paranchymatous Nephritis	1932

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Evans, M. D.

(Address) Mtn Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108979

Registration District No. 34
Primary Registration District No. 2022 Local Registrar's No. 7
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Rachel Field

(a) Residence No. Mountain Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Field

6. DATE OF BIRTH (month, day, and year) Aug. 9. 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkhart Indiana

FATHER

13. NAME Berlincourt

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Hausover

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr. Milo Field
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain Home Cem. Date April 17, 1938

19. UNDERTAKER Zacha-Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED April 16 1938 A. M. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-15 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-22-, 1938, to 4-15-, 1938

I last saw her alive on 4-14-1938: death is said to have occurred on the date stated above, at 12:20 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & Liver	1934
Other **contributory causes** of importance:	
Acute Bronchitis	3-22-38

Name of operation Date
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Edwards M. D.
(Address) Mtn. Home Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin.
City of Preston.

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108980

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

106

2. FULL NAME Merlin Parker Olson

(a) Residence No. Glenco Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Feb. 16-1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho.

FATHER

13. NAME Merlin Parker Olson.

14. BIRTHPLACE (city or town) Mink Creek
(State or country) Idaho

MOTHER

15. MAIDEN NAME Verla Rasmussen

16. BIRTHPLACE (city or town) Mink Creek
(State or country) Idaho

17. INFORMANT Mrs Wm Wallgren
(Address) Mink Creek Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mink Creek Date April 13 1938

19. UNDERTAKER Lorel L. Johnson
(Address) Preston Idaho

20. FILED May 8, 1938 G. W. Staley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-7- 1938

22 I HEREBY CERTIFY, That I attended deceased from April 7, 1938 to April 10, 1938
I last saw him alive on April 10 1938: death is said to have occurred on the date stated above, at 6-30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-3-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) O. R. Christensen, M. D.
(Address) Preston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

MAY 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108981

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 30
(No.) 165
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick Charles Jensen.

(a) Residence No. Preston Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dagma Lund Jensen

6. DATE OF BIRTH (month, day, and year) Dec 27-1877

7. AGE — Years: 60 | Months: 3 | Days: 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) April 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER

13. NAME David Jensen
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER

15. MAIDEN NAME Serena Peterson
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Richard Jensen
(Address) Bent

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date April 18 1938

19. UNDERTAKER Leerd L Johnson
(Address) Preston Idaho

20. FILED May 6, 1938 Geo. W. Staley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-16 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by hanging	
Other contributory causes of importance:	
Temporary insanity brought on by prolonged ill health	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4/15, 1938
Where did injury occur? Preston Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place home
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Dr. E. Jones
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Clifton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MAY 9 - 1938

Registration District No. 27
Primary Registration District No. 2117

DO NOT WRITE IN THIS SPACE
State File No. 108952

Local Registrar's No. 31

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Harriet A Howell

(a) Residence No. Clifton Idaho St.
(Usual place of abode) 40 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas O Howell

6. DATE OF BIRTH (month, day, and year) Feb 4 1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Kaysville Utah
(State or country)

FATHER
13. NAME Samuel Henderson
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME Harriet Hawkins
16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Chloe Howell
(Address) Clifton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clifton Date Apr 14, 1938

19. UNDERTAKER M. Hendricks
(Address) Preston Idaho

20. FILED 5-8, 1938 Geo. W. Sales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-12-38 193

22 I HEREBY CERTIFY, That I attended deceased from 3-15, 1938, to 4-12, 1938

I last saw h[illegible] alive on 4-5 1938: death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Chronic Myocarditis	
& nephritis	1923
Other contributory causes of importance:	
Uremia	4-1-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. R. Curtis, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108983

MAY 9- 1938

PLACE OF DEATH

County of Franklin
City of Weston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 32
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1578

2. **FULL NAME** Evelyn LaRae Koller

(a) Residence. No. Weston, Idaho. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 21 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Weston, Idaho.

PARENTS

10. NAME OF FATHER Antone L. Koller
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Providence Utah
12. MAIDEN NAME OF MOTHER Selma Nielsen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Millville Utah

14. Informant (Address) A. L. Koller Weston Idaho

15. Filed May 8, 1938 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 24 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to April 24, 1938, that I last saw her alive on April 24, 1938, and that death occurred, on the date stated above, at ... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Congenital Biliary Obstruction
(duration) ... yrs. ... mos. 3 ds.
CONTRIBUTORY (Secondary) none
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? same
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) A. B. Davies, M. D.
April 25, 1938 (Address) Weston, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Weston Idaho	4-25 1938

20. Undertaker A. L. Koller — Address Weston

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108984

MAY 5 1938

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Edwards Shaffer

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 17 1865

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Slatersville
(State or country) Utah

FATHER

13. NAME Geo Henry Shaffer

14. BIRTHPLACE (city or town) Unknown
(State or country) Virginia

MOTHER

15. MAIDEN NAME Esther Ann Jessop

16. BIRTHPLACE (city or town) Lanchashire
(State or country) England

17. INFORMANT Martin Shaffer
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date May 2, 1938

19. UNDERTAKER Funeral Director Johnson
(Address) Preston Idaho

Slater Mort.

FILED May 4 1938

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 30 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to April 30, 1938

I last saw h[im] alive on 4-29 1938: death is said to have occurred on the date stated above, at 7 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Brain tumor	1937

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Cutler, M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10985

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 34

(No. 958 MAY 3)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Irvin Hard Herd

(a) Residence No. General Memorial Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

6. DATE OF BIRTH (month, day, and year) 4-27-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho.

FATHER
13. NAME Kermit J. Herd
14. BIRTHPLACE (city or town) Lago
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Elsie Larsen
16. BIRTHPLACE (city or town) Grayson
(State or country) Utah

17. INFORMANT Kermit Herd
(Address) Preston Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date May 2, 1938

19. UNDERTAKER Feral L. Johnson
(Address) Preston Idaho

20. FILED 5 8, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4 30 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to April 30, 1938
I last saw him alive on 4-30 1938: death is said to have occurred on the date stated above, at 4:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Tetanus Neonatorum	4-29-38
Gravis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. B. Cutler M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Hemon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108986

MAY 12 1938

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 3 & 3 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archie Charles McFarland

(a) Residence No. St. Anthony Idaho Route #2 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Alice McFarland

6. DATE OF BIRTH (month, day, and year) Aug. 12 - 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) West Weber Utah
(State or country)

FATHER
13. NAME James McFarland
14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER
15. MAIDEN NAME Matilda Poole
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Alex McFarland
(Address) St. Anthony Ida. Route 2

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 5/10, 1938

19. UNDERTAKER W. M. Klingen
(Address) St. Anthony Idaho

20. FILED ....., 193.... ....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from April 30, 1938, to May 7, 1938
I last saw h. alive on May 7, 1938: death is said to have occurred on the date stated above, at 10 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	2
Other **contributory causes** of importance:	
Chronic Bronchitis	9
	1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) H. Burtenshaw M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 105987

Registration District No. 94
Primary Registration District No. 2177
Local Registrar's No. 3 & 2

MAY 12 1932

(No.) 945
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Cox

(a) Residence No. St. Anthony Idaho Poule #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/29/1867

7. AGE — Years: 70 | Months: 4 | Days: 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Youngstown Ohio

FATHER

13. NAME Edward Cox
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Smith
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Ed. Cox
(Address) St. Anthony Ida. Poule 2

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 4/14, 1932

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 4/14, 1932 Sarah B. Brink
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/12 1932

22 I HEREBY CERTIFY, That I attended deceased from 4/11, 1932, to 4/12, 1932
I last saw him alive on 4/12 1932: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other **contributory causes** of importance: Marked Hypertension

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Gibson M. D.
(Address St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10898

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 341

MAY 12 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edmund Robert Thompson

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Rhoda Ann Davis

6. DATE OF BIRTH (month, day, and year) Dec. 12 1857

7. AGE: Years 80 | Months 11 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) North Ogden
(State or country) Utah

FATHER
13. NAME Edmund Robert Thompson
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT James L Thompson
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverside Cem. Date 4/12, 1938

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED 4-12, 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/8 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/2/38, 193..., to 4/8, 193..., I last saw him alive on 4/8 1938: death is said to have occurred on the date stated above, at 7:00 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia secondary to Chronic interstitial nephritis	
Other **contributory causes** of importance:	

Name of operation None Date of —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Allenson M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1089-S

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 340

MAY 12 1930

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roberta Gibson

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14-1896

7. AGE: Years 41 | Months 8 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho

FATHER
13. NAME Wilmer E. Green
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Emma Hollingsworth
16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Mrs Earl P. Garrett
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Date May 2, 1930

19. UNDERTAKER W. M. Dawson
(Address) St. Anthony Idaho

20. FILED May 2, 1930 Sarah B. Brunk Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/28 1930

22 I HEREBY CERTIFY, That I attended deceased from April 28, 1930, to April 28, 1930
I last saw her alive on April 28 1930: death is said to have occurred on the date stated above, at 9 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	April 28
Other **contributory causes** of importance:	
Phthisis, cadvic?	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. L. Jones, M. D.
(Address) St Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Egin

MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108900

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 339

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Heber Powell

(a) Residence No. St. Anthony Idaho Route #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mrs Joseph H Powell

6. DATE OF BIRTH (month, day, and year) 4/9/1886

7. AGE: Years 52 | Months — | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Egin Idaho

FATHER
13. NAME Richard Powell
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Alice Elizabeth Robinson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Nora Powell
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 4/21, 1938

19. UNDERTAKER M. M. Hanson
(Address) St. Anthony Idaho

20. FILED 4/21, 1938 Sadie B Funck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-19 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1938, to April 19, 1938
I last saw him alive on April 11 1938 death is said to have occurred on the date stated above, at 8:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebrial Embolism	
Ateria- Sclerosis	
Gall Stones.	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H B Quigley, M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10899

MAY 6 - 1938

Registration District No. 6
Primary Registration District No. 6
Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isabelle Bennett

(a) Residence No. Emmett St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles R Bennett

6. DATE OF BIRTH (month, day, and year): 9/13/1861

7. AGE: Years 76 | Months 6 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisville (State or country) Kentucky

FATHER
13. NAME P. H. Neff
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Lucy Howell
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT J. L. Allmon
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Emmett Date 4/5, 1938

19. UNDERTAKER C. O. Buckner
(Address) Emmett Ida

20. FILED 4/5, 1938 J. L. Rupp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/2 1938

I HEREBY CERTIFY, That I attended deceased from 3-10-38, 193..., to 4-1-38, 193...

I last saw h.r alive on 4-1-, 1938: death is said to have occurred on the date stated above, at 4:20 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	1wk -
Apnea	1 wk
Stenosis	3 wks.

Other **contributory causes** of importance:

Old age -	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K. Bullock M. D.
(Address) Emmett, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Glen
City of Emmett
MAY 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10899

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minerva Ann McClennen

(a) Residence No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____
6. DATE OF BIRTH (month, day, and year): 7-13-1844
7. AGE: Years 93 | Months 9 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Carmel
(State or country) Illinois

FATHER
13. NAME [redacted] Linck
14. BIRTHPLACE (city or town) ____
(State or country) Not Known

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) ____
(State or country) " "

17. INFORMANT Jason W Kelley
(Address) ____

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 4/28, 1934

19. UNDERTAKER C O Buckendorf
(Address) Emmett Ida

20. FILED 4/27, 1934 J L Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/26 1934

22 I HEREBY CERTIFY, That I attended deceased from 4-24, 1934, to 4-26, 1934
I last saw her alive on 4-26 1934; death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia - Senility	
Other **contributory causes** of importance:	
Just before death Pulmonary Edema	

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1934
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J R Reynolds M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BI

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108993

Registration District No.
Primary Registration District No. 6 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loren W. Smith

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: wht
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Nellie Smith

6. DATE OF BIRTH (month, day, and year) 12/6/1885

7. AGE: Years 52 | Months 4 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4/6/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dale Co
(State or country) Missouri

FATHER
13. NAME Mack Smith
14. BIRTHPLACE (city or town)
(State or country) Arkansas

MOTHER
15. MAIDEN NAME Clarissa Rose
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Nellie M. Smith
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rose Idaho Date 4/10, 1938

19. UNDERTAKER D. Buckaneer
(Address) Emmett Ida

20. FILED 4/9, 1938 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/8 1938

22 I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to April 8, 1938

I last saw h— alive on April 5 1938: death is said to have occurred on the date stated above, at 6:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bantis disease with splenomegaly	several years
Other contributory causes of importance: Gastric hemorrhage with melena	2 days

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108994

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

MAY 6 - 1938

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Portlock 186a

(a) Residence No. 907 S. 8 St. Hays, Emmett Ida
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Moses Alfred Portlock

6. DATE OF BIRTH (month, day, and year) Sept 25, 1856

7. AGE: Years 81 | Months 7 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME James M. Irvine
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Sarah Balfour
16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT W. A. Portlock
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date May 4, 1938

19. UNDERTAKER C. D. Buchanan
(Address) Emmett

20. FILED 5/3, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/1 1938

22 I HEREBY CERTIFY, That I attended deceased from April 21, 1938 to May 1, 1938
I last saw h[illegible] alive on May 1 1938: death is said to have occurred on the date stated above, at 7.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Uremia	
Other contributory causes of importance:	
Fractured hip	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 4/21-38 1938
Where did injury occur? Fell at home fracturing hip. (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell on floor
Nature of injury Fractured hip.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. L. Reynolds, M. D.
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

RECEIVED
MAY 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
State File No. 10895

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Newell

(a) Residence No. Emmett Idaho St. 107A
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-4-1864

7. AGE: Years 74 | Months 3 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2/10/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bradford Co
(State or country) Penn

FATHER

13. NAME Warren Newell
14. BIRTHPLACE (city or town)
(State or country) Penn

MOTHER

15. MAIDEN NAME Synthia Tuttle
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Wallace Grist
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida. Date 4/19, 1938

19. UNDERTAKER C. D. Buckner
(Address) Emmett Idaho

20. FILED 4/19, 1938 J. C. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/17 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1938, to 4/17/38, 1938
I last saw h. alive on 4/15 1938: death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 wks.
Chron. Bronchitis	years.
Hemiplegia	1 yr.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. K. Bullock M. D.
(Address) Emmett, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10896

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole Gunderson
(a) Residence No. 414 N Boise, Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ragnhild Gunderson

6. DATE OF BIRTH (month, day, and year) July 21, 1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	8	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Mill
10. Date deceased last worked at this occupation (mo. and yr.) July, 1936
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Trondhiem,
(State or country) Norway

FATHER
13. NAME Gunder Erickson
14. BIRTHPLACE (city or town) Trondhiem
(State or country) Norway

MOTHER
15. MAIDEN NAME Mary Halverson
16. BIRTHPLACE (city or town) Trondhiem
(State or country) Norway

17. INFORMANT Hans Bretvald
(Address) Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date April 9, 1938

19. UNDERTAKER C D Buckmann
(Address) Emmett, Idaho

20. FILED 4/9, 1938 J. R. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/6 1938

22 I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to April 6, 1938
I last saw him alive on April 5 1938: death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Colon) Adhesions	April 3 '38
Other **contributory causes** of importance:	

Name of operation Laparotomy Date of 4/5/38
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W A Loelsch, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Hendrick

RECEIVED MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108995

Registration District No. 22
Primary Registration District No. 2018
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loyd Lunsford

(a) Residence. No. Hendrick St. Ida 131
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 3-15-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morehead Iowa

FATHER

13. NAME Geo W Lunsford

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Dell Rayden

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) G. W. Lunsford

18. BURIAL, CREMATION OR REMOVAL
Place Emberg Date 4-5, 1938

19. UNDERTAKER (Address) Fae Thompson

20. FILED 4-9, 1938 J. E. Lee Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-3 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1938, to 4-3, 1938

I last saw alive on 4-5, 1938; death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stenosis mitral valve	?
Chronic Myocarditis	1
Other contributory causes of importance:	
Dropsy	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Cromwell, M. D.
(Address) Emberg Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding

City of Gooding

St Valentine Hospital

MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
10906
State File No.

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Annie Elizabeth Calhoun

(a) Residence. No. Wendell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E Calhoun

6. DATE OF BIRTH (month, day, and year) 12-15-1873

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St James Missouri

FATHER

13. NAME James Jefferson Jones

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Elizabeth Anne Coffman

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT (Address) James E. Calhoun

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Idaho Date 4-2 , 193...

19. UNDERTAKER C E Thompson
(Address) Gooding Idaho

20. FILED May 1 , 193 8 E. D. Marston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/18 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/8 , 1938, to 4/18 , 1938
I last saw her alive on 4/17 , 1938; death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Liver following Carcinoma Breast 4 yrs.	
Other contributory causes of importance: Superimposed infection	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. A. Zeller , M. D.
(Address) Jerome, Idaho

PLACE OF DEATH

County of Gooding

City of Wendell

MAY 9 - 1938

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10900

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Sumner Tool

(a) Residence No. Wendell Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Tool

6. DATE OF BIRTH (month, day, and year) April 17 - 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Four point Ill

FATHER

13. NAME J D Tool

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Hannah McCoy

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Mary Tool (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL Place Wendell Cem Date April 17, 1938

19. UNDERTAKER J R Wooley (Address) Jerome Idaho

20. FILED May 1, 1938 E. L. Simonton Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 14 1938

22 I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 14, 1938

I last saw him alive on April 14 1938: death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Bigler, M. D.

(Address Wendell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Wendell

MAY 9- 1938
APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109002

Registration District No. 18

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Janie Russell

(a) Residence. No. Hagerman, Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

122 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J R Russell

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Witchita
(State or country) Kansas

FATHER

13. NAME Henry Thompson

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Margaret Dodd

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT J. R. Russell
(Address) Hagerman, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Seattle Wash Date Mar 21, 1938

19. UNDERTAKER D A Harrison
(Address) Jerome Idaho

20. FILED 3/24, 1938 C. P. Zeller
Registrar.

5-6 1938 C K Stevenson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/20 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1938, to March 20, 1938
I last saw him alive on Mar. 20, 1938; death is said to have occurred on the date stated above, at 7:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
with Cardiac failure	
following	

Other contributory causes of importance:

Operation for obstruction

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1938
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. P. Zeller, M. D.

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding
MAY 1 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109004

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 224.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada May Cochran

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

93C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
~~M~~ F.	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W F Cochran

6. DATE OF BIRTH (month, day, and year) Nov-15-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Zwingle (State or country) Iowa

MOTHER FATHER

13. NAME James Pinkerton
14. BIRTHPLACE (city or town) Pa. (State or country)

MOTHER

15. MAIDEN NAME — Simpson
16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT W F Cochran (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 4-6, 193..

19. UNDERTAKER A E Thompson (Address)

20. FILED 4-9-, 1935 J H Connell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/5, 1934, to April 6, 1935
I last saw her alive on April 6, 1935; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	April 6 1935
Other contributory causes of importance: Chronic Myocarditis	5

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. E. Garrett, M. D.
(Address) Gooding Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109005

Registration District No. ....
Primary Registration District No. 24
Local Registrar's No. 775

(No. 159)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Jerry

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Sing'l

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 4/8/38

7. AGE — Years | Months | Days: 6 ? | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Gooding, Ida.

FATHER

13. NAME: Emmett Jerry
14. BIRTHPLACE (city or town) (State or country): Ogden, Utah

MOTHER

15. MAIDEN NAME: Grace Carpenter
16. BIRTHPLACE (city or town) (State or country): Gooding, Ida.

17. INFORMANT: Father
(Address): Gooding, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Hagerman Date: 4-9, 1938

19. UNDERTAKER: A. E. Thompson
(Address): ....

20. FILED: 4-30, 1938 — J. H. Connell, Registrar E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-2, 1938, to 4/8, 1938.
I last saw h[im] alive on 4/8 1938: death is said to have occurred on the date stated above, at 4 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
Pneumonia	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) H. Leeser, M. D.
(Address) Gooding, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

H. L. McMARTIN, M. D. DIRECTOR
ECHO DELL WATSON, CHIEF CLERK

BARZILLA W. CLARK, GOVERNOR
EX-OFFICIO COMMISSIONER
OF PUBLIC WELFARE

FEB 23 1939

Feb. 18, 1939

Mrs. Emmett Terry,
Hagerman, Idaho.

Dear Mrs. Terry:

We are unable to get any information from our registrars concerning a death record for Carol Emily Terry, and are writing to you, the mother, for information.

Where and when was this child born and where did it die? Also, name of the attending physician.

If you will kindly give us the desired information, we will be able to close this case.

Notation on the bottom of this letter will be satisfactory, and greatly appreciated.

Thanking you, we are,

Very truly yours,

DIVISION OF PUBLIC HEALTH

Pauline D. Ambrose

Pauline D. Ambrose
Vital Statistics Clerk

Hagerman, Idaho.
February 20 1937.

Dear Pauline B. Ambrose,

There is a mistake some place it was a boy that died and his name was Emmett Orvil Terry. And he was borne [illegible] Hospital. April 2 1937. [illegible] eight days And died at Gooding [illegible] Hospital [illegible] Physician name was Dr L. H. Terrell.

My little girl is living her name is Carol Emily Terry.

We Thank you.

Mrs. Emmett Terry.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109006

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 276
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Elizabeth Stanford

(a) Residence No. Evanston Wyo. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-14-75

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Derbyshire
(State or country) England

FATHER

13. NAME Eli Wilson

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Orsan Mangum
(Address) Hagerman Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Evanston Wyo. Date 4-10-, 1938

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 4-30-, 1938 J. W. Cromwell
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 9 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to April 9, 1938

I last saw her alive April 9, 1938; death is said to have occurred on the date stated above, at 3300 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4/8/38

Other **contributory causes** of importance:

Chronic Myocarditis	?

Name of operation Date of
What test confirmed diagnosis Dy Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. E. O'Garratt, M. D.
(Address) Gooding, Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding

MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109067

Registration District No.

Primary Registration District No. 24 Local Registrar's No. 777

(No. Gooding County Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Lillian Rinehart 50

(a) Residence. No. Dietrich - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. years mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Rinehart

6. DATE OF BIRTH (month, day, and year) Feb-7 1883

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** self

10. Date deceased last worked at this occupation (mo. and yr.) 3/1

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) ? (State or country) S.D.

FATHER

13. NAME Wm B Towne

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME Mary Ann ?

16. BIRTHPLACE (city or town) Ill. ? (State or country)

17. INFORMANT Walter Rinehart (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 4/14, 1938

19. UNDERTAKER Myrtle C. Burdett #5290 (Address) Shoshone - Idaho

20. FILED 4-30, 1938 J. N. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day and year) April 11 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to April 12, 1938.

I last saw h alive on April 12 1938; death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	Unknown
with metastasis	
liver - neck	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. E. Burdett M. D.

(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

MAY 1, 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109005

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 228

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Lewis Robinson

(a) Residence No. St. Gooding Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery-
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk
10. Date deceased last worked at this occupation (mo. and yr.) 1931
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Illinois
(State or country)

FATHER
13. NAME R. S. Robinson
14. BIRTHPLACE (city or town) Ky
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Russell E. Robinson
(Address) Gooding Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Cem. Date 4-15-, 1938

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 4-30-, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 13 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 25, 1938, to April 13, 1938
I last saw h[illegible] alive on Mar 25 1938; death is said to have occurred on the date stated above, at 1 00 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other **contributory causes** of importance:

Gangrene of Foot	

Name of operation Date of
What test confirmed diagnosis? Dr. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. E. Barrett, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding

City of Gooding

MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109005

Registration District No.

Primary Registration District No. 24 Local Registrar's No. 780

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Franklin Dunfee

(a) Residence. No. Hagerman St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warda Dunfee

6. DATE OF BIRTH (month, day, and year) July 25 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Almo Cassia Co. Idaho

MOTHER FATHER

13. NAME George L. Dunfee

14. BIRTHPLACE (city or town) (State or country) Ogden Utah

15. MAIDEN NAME Helen Graham

16. BIRTHPLACE (city or town) (State or country) Glenwood Utah

17. INFORMANT (Address) Ben Dunfee

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date 4-28, 1938

19. UNDERTAKER (Address) C. C. Thompson

20. FILED 4-30, 1938 J. A. Crowell Registrar. E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1938, to April 27, 1938

I last saw h[illegible] alive on April 27 1938, death is said to have occurred on the date stated above, at 5:17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Brain Tumor	Nov 1937
Hemorrhage	
Hemiplegia	
Other contributory causes of importance:	

Name of operation Craniotomy Date of 3/5/38

What test confirmed diagnosis? Dr Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. E. Burnett, M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding

MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109010

Registration District No.

Primary Registration District No. 24

Local Registrar's No. 229

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Juliet Stewart

(a) Residence. No. 11th Montana St. Gooding, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 1st 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willow Creek Oregon

FATHER

13. NAME George Frederick Lewis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Nave Marden

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Gooding Date 4- , 193

19. UNDERTAKER (Address)

20. FILED 4-30, 193 J. N. Cornwell Registrar. E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1938, to 4-24, 1938

I last saw her alive on 4-24, 1938; death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-10

Other contributory causes of importance:

Senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. N. Cornwell M. D.

(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

MAY 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10901

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 10
(No. 108)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Elmina J. Lingo

(a) Residence No. (Usual place of abode) St. Grangeville Idaho
Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Ed Lingo
6. DATE OF BIRTH (month, day, and year): Mar 19/1890
7. AGE: Years 48 | Months 1 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (mo. and yr.): April 1938
11. Total time (years) spent in this occupation: 31 yrs.

12. BIRTHPLACE (city or town) (State or country): Cambridge Idaho

FATHER
13. NAME: Nathaniel N. Wells
14. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

MOTHER
15. MAIDEN NAME: Zona Bryan
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Husband): Ed Lingo
(Address): Grangeville Ida.

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place: Grangeville Ida. Date: 4-23, 1938

19. UNDERTAKER: Hancock Funeral Home
(Address): Grangeville Ida.

20. FILED 4-30, 1938 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 4/21/1938

22 I HEREBY CERTIFY, That I attended deceased from April 14, 1938 to April 21, 1938
I last saw h~~er~~ alive on April 21 1938: death is said to have occurred on the date stated above, at 3:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 16-38
Other **contributory causes** of importance:	
Influenza	April 10-38

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. D. Shinnick, M. D.
(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Riggins

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109012

MAY 2-1938

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Richard H. Tipton

(a) Residence. No. Riggins St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3/ yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Myrtle Tipton

6. DATE OF BIRTH (month, day, and year) Sept 30-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Operator

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Service Station

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 38

11. Total time (years) spent in this occupation Several years

12. BIRTHPLACE (city or town) (State or country) Whitman Co. Wash

FATHER

13. NAME J. L. Tipton

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Margaret Francis

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Wife Myrtle Tipton Ida.
(Address) Riggins

18. BURIAL, CREMATION OR REMOVAL
Place John Day Cemetery Date 4-3-, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED 4-30, 193 8 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 1 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1938, to March 31, 1938.
I last saw him alive on March 31, 1938; death is said to have occurred on the date stated above, at 1:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-25-38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. D. Hancock, M. D.
(Address) Grangeville, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109013

Registration District No. 103

MAY 6-

Primary Registration District No. 1001 Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarrie Lee Legitt

(a) Residence. No. Grangeville, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grangeville, Idaho

FATHER

13. NAME Lester F. Legitt

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Irene Marks

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT (Address) Lester Legitt Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Prairie View Date 2/6, 1938

19. UNDERTAKER (Address) Glenn Ailor Grangeville, Idaho

20. FILED 4-30, 1938 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1938, to Feb. 8, 1938.

I last saw her alive on Feb. 6, 1938; death is said to have occurred on the date stated above, at 1 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Obs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. A. Wheelwright, M. D.

(Address) Grangeville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Pardee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1938

DO NOT WRITE IN THIS SPACE
State File No. 109014

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 13
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick Jack

(a) Residence No. 95 St. Pardee Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Othelia Jack

6. DATE OF BIRTH (month, day, and year) Jan 25 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER
13. NAME Agustus Jack
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME Paige
16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mrs Othelia Jack
(Address) Pardee Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date 2-2, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 41 30, 1938 F. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-29 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...; death is said to have occurred on the date stated above, at about 5 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular heart trouble	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Glenn Cator Coroner of Idaho County
(Address) Grangeville Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10901 5

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 17

MAY 9 - 1938

(No. Our Lady of Camp Hay) 210

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John McFarland

(a) Residence. No. Ferdinand, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Indian

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. John McFarland

6. DATE OF BIRTH (month, day, and year): August 17, 1907

7. AGE: Years 31 Months 7 Days 23 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kamiah, Idaho

FATHER

13. NAME: Francis McFarland

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Rebecca Blackeagle

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. John McFarland Ferdinand, Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Spalding, Ida. Date Apr. 14 1938

19. UNDERTAKER: Glenn Auton

(Address) Grangeville Ida

20. FILED May 2, 1938 H. F. Orr

per WB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 10 1938

22. I HEREBY CERTIFY, That I attended deceased from 10:30 4-10 1938, to 10 P.M. 4-10 1938

I last saw him alive on at 8 P.M. 4-10 1938; death is said to have occurred on the date stated above, at 10:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured Skull	
and Severe Cerebral	
Shock	
Other **contributory causes** of importance:	

Name of operation: Clinical Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-10 1938

Where did injury occur? Kamiah, Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury: Auto Accident

Nature of injury: Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Healey F. Orr, M. D.

(Address) Cottonwood Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109016

MAY 9- 19[illegible]
Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 18
(No. Our Lady of Cons. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

140

2. FULL NAME Lillian Warden
(a) Residence. No. Grangeville Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 7 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Telluride Colorado

FATHER
13. NAME Mr. John Kerns.
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Mildred Baily.
16. BIRTHPLACE (city or town) (State or country) Kansas.

17. INFORMANT (Address) Mrs. Warden Cottonwood Oregon

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date 4/16, 1938

19. UNDERTAKER Herman Collins
(Address) Grangeville Ida.

20. FILED May 2, 1938 J. W. F. Ors per WB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 14 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to April 14, 1938
I last saw her alive on April 13 1938; death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Peritonitis with terminal [illegible] to abortion	April
Other contributory causes of importance:	
Suspect abortion	about April 1

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. A. Wheeler M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10901

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 19
(No. Our Lady of Consolation Hosp.
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Mr. Samuel M. Jones
(a) Residence No. Cottonwood St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jones
6. DATE OF BIRTH (month, day and year): May 5 1867
7. AGE: Years 70 Months 11 Days 13 If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: all his life
10. Date deceased last worked at this occupation (mo. and yr.): Apr 1938
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Grangeville Ida.

FATHER
13. NAME: Seth Jones
14. BIRTHPLACE (city or town) (State or country): not obt. N. Y.

MOTHER
15. MAIDEN NAME: Jane Castle
16. BIRTHPLACE (city or town) (State or country): not obt. N. Y.

17. INFORMANT: Wife Mary Jones (Address) Cottonwood Ida.
18. BURIAL, CREMATION OR REMOVAL Place Grangeville Date 4-19, 1938
19. UNDERTAKER: Hancock Funeral Home (Address) Grangeville Ida.
20. FILED May 2, 1938 M. F. Avi per TR Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 17 1938
22. I HEREBY CERTIFY, That I attended deceased from April 6, 1938, to April 17, 1938
I last saw him alive on April 17 1938; death is said to have occurred on the date stated above, at 4:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	April 6-38
Other contributory causes of importance:	
Chronic Nephritis Interstitial	-

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Stanley F. Orr M. D.
(Address) Cottonwood Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10901

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 20

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Frances A. Stearns

(a) Residence No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Winfield D. Stearns

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) Apr 1938
11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) Sutherland Neb.
(State or country)

FATHER
13. NAME John H. Abshire
14. BIRTHPLACE (city or town) ~
(State or country) Mo.

MOTHER
15. MAIDEN NAME Florence Cruk
16. BIRTHPLACE (city or town) ~
(State or country) Penn

17. INFORMANT Husband Winfield D. Stearns
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Boise Ida Date May 4, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED May 2, 1938 H. J. Orr per WB Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/1, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to May 1, 1938
I last saw her alive on May 1, 1938: death is said to have occurred on the date stated above, at 4:50 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	
Subacute Myocarditis	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stanley T. Orr M. D.
(Address) Cottonwood Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Harpster

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10901

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 444
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johanna Nichols

(a) Residence No. St. Harpster
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chris E. Nichols

6. DATE OF BIRTH (month, day, and year) Mar 20

7. AGE: Years 77 | Months | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Apr 4
11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (city or town) (State or country) Cambridge Wisconsin

FATHER
13. NAME Sorn S Woodie
14. BIRTHPLACE (city or town) (State or country) Christiana Norway

MOTHER
15. MAIDEN NAME Case Norskog
16. BIRTHPLACE (city or town) (State or country) Christiana Norway

17. INFORMANT Mrs Ida M Trapstone
(Address) Harpster

18. BURIAL, CREMATION OR REMOVAL
Place Harpster Date Apr 13, 1938

19. UNDERTAKER Hancocks
(Address) Grangeville

20. FILED April 30 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 11 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to Apr 11th, 1938.
I last saw h. W. alive on Apr 10 1938.: death is said to have occurred on the date stated above, at 7 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Dilated right ventricle	
Other **contributory causes** of importance:	
Acidosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H W Wentworth M. D.
(Address) Stites Idaho

PLACE OF DEATH
County of Jefferson
City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10902

Registration District No. 98
Primary Registration District No. 7176 Local Registrar's No. 15
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alma N. Page

(a) Residence No. Roberts Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Glendora Page
6. DATE OF BIRTH (month, day, and year) June 22 1877
7. AGE: Years 61 | Months 9 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bountiful Utah

MOTHER FATHER
13. NAME Alma Page
14. BIRTHPLACE (city or town) (State or country) Utah
MOTHER
15. MAIDEN NAME Francis Ashley
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Mrs. Alma N. Page
(Address) Roberts Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date April 10 193 8
19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho
20. FILED 4—11, 193 8
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 2 193 8
22. I HEREBY CERTIFY, That I attended deceased from April 1 193 8 to April 2 193 8; that I last saw h[illegible] alive on April 1 193 8; death is said to have occurred on the date stated above, at 8 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute myocarditis	Not determined

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. O. Page M.D.
(Address) Roberts, Idaho

... [illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109021

MAY 9- 1938 Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 16
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 17

2. FULL NAME Eliza Adelade Clements.

(a) Residence No. .... St. ....
(Usual place of abode) 11 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Wm. D. Clements.

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Fairfield, Utah.
(State or country)

FATHER

13. NAME Josiah Young.
14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Esther Canovea
16. BIRTHPLACE (city or town) France
(State or country)

17. INFORMANT Mary E Sandquist
(Address) Sandy, Utah.

18. BURIAL, CREMATION OR REMOVAL
Place Shelton, Ida. Date 4/16, 1938

19. UNDERTAKER C. E. Echanrell
(Address) Rigby, Idaho.

20. FILED 4-16, 1938 Mrs C E Echanrell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-13 1938

22 I HEREBY CERTIFY, That I attended deceased from January, 1938, to April 13, 1938
I last saw her alive on April 13 1938; death is said to have occurred on the date stated above, at 9:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension with Arteriosclerotic heart disease	?
acute congestive heart failure	4/11/38
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) J. Harper Bulley M. D.
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson

City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109022

MAY 9- 1938

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David McGowen Strong

(a) Residence No. Roberts, Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cecil Florence Allyn

6. DATE OF BIRTH (month, day, and year) Apr. 26, 1877

7. AGE: Years 60 | Months 11 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 4/38

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Little Eagle
(State or country) Dakota

FATHER

13. NAME David Strong

14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT G. A. Strong
(Address) Roberts Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Idaho Falls, Ida. Date April, 15, 1938

19. UNDERTAKER
(Address)

20. FILED 4-16, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1937 to April 15, 1938

I last saw him alive on April 13, 1938: death is said to have occurred on the date stated above, at 5-45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	

Other contributory causes of importance:

Acute indigestion	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [redacted] M. D.

(Address) Roberts, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Lorenzo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10902.5

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 18

MAY 9 1938

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

107a

2. FULL NAME Donna Faye Robinson.

(a) Residence No..... St.....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/21/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	2	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
10. Date deceased last worked at this occupation (mo. and yr.).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Lorenzo, Idaho.
(State or country)

FATHER
13. NAME Thomas Alma Robinson.
14. BIRTHPLACE (city or town) Ammon, Ida.
(State or country)

MOTHER
15. MAIDEN NAME Bertha Jenkins.
16. BIRTHPLACE (city or town) Vernal, Utah.
(State or country)

17. INFORMANT Thos. A. Robinson
(Address) Lorenzo, Ida. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Shelton, Ida Date 4-23, 1938

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho

20. FILED 4-22, 1938 Mae Reid
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/20 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/20, 193.8., to 4/20, 193.8
I last saw h.er alive on 4/20 193.8.: death is said to have occurred on the date stated above, at 10:20P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Bronchial Pneumonia	4/19/38
2. Acute Upper Respiratory Inf.	4/15/38

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Alden Tall M. D.
(Address) Rigby Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson

City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109024

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 19

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virginia May Lusk

(a) Residence. No. ....

(Usual place of abode) Montpelier, Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 3-1938

7. AGE — Years: — Months: 1 Days: 20 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: baby

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

MOTHER / FATHER

13. NAME Albert M. Lusk

14. BIRTHPLACE (city or town) (State or country) Caldwell Kansas

15. MAIDEN NAME Nettie Dailey

16. BIRTHPLACE (city or town) (State or country) Topeka Kansas

17. INFORMANT (Address) Mrs. Nettie Lusk Montpelier

18. BURIAL, CREMATION OR REMOVAL

Place Summers Ld. Date April 24 1938

19. UNDERTAKER (Address) None

20. FILED 4-23, 1938 Mona A. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to April 23, 1938.

I last saw her alive on April 23 1938; death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital malformation of heart	birth
Failure of foramen Ovale	birth
Other **contributory causes** of importance:	
General debility	
on examination	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Dr. C. Adamson, M. D.

(Address) Roberts, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109027

2. FULL NAME Stanley Ralph Russell 159

(a) Residence No. ____ Jerome Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ____
(or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) April 12 - 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Jerome Co
(State or country) Idaho

FATHER
13. NAME Ralph Russell
14. BIRTHPLACE (city or town) ____
(State or country) Tenn

MOTHER
15. MAIDEN NAME Pearl Smith
16. BIRTHPLACE (city or town) ____
(State or country) Idaho

17. INFORMANT Ralph Russell
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date April 14, 1938

19. UNDERTAKER F R Wiley
(Address) Jerome Idaho

20. FILED 4/16, 1938 C A Jellen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 13 1938

22 I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 13, 1938
I last saw him alive on Apr. 12 1938: death is said to have occurred on the date stated above, at 12:05 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature baby at 32 weeks - 2	apr. 12-38
Other **contributory causes** of importance:	

Name of operation no Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Reuben C. Matson, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 10902

Local Registrar's No.

MAY 11 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Lee Homan

108

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18 32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) County Ida

FATHER

13. NAME B M Homan

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Irma Butler

16. BIRTHPLACE (city or town)
(State or country) Mo

17. INFORMENT B. M. Homan
(Address) Jerome Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Cemetery Date April 18 1938

19. UNDERTAKER D. A. Patterson
(Address) Jerome Ida

20. FILED 4/21, 1938 C. A. Gellen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1938, to Apr. 16, 1938

I last saw h alive on Apr. 14, 1938; death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	4/7/38
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. M. Danner, M.D.

(Address) Pinehurst Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

MAY 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109025

109

2. FULL NAME Phyllis M. McClellan
(a) Residence No. ____ Jerome, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Baby

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year): Baby

7. AGE: Years ____ Months 8 Days 8 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Canon City Colo. Jerome, Idaho

FATHER
13. NAME Lowell O. McClellan
14. BIRTHPLACE (city or town) (State or country) Canon City Colo. Idaho

MOTHER
15. MAIDEN NAME Ruby May Ford
16. BIRTHPLACE (city or town) (State or country) Condon Oregon

17. INFORMANT Lowell O McClellan
(Address) Jerome, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date May 6, 1938

19. UNDERTAKER ____
(Address)

20. FILED 5/3, 1938 C. J. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from April 24, 1938 to May 3rd, 1938
I last saw him alive on May 3 1938: death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia with	
Meningitis	
secondary.	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. J. Zeller, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10905

Registration District No. 5

Primary Registration District No. ..... Local Registrar's No. 5 5 0

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William West

(a) Residence No. Jerome, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 17, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Surveyor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rockford Ill.

FATHER

13. NAME John West

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Malina Olson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. John Tenney
(Address) Jerome, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Jerome Cem. Date ....., 193.

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 4/21, 193 8 C. D. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/21-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 4/20/, 193 8

I last saw him alive on 4/20/ 193 8: death is said to have occurred on the date stated above, at 4:25a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Metastasis from Sarcoma of femur	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Zeller, M. D.

(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene.

REC MAY 9-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10903

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 53
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME William Finke

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: about 70 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT A. B. Nelson
(Address) Rathdrum Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rathdrum Date 4-8, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 4-8, 1938 L. L. Hutchins M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-4-1938

22. I HEREBY CERTIFY, That I attended deceased from 3/9/38, 193..., to 4/4, 1938
I last saw him alive on 4/3 1938: death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	

Other contributory causes of importance:

Broken Leg	
Malnutrition	
Chr. Colitis.	

Name of operation Reduced fracture Date of 3/9/38
What test confirmed diagnosis? ? Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 3/9/38
193...
Where did injury occur? Broken left by fall Rec.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place on farm struck a stick
Manner of injury Struck by a stick
Nature of injury Comminuted fracture left tibia & fibula

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Hamm, M. D.
(Address Coeur d'Alene.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109032

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 54

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary M. Held

(a) Residence No. 1704 Front St.
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If nonresident give city or town and state)

82A

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie O. Held.

6. DATE OF BIRTH (month, day, and year) May 15-1863

7. AGE — Years: 74 | Months: 10 | Days: 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1915
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rhinelander Wis

FATHER

13. NAME Carl L. Held.
14. BIRTHPLACE (city or town) (State or country) Wis

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jennie O. Held. (Address) 1704 Front C.D.A.

18. BURIAL, CREMATION OR REMOVAL Place Spokane Wash. Date 4-10, 1938

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED 4-9, 1938 L. Chatburn M.D. F.T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/8 1938

22 I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to April 8, 1938

I last saw him alive on April 7 1938: death is said to have occurred on the date stated above, at 7 30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6 days
Arteriosclerotic heart disease	5 yrs +

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Pedersen, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109035

RECEIVED MAY 9 - 1938

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 55
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Nora Bodler Davis

(a) Residence. No. 722 Nth. 3rd. St.
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

93c

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elmer J. Davis

6. DATE OF BIRTH (month, day, and year) 10/6/1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	61	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME ----- Crosley
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Clarinda Hoover
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) Mrs. J. H. Christ, Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
CDA Place Forest Cemetery Date 4/12/38 193

19. UNDERTAKER (Address) Mooney Mortuary, Coeur d'Alene, Idaho

20. FILED April 12, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-6- 1938, to 4-9- 1938, I last saw h[illegible] alive on 4-9 1938; death is said to have occurred on the date stated above, at 11 55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Clarence E. Mitchell M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Rathdrum

RECEIVED
MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109034

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 57
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph M. Akers. 193
(a) Residence. No. ..... Rathdrum Ida Co.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ann Akers.

6. DATE OF BIRTH (month, day, and year) Nov. 26—1858

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
79	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) 1915
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Holoston (State or country) Virginia

FATHER
13. NAME Oscar Akers.
14. BIRTHPLACE (city or town) ..... (State or country) Florida

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) Shinovalley (State or country) Virginia

17. INFORMANT J. O. Akers (Address) Post Falls Ida R.F.D. 1.

18. BURIAL, CREMATION OR REMOVAL Place Pleasant View Cem. Ida Date 4-11, 1938

19. UNDERTAKER Coeur d'Alene Mortuary (Address) Rathdrum, Idaho

20. FILED 4-11, 1938 L. Knutson, M.D. F.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1938, to 4-8-1938, 193.. I last saw him alive on 4-7, 193.. death is said to have occurred on the date stated above, at 1 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Contact with live electric wire	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 4-8 193..
Where did injury occur? Country
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Field
Manner of injury Contact with live wire
Nature of injury Electrocution

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) Coroner C. H. Teed M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Worley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109035

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 58

MAY 4- 1508

(No. ..... 108)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Junior Boyd Wallace Rieske (Amberson)

(a) Residence. No. Worley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) November 18 - 1923.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Child

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Vernie Co. Calif.

FATHER

13. NAME Boyd Williams Amberson

14. BIRTHPLACE (city or town) (State or country) Calif. Eureka

MOTHER

15. MAIDEN NAME Ida Laing

16. BIRTHPLACE (city or town) (State or country) Welch Okla.

17. INFORMANT (Address) Mr & Mrs. A. M. Rieske Worley Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Fairfield Wn. Date April 12 1938

19. UNDERTAKER (Address) JAEGER FUNERAL HOME, Fairfield, Wash.

20. FILED April 12 1938 L. Kostelecky M.D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 9 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-9- 1938., to 4-9- 1938.
I last saw h... alive on 4-9-, 1938.; death is said to have occurred on the date stated above, at 11:50 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Coroner E. H. Tiedt M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109036

MAY 1938

Registration District No. ~~3-5~~ 30

Primary Registration District No. 1051

Local Registrar's No. 59

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred H. Bowen

(a) Residence No. ..... St. Post Falls. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Florence Bowen

6. DATE OF BIRTH (month, day, and year) Aug. 26 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Jan 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Healdsburg (State or country) Calif

FATHER

13. NAME Jas. Bowen

14. BIRTHPLACE (city or town) ..... (State or country) Tenn

MOTHER

15. MAIDEN NAME Ruby E. Huntley

16. BIRTHPLACE (city or town) ..... (State or country) U. S.

17. INFORMANT Everett A. Bowen (Address) Post Falls

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date 4-16, 1938

19. UNDERTAKER Carsey Funeral Home (Address) Coeur d'Alene Idaho

20. FILED 4-16, 1938 E. Rowlen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-13 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/7, 1938, to 4/13, 1938

I last saw h~~im~~ alive on 4/13 1938; death is said to have occurred on the date stated above, at 1:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	4/11/38
Bronchial Pneumonia	4/7/38

Other **contributory causes** of importance: Prostatic hypertrophy

Name of operation None Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Hemming, M. D.

(Address Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10903

MAY 9 1938

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 61
(No.) St. Lukes Maternity Home
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilella Jeanne Bradford 157-C

(a) Residence No. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-14-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene Ida
(State or country)

FATHER
13. NAME Chas. W. Bradford
14. BIRTHPLACE (city or town) Dayton
(State or country) Ohio.

MOTHER
15. MAIDEN NAME Bernice Stephens
16. BIRTHPLACE (city or town) Carbon Bay
(State or country) Idaho.

17. INFORMANT M. L. Stephens
(Address) Harrison, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 4-15, 1938
Kootenai

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida

20. FILED 4-18, 1938 L. Knowlton M.D.
F. T. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-15-1938

22 I HEREBY CERTIFY, That I attended deceased from 4-14, 1938, to 4-15, 1938
I last saw him alive on 4-15 1938: death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Blue baby — persistent opening between right and left auricles of heart	
157-C	

Other contributory causes of importance:

Partial premature separation of placenta	

Name of operation None Date of
What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Hommey, M. D.
(Address) Coeur d'Alene

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10903

Registration District No. 30
Primary Registration District No. 2051
Local Registrar's No. 62

MAY 9 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael J Dietrich

(a) Residence No. 93C St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M | 4. Color or Race W. | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Dietrich

6. DATE OF BIRTH (month, day, and year) May 26 - 1865

7. AGE: Years 72 | Months 10 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4-18-38
11. Total time (years) spent in this occupation Many years

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER
13. NAME George M. Dietrich
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Barbara Hakkel
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jessy A. Dietrich (Address) Rathdrum Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mt View Cemetery Date 4-21, 1938

19. UNDERTAKER Cassidy Funeral Home (Address) Rathdrum Ida

20. FILED 4-21, 1938 L C Kretchmer M.D. Registrar.
F. T

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-18 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-18, 1938, to 4-18, 1938
I last saw h alive on 4-18 1938: death is said to have occurred on the date stated above, at 9:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Coroner E. H. Teed M. D.
(Address) Coeur d Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Rose Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10905

MAY 9 - 1938

Registration District No. 30
Primary Registration District No. 2051
Local Registrar's No. 63

(No. 183)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Cochrane

(a) Residence No. Rose Lake, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of *****

6. DATE OF BIRTH (month, day, and year) 3/2/1916

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	22	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4
11. Total time (years) spent in this occupation 10/1937

12. BIRTHPLACE (city or town) Lane, Idaho
(State or country)

FATHER

13. NAME Chester Cochrane
14. BIRTHPLACE (city or town) Wisc
(State or country)

MOTHER

15. MAIDEN NAME Leila E. Lewis
16. BIRTHPLACE (city or town) N.Y.
(State or country)

17. INFORMANT Chester Cochrane
(Address) Rose Lake, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
C. D. A. Place Forest Cem. Date 4/22, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene

20. FILED 4/22, 1938 L. L. Brothers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/19 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-6 1938, to 4-19, 1938.
I last saw him alive on 4-19 1938. death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4-19, 1938.
Where did injury occur? Rose Lake
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Lake
Manner of injury Accidental Drowning
Nature of injury Accidental Drowning

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clarence E. H. Jesh, M. D.
(Address Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Rose Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109040

Registration District No. 80
Primary Registration District No. 2065 Local Registrar's No. 64
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

MAY 5 - 1938

183

2. FULL NAME John Oija

(a) Residence No. Rose Lake St.
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of *****

6. DATE OF BIRTH (month, day, and year) ?/?/1916

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	22	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Truck
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driver
10. Date deceased last worked at this occupation (mo. and yr.) ?
11. Total time (years) spent in this occupation ?/1938

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME ---- Oija
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Freinds at Rose Lake
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place Forest Cem. Date 4/27, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene

20. FILED April 27, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/19, 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-19-, 1938, to 4-19-, 1938
I last saw him alive on 4-19 1938: death is said to have occurred on the date stated above, at 2 P m.

did not see

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury 4-19, 1938
Where did injury occur? Rose Lake
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Lake
Manner of injury Accidental Drowning
Nature of injury Accidental Drowning

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Coroner C. H. Teed M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10904

MAY 9 1938

Registration District No. 30
Primary Registration District No. 1051, Local Registrar's No. 65
(No.) Lakeside Hospital
(If death occurred in a hospital or institution, give its name instead of street and number) 82a

2. FULL NAME Robert G. Birchett Sr.
(a) Residence No. St. Post Falls Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): widowed
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Della A. Birchett
6. DATE OF BIRTH (month, day, and year): 9-15-1887
7. AGE: Years 50, Months 7, Days 11. If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Corn mow
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: laborer,
10. Date deceased last worked at this occupation (mo. and yr.): 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ind.

FATHER
13. NAME: G. W. Birchett
14. BIRTHPLACE (city or town) (State or country): Dont-Know

MOTHER
15. MAIDEN NAME: Mary Luellen
16. BIRTHPLACE (city or town) (State or country): Dont Know

17. INFORMANT: Robert G Birchett Jr
(Address) Post Falls Ida. Rt 2.
18. BURIAL, CREMATION OR REMOVAL: Place Pleasant View Date 4-30, 193 8
19. UNDERTAKER: Cassedy Funeral Home
(Address) Coeur d'Alene, Idaho
20. FILED 4-30, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-26 193 8
22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1938, to 4/24, 193 8
I last saw him alive on 4/24 193 8; death is said to have occurred on the date stated above at 6.50 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
apoplexy.	4/24/38
Other **contributory** causes of importance: Myocarditis	?

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. E. Hemmy, M. D.
(Address) Coeur d'Alene

Dr. H. H. Greenwood

PLACE OF DEATH
County of Kootenai
City of R.F.D. Coeur d'Alene (Huetter)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109049

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 66
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Elfie Oreine Martinson

(a) Residence No. Huetter, Idaho St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl Martinson

6. DATE OF BIRTH (month, day, and year) 5/27/1904

7. AGE — Years: 33 | Months: 10 | Days: 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ***
11. Total time (years) spent in this occupation ***

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Chauncey Hansen
14. BIRTHPLACE (city or town) U.S.
(State or country)

MOTHER

15. MAIDEN NAME Laura Stowe
16. BIRTHPLACE (city or town) U.S. Utah
(State or country)

17. INFORMANT Mr. Carl Martinson
(Address) Huetter, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~, C.D.A Place Forest Cem. Date 4/30, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) C.D.A.

20. FILED April 30, 1938 L. E. Krotzer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/25/1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to April 25, 1938
I last saw her alive on April 25 1938: death is said to have occurred on the date stated above, at 4:30P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-23-38
Other **contributory causes** of importance:	
Pleuritic Vomiting	12-24-37

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hamilton J. Greenwood M. D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

RECEIVED MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109045

Registration District No. 30
Primary Registration District No. 105 1 Local Registrar's No. 67

(No. C.D.A. Homes for Aged)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Andrea Kildahl 93C

(a) Residence No. C.D.A. Homes for the Aged. St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----- Kildahl

6. DATE OF BIRTH (month, day, and year) 5/19/1862

7. AGE: Years 75 | Months 11 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ---
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Rochester, Minn
(State or country)

FATHER

13. NAME Andre Skogsmark
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER

15. MAIDEN NAME Gunhild Berland
16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT C.D.A. Homes Records.
(Address) C.D.A.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Churches Ferry, N.Dakota Date May 1, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene, Idaho.

20. FILED April 22, 1938 L. C. Knudtson M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/29/1938

22 I HEREBY CERTIFY, That I attended deceased from April, 1938, to April 29, 1938
I last saw her alive on April 29 1938: death is said to have occurred on the date stated above, at 7:30P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
16v. Senility	
Other **contributory causes** of importance:	
93a. Chr. Nephritis	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify
(Signed) Jos. Gundtsen, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latan
City of Avon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10904

RECEIVED MAY 4 - 1938

Registration District No. 66
Primary Registration District No. 2149 Local Registrar's No. 61

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Rosa V. Fagan

(a) Residence No. St.
(Usual place of abode) 1 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pete Fagan

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Charlie Nelson
(Address) Avon, Ida/

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Sanders, Ida Date 4/18, 1938

19. UNDERTAKER H?R. Short
(Address) Moscow, Ida.

20. FILED 4/18, 1938 Mrs. Earl Allen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/14 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of the left breast	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. R. Short, M.D.
(Address Moscow

MARGIN RESERVED FOR BINDING

3.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109045

MA. 4 - 1938

Registration District No. 66

Primary Registration District No. 2745 Local Registrar's No. 7

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Lou Ethêleen Morrow

(a) Residence. No. St. Princeton, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jord Morrow

6. DATE OF BIRTH (month, day, and year): Nov. 11, 1884

7. AGE — Years: 53 | Months: 5 | Days: 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home

10. Date deceased last worked at this occupation (mo. and yr.): April 1938

11. Total time (years) spent in this occupation: 32

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: William Bales

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Elizabeth Underhill

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT: Mrs. Gertrude Crumley
(Address) Princeton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Potlatch, Idaho Date 4/18, 1938

19. UNDERTAKER: H. E. Kimball
(Address) Palouse, Wash.

20. FILED 4/19, 1938 F. C. Libra
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/18 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938, to April 18, 1938.

I last saw her alive on April 18, 1938: death is said to have occurred on the date stated above, at 2:30 A M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lober pneumonia	4-12-38
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) F. D. Gibson M. D.
(Address) Potlatch Idaho

MARGIN RESERVED FOR BINDING

...WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109046

MAY 4 1938

Registration District No. 66

Primary Registration District No. 2145

Local Registrar's No. 6

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Frederick Williams

(a) Residence. No. ..... St. Latah Co.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

97

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isabell A. Williams

6. DATE OF BIRTH (month, day, and year) May 13, 1870

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or .... min.
67	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Wheat Farm

10. Date deceased last worked at this occupation (mo) April 1938

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) Marysville
(State or country) Missouri

FATHER

13. NAME Hiram Williams

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McCrea

16. BIRTHPLACE (city or town) .....
(State or country) Scotland

17. INFORMANT R.A. Schussman
(Address) Garfield Wash. Rt. 3

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wash. Date 5/2 ....., 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED ....., 193... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/30 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938 to April 30, 1938

I last saw her alive on April 1, 1938 death is said to have occurred on the date stated above, at 11 A M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. C. Bybee M. D.
(Address) Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10904.

PLACE OF DEATH
County of Latah
City of Southwick
Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

MAY 11 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

157c

2. FULL NAME Mallie Romona Grayson

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

6a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 6, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Southwick
(State or country) Idaho

FATHER

13. NAME Forest R. Grayson
14. BIRTHPLACE (city or town) Colfax
(State or country) Wash.

MOTHER

15. MAIDEN NAME Zelma Ellen Griffith
16. BIRTHPLACE (city or town) Pullman
(State or country) Wash

17. INFORMENT (Address) F. R. Grayson Southwick

18. BURIAL, CREMATION, OR REMOVAL
Place Southwick Date Apr. 11, 1938

19. UNDERTAKER None
(Address)

20. FILED Apr 11, 1938 B. A. Nesbit. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1938, to Apr. 10, 1938
I last saw her alive on Apr. 8, 1938: death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. A. Christensen, M. D.
(Address) Kendrick Idaho

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109043

Registration District No.

Primary Registration District No. 16 8 17

Local Registrar's No. 113

MAY 6 - 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

157d

2. FULL NAME Claude Smith Mott, Jr

(a) Residence. No. Shoshone - Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 2 - 1938

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	0	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** home

10. Date deceased last worked at this occupation (mo. and yr.) Apr 38

11. Total time (years) spent in this occupation 3 mo

12. BIRTHPLACE (city or town) (State or country) Shoshone, Ida

FATHER

13. NAME Claude Smith Mott (deceased)

14. BIRTHPLACE (city or town) Shoshone (State or country) Idaho

MOTHER

15. MAIDEN NAME Elnora BROADHEAD

16. BIRTHPLACE (city or town) Albion (State or country) Idaho

17. INFORMANT Elnora Mott (Address)

18. BURIAL, ~~CREMATION~~ [redacted] Place Shoshone Date April 21, 1938

19. UNDERTAKER Myrtle C. Burdett (Address) Shoshone Ida

20. FILED May 19, 1938 Myrtle C. Burdett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 19 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Apr 19, 1938

I last saw him alive on Apr 3, 1938.: death is said to have occurred on the date stated above, at 7 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Status Thymico-lymphaticus	Birth

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Farrar H. Howard M. D.

(Address) Shoshone Ida

INSTRUCTIONS.—Fill in all items. If any item is unknown, write "unknown." If the deceased was a FEMALE, WITH CHILD, information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10949

Registration District No. 6
Primary Registration District No. 101
Local Registrar's No. 333
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

130

2. FULL NAME Herman Ludwid Flodberg

(a) Residence No. ..... St. Troy, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
14 (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Flodberg

6. DATE OF BIRTH (month, day, and year) 8/4/1897

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	40	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ceder Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potlatch Forests, Inc.
10. Date deceased last worked at this occupation (mo. and yr.) Oct. '37
11. Total time (years) spent in this occupation 7 yr.

12. BIRTHPLACE (city or town) Troy,
(State or country) Idaho

FATHER

13. NAME John Flodberg
14. BIRTHPLACE (city or town) .....
(State or country) Sweden

MOTHER

15. MAIDEN NAME Alma Paulson
16. BIRTHPLACE (city or town) .....
(State or country) Sweden

17. INFORMANT Mrs. Herman L. Flodberg
(Address) Troy, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~,
Place Dry Creek Date 4/4, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 4/2, 1938 Penny Enbourg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/1 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/24/38, 193..., to 4/1/38, 193...
I last saw him alive on 4/1/38 193...: death is said to have occurred on the date stated above, at 10:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute nephritis with hypertension, with uremia	3/16/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lorrin J. Klaaren M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1090.50

MAY 12 1938

Registration District No. 6 1
Primary Registration District No. 1011
Local Registrar's No. 334

(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John N. Swanson

(a) Residence No. St. Pullman, Wash.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. 7 (If nonresident give city or town and state) How long in U. S., if of foreign birth? 57yr. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Swanson

6. DATE OF BIRTH (month, day, and year) 11/26/'59

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 yrs
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eslof.
(State or country) Sweden

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Mrs. L. R. Scott
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida. Date 4/6, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 4/5, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/5 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1938, to Apr 5, 1938
I last saw him alive on Apr 5 1938: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular disease	(May 28
& Cerebral Hemorrhage	C. Hem.
& Coma.	
Other contributory causes of importance:	
Prostatic Hyper & Cystitis	4 years ago
Gangrene left foot	3 wks. ago.

Name of operation No Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Magee, M. D.
(Address) Moscow

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10905

MAY 12 1938

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 335

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Simon Whitfield Sheppard

(a) Residence No. Rt. No. 2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Sheppard

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 3/28

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Newton County
(State or country) Mo.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs. Fannie Shriner
(Address) Palouse, Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Palouse Date 4/10, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 5-9, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/11, 193 5, to 4/8, 1938

I last saw h— alive on 4/8 193 8: death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Operation for Prostatectomy	

Name of operation Prostatectomy Date 4/5/35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following: No.

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C.C. Thornburg M. D.

(Address Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109052

MAY 1[illegible]

Registration District No. 6 1
Primary Registration District No. 6 c 1 Local Registrar's No. 336

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 56

2. FULL NAME Harland James Schacher

(a) Residence No. ..... St. near--Troy, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/18/'37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Troy,
(State or country) Idaho

FATHER

13. NAME Edward Schacher
14. BIRTHPLACE (city or town)
(State or country) Russia

MOTHER

15. MAIDEN NAME Martha Klingman
16. BIRTHPLACE (city or town)
(State or country) S. Dakota

17. INFORMANT Edward Schacher
(Address) Troy, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida Date 4/13, 193 8

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 4/12, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH. 4/9/38

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from 4/5/38, 193..., to 4/9/38, 193...
I last saw him alive on 4/9/38 193...: death is said to have occurred on the date stated above, at 8:00 pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Blood stream infection;	
abscess in abdomen.	
Other **contributory causes** of importance:	
Malnutrition and upper respiratory infection.	

Name of operation Drainage of abscess Date of 4/5/38
What test confirmed diagnosis? WC Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Doyle M. Fochs M. D.
(Address) Moscow, Idaho

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow.

MAR 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10965

Registration District No. 6
Primary Registration District No. 6-1 Local Registrar's No. 337

(No. 713 So. Adams Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Sten

(a) Residence No. Blaine St.
(Usual place of abode) 51 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Ludwig Sten

6. DATE OF BIRTH (month, day, and year) 2/14/1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	2		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norway
(State or country)

FATHER
13. NAME Lewis Grande
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs. C. H. Kroesing
(Address) Moscow Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida. Date 4/16/ 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 5-9, 1938 Clara Fenbourg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/14 1938

22 I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to April 14, 1938
I last saw her alive on April 14 1938: death is said to have occurred on the date stated above, at 7:45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	April 12, 38
Other **contributory causes** of importance:	
Bronchopneumonia	April 13, 38

Name of operation None Date of —
What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward N. Dunn, M. D.
(Address Moscow, Idaho

PLACE OF DEATH
County of Latah
City of Moscow Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10905

MAY 12 1938

Registration District No. 4
Primary Registration District No. 10 11
Local Registrar's No. 338

(No. 405 College Ave)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Frank Frandsen

(a) Residence No. 405 College Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Delma

6. DATE OF BIRTH (month, day, and year) Dec. 7 1861.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Truck office
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) Denmark
(State or country)

FATHER

13. NAME not abt Frandsen
14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER

15. MAIDEN NAME not abt.
16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMANT Mrs Sara Smith
(Address) 405 College Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date May 23 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow, Idaho

20. FILED 5-9, 1938 Peau Jacobsen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/20/38

22 I HEREBY CERTIFY, That I attended deceased from 5/12/37, 193..., to 4/20/38, 193...
I last saw him alive on 4/20/38 193...: death is said to have occurred on the date stated above, at 9 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
coronary occlusion	
Other **contributory causes** of importance:	
arteriosclerosis, senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Fuller M. D.
(Address) Moscow, Idaho

plain terms, so that it may be properly classified. Exact statement of occupation is very important — tion on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10905

MAY 12 1938

Registration District No. 41
Primary Registration District No. 1411 Local Registrar's No. 339
(No. 908 S. Jefferson)
(If death occurred in a hospital or institution, give its name instead of street and number)

22

2. FULL NAME George F. Savage

(a) Residence No. 908 S. Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Ethel Jinnett Savage

6. DATE OF BIRTH (month, day, and year) 3/27/1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warehouseman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain
10. Date deceased last worked at this occupation (mo. and yr.) 4/38
11. Total time (years) spent in this occupation 30yrs.

12. BIRTHPLACE (city or town) Albany
(State or country) Oregon

FATHER

13. NAME W.R. Savage
14. BIRTHPLACE (city or town)
(State or country) Mo.

MOTHER

15. MAIDEN NAME Martha Jane Neil
16. BIRTHPLACE (city or town)
(State or country) Not known

17. INFORMANT Mrs. Geo. Savage
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date ....., 193..

19. UNDERTAKER H.R. Snort
(Address) Moscow Idaho

20. FILED 4/22, 1938 Jean Lenhoff
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/20 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr. 12, 193[illegible], to April 20, 193[illegible]
I last saw h[illegible] alive on April 20 193[illegible]: death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver.	

Other contributory causes of importance:
Injury to left hand.
Broken left finger
Cut deep right index finger.

Name of operation Amputation Index finger Date of 4/12/38
What test confirmed diagnosis? was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 4/12/38, 193.....
Where did injury occur? Moscow Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury Accidental amputation of finger.
Nature of injury Deep cut of finger

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. Cumshaw, M. D.
(Address) Moscow Idaho

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City Genesee Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10905

Registration District No. 6
Primary Registration District No. 1011 Local Registrar's No. 341
(No. Genesee Valley)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert John Lindquist
(a) Residence No. Genesee Valley St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise

6. DATE OF BIRTH (month, day, and year) July 29-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Joynes Drug Store
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER
13. NAME John A. Lindquist
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER
15. MAIDEN NAME Wilhelmina Carlson
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Mrs Louise Lindquist
(Address) Genesee Valley - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Cem Date Dec 26-, 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho

20. FILED 5-9-, 1938 Fanny Cochrane
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-22 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/15/36, 193..., to ..., 193...
I last saw him alive on ... 193...; death is said to have occurred on the date stated above, at 11:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis of the cerebral blood vessels	
Other **contributory causes** of importance:	
General arteriosclerosis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lonna J. Klaaren, M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10905

MAY 12 1938

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 342

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

947

2. FULL NAME Francis B. Laney

(a) Residence No. St.
(Usual place of abode) 18yr. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Laney

6. DATE OF BIRTH (month, day, and year) Apr 9, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Geogolist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dep't head at U. of I.
10. Date deceased last worked at this occupation (mo. and yr.) 4/23/38
11. Total time (years) spent in this occupation 35 yr.

12. BIRTHPLACE (city or town) Springfield, Mo.
(State or country)

FATHER

13. NAME John Baker Laney
14. BIRTHPLACE (city or town)
(State or country) Tenn.

MOTHER

15. MAIDEN NAME Rebecca Jane Alexander
16. BIRTHPLACE (city or town)
(State or country) Tenn.

17. INFORMANT Mrs. F. B. Laney
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida. Date Apr. 26, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 4/25, 1938 J. Mary Eastwood
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/23 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-23-, 1938, to 4-23-, 1938
I last saw h.im. alive on 4-23 1938: death is said to have occurred on the date stated above, at 10:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2 p.m. 4-23-38

Other **contributory causes** of importance: none

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? no Date of injury none 193
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** none
Manner of injury none
Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph L. Davidson M. D.
(Address) Moscow, Ida

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH

County of Latah

City of Moscow

MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10905

Registration District No. 6

Primary Registration District No. 1011 Local Registrar's No. 343

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Anthony Stenger

(a) Residence No. [illegible]orton Street St.

(Usual place of abode) 22 (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Ida Stenger

6. DATE OF BIRTH (month, day, and year) 3/31/1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 5-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country) New York.

FATHER

13. NAME John Stenger

14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER

15. MAIDEN NAME Helen Wolz

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Ida Stenger
(Address) Moscow Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Ida. Date 4/28, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Ida

20. FILED 4/27, 1938 John Fenhouse
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/26 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/7/38, 193..., to 4/26/38, 193...

I last saw h~~im~~ alive on 4/26/38 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Embolus	
Other **contributory causes** of importance:	
Post-operative thrombosis	

Name of operation Repair of herni Date of 4/25/38

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Corwin J. Klaarum M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

MAY 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109069

Registration District No. ____

Primary Registration District No. 1611 Local Registrar's No. 344

(No. R.F.D. #2)

(If death occurred in a hospital or institution, give its name instead of street and number)

930

2. FULL NAME Christina Bakken

(a) Residence No. R.F.D. #2 St. ____

(Usual place of abode) 36 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew T. Bakken

6. DATE OF BIRTH (month, day, and year) 9/24/1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Nels Tvefotdrudd

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Ella Bakken

(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Moscow Date 4/30, 1938

19. UNDERTAKER H.R. Short

(Address) Moscow, Idaho

20. FILED 4/27, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/26 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1938, to 4/26, 1938

I last saw her alive on 4/25, 1938: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute myocarditis.	
Other **contributory causes** of importance:	
Cerebral sclerosis.	

Name of operation None Date of ____

What test confirmed diagnosis: Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 193____

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) C. W. Cunningham M. D.

(Address Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

RECEIVED MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10906

Registration District No. 61
Primary Registration District No. 614 Local Registrar's No. 345
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

44C

2. FULL NAME George Rommel

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, and year) Feb. 3, 188[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Topeka
(State or country) Kan.

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Orville Rommel
(Address) Moscow

18. BURIAL, CREMATION OR REMOVAL
Place Pomeroy, Wn. Date ....., 193..

19. UNDERTAKER
(Address)

20. FILED May 9, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 27 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to April 27, 1938

I last saw him alive on April 27 1938: death is said to have occurred on the date stated above, at 6 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted fever	April 13, 1938
Other **contributory causes of importance:**	

Name of operation None Date of
What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward M. Dunn, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

RECEIVED MAY 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109062

Registration District No. 6
Primary Registration District No. 1011
Local Registrar's No. 446

(No. Rt. # 1 Genesee)
(If death occurred in a hospital or institution, give its name instead of street and number)

930

2. FULL NAME Phoebe Ann Wilson

(a) Residence No. Rt. # 1 Genesee St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Wilson

6. DATE OF BIRTH (month, day, and year) 9/4/1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82 ~~82~~	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER

13. NAME Wm. Overacker
14. BIRTHPLACE (city or town)
(State or country) Mich.

MOTHER

15. MAIDEN NAME Liddie Kramer
16. BIRTHPLACE (city or town)
(State or country) Mich.

17. INFORMANT Mrs. Nellie Brigham
(Address) Genesee Rt. # 1

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove Date ....., 193..

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 5-9, 193 8 J. Kaufmann
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/28 1938

22 I HEREBY CERTIFY, That I attended deceased from January, 193 3, to Apr. 25, 193 8
I last saw her alive on 7/7 1937: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hypostasis	
Other **contributory causes** of importance:	
Cardiac asthma	

Name of operation None. Date of
What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes.

23. If death was due to exter'l causes (**violence**) fill in also the following: No.
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease ~~or~~ injury in any way related to occupation of deceased? No If so, specify
(Signed) O. Armstrong, M. D.
(Address) Moscow Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10906

MAY 1 - 1938

Registration District No. 6-1
Primary Registration District No. 1211
Local Registrar's No. 341

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

149a

2. FULL NAME Velma Lena Jacklin

(a) Residence No. 403 Polk St.
(Usual place of abode)

9 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arden W. Jacklin

6. DATE OF BIRTH (month, day, and year) 11/17/1913

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	24	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Yakima
(State or country) Wash.

FATHER

13. NAME Earl C. Hutchings

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Edith Moore

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Arden W. Jacklin
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Yakima, Wn. Date 4/29, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 4/29/38, 193 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/29 1938

22 I HEREBY CERTIFY, That I attended deceased from 9/16/37, 193..., to 4/29/38, 193...
I last saw her alive on 4/29/38 193...: death is said to have occurred on the date stated above, at 4:55 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac failure following caesarian section.	

Other **contributory causes** of importance:

Had had rheumatic fever causing cardiac decompensation.	

Name of operation caesarian section Date of 4/28
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Doyle M. Eccles, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10906

Registration District No. 61
Primary Registration District No. (0 11) Local Registrar's No. 348
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

MAY 1938

2. FULL NAME Isaac Edgar Snow

(a) Residence No. 1 Mile So. of Moscow St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Etta M. Snow

6. DATE OF BIRTH (month, day, and year) Feb. 6-1879

7. AGE — Years: 59 | Months: 2 | Days: 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Corn Farm)
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) Moscow Ida
(State or country)

FATHER

13. NAME Madison M. Snow
14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Stewart
16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMANT Etta M. Snow
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date May 4 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho

20. FILED 5-9, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-30 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/6/37, 193..., to 4/30/38, 193...
I last saw him alive on 4/30/38 193...: death is said to have occurred on the date stated above, at 5:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Other **contributory causes** of importance: arteriosclerosis and diabetes mellitus	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doulem Locke M. D.
(Address) Moscow, Idaho

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 109065
Registered No. ____

1. PLACE OF DEATH.
County of Lemhi
City of Salmon
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 41
Primary Registration District No. 2116
(No. ____ St.)
MAY 13 1938

2. FULL NAME William MorrisxChristiansen.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH.
April 14 1938
(Month) (Day) (Year)

7. AGE
Yrs. ____ Mos. ____ ds. One hour
IF LESS than 1 day how many ____ hrs. or ____ min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... None
(b) General nature of industry, business, or establishment in which employed (or employer)....

9. BIRTHPLACE
(State or Country) Salmon, Idaho

10. NAME OF FATHER
William M. Christiansen

11. BIRTHPLACE OF FATHER
(State or Country) Racine, Wisconsin

12. MAIDEN NAME OF MOTHER
Gertrude La Bow

13. BIRTHPLACE OF MOTHER
(State or Country) Ottumwa, Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) C. T. Stratton,
(Address) Salmon, Idaho

15.
Filed 5/10 1938 Chas. E. Williams
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 14 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from birth 4/14/38 to 4/14/38 191..., that I last saw h. im alive on 4/14/38 191..., and that death occured on the date stated above, at 2.00a m.

The CAUSE OF DEATH* was as follows:
Complications of labor causing atalectasis

(Duration) ... Yrs. ... mos. ... ds.
Contributory (Secondary)
(Duration) ... Yrs. ... mos. ... ds.
(Signed) C. T. Stratton M. D.
4/14 1938 (Address) Salmon, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rose Hospital grounds	4/14/38 191...

20. UNDERTAKER	ADDRESS
C. H. Rose,	Salmon, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

ALL RIGHTS RESERVED FOR BINDING

BYMS - YORK CO., PTRS. & BOKS. 24654

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of North Fork Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109066

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME Otto Ernst Schroeder

(a) Residence No. North Fork, Idaho St.
(Usual place of abode) Umatilla, Oregon
(If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE — Years: 58 — Months: — Days: — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Placer Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Feb. 1938
11. Total time (years) spent in this occupation: 15yrs.

12. BIRTHPLACE (city or town): Beloit
(State or country): Wisconsin

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town): Unknown
(State or country)

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town): Unknown
(State or country)

17. INFORMANT: Emma A. Oberlin % Mrs. Means
(Address): Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Boise, Idaho Date: 4/24/, 1938

19. UNDERTAKER: William C. Doebler
(Address): Salmon, Idaho

20. FILED: 5/9, 1938 Chas. E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 4/18 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/13, 1938, to 4/19, 1938
I last saw him alive on 4/19 1938: death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	4/15/38

Other **contributory causes** of importance:

Name of operation: none Date of:
What test confirmed diagnosis? Clin.: Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [redacted] F. Hamner, M. D.
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Gilmore, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10906

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No.)

MAY 13 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

95a

2. FULL NAME Joe M. Denton

(a) Residence No. Gilmore, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1937

11. Total time (years) spent in this occupation 20yrs.

12. BIRTHPLACE (city or town)
(State or country) California

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mr. Ben Evans
(Address) Leadore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date 4/13/, 1938

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED 5/10, 1938 Alvin C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/8/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Died from Paralysis of the heart.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles W. Doebler, Coroner, M. D.
(Address) Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Leadore
Salmon Prin. Reg. MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 10306

Local Registrar's No. 186a

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Lucas Patterson

(a) Residence No. Leadore, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Virginia A. Patterson

6. DATE OF BIRTH (month, day, and year) 1 - 11 - 78

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockrancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 3-21-38
11. Total time (years) spent in this occupation 50yrs.

12. BIRTHPLACE (city or town) Tybo (State or country) Nevada

FATHER
13. NAME Henry Lowell Patterson
14. BIRTHPLACE (city or town) Maine (State or country)

MOTHER
15. MAIDEN NAME Susan A Campbell
16. BIRTHPLACE (city or town) Maine (State or country)

17. INFORMANT Virginia A. Patterson (Address) Leadore, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Salmon, Ida. Date 4/6/, 1938

19. UNDERTAKER William C. Doebler (Address) Salmon, Idaho

20. FILED 5/10, 1938 Clio L. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/4/1938

22 I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1938, to Apr 4, 1938

I last saw h.. alive on Apr 1 1938: death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction & other internal injuries due to a fall in an iron bucket in a well.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: accident
Accident, suicide, or homicide? Date of injury 4/2, 1938
Where did injury occur? at home near Leadore
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury fell in iron bucket
Nature of injury Internal injuries

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E Hammer, M. D.
(Address Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon, Idaho

RECEIVED MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10906

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Julius F. Vance

(a) Residence No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quartz Miner
10. Date deceased last worked at this occupation (mo. and yr.) 1928
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Altamont
(State or country) N. C.

FATHER

13. NAME Fleming Vance
14. BIRTHPLACE (city or town) N. C.
(State or country)

MOTHER

15. MAIDEN NAME Matilda Daniels
16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT William C. Vance
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place May, Idaho Date 3/26/, 193 8

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED 5/10, 193 8 Clio E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/24/38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to....., 193...
I last saw h..... alive on..... 193...: death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No medical attention.	
Dropsy of the heart.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Charles W. Doebler, Coroner
(Address Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109073

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter N. Jenson

(a) Residence No. 21 Baker, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1937
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Logan, Utah
(State or country)

FATHER

13. NAME Jens Christian
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Martha
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT F. R. Hartvigson
(Address) Baker, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 3/25/, 1938

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED Mar 30, 1938 Elsie C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/23 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/19, 1938, to 3/24, 1938

I last saw him alive on 3/21 1938; death is said to have occurred on the date stated above, at 9:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	1933 -

Other contributory causes of importance:

Senile debility	

Name of operation None Date of
What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas F Hammer, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewis
City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10907 1

MAY 6 - 1938

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 5
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

107a

2. FULL NAME Sarah Jane Woodard Howerton

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Jackson Howerton

6. DATE OF BIRTH (month, day, and year) Nov. 23 1850.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	4	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Berry County, Mo
(State or country) Missouri

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Ettie May Osburn
(Address) Craigmont, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lookout, Ida. Date Apr. 24, 1938.

19. UNDERTAKER C. E. Clark
(Address) Craigmont, Ida.

20. FILED 4/23, 1938 C. E. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 22 1938.

22 I HEREBY CERTIFY, That I attended deceased from Apl 19, 1938, to Apl 22, 1938
I last saw her alive on Apl 22, 1938: death is said to have occurred on the date stated above, at 9:30 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Apl 17
Other **contributory causes** of importance:	

Name of operation none Date of -
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ....., 193.....
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** -
Manner of injury -
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify -

(Signed) [illegible], M. D.
(Address) Craigmont, Idaho

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 109072

Registered No. 229

1. PLACE OF DEATH.

Registration District No. 47

Primary Registration District No.

County of Lewis

City of Mohler Idaho (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information. Route

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Annie Eugenia Brennan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH. March (Month) 12 (Day) 1860 (Year)

7. AGE: 78 Yrs. ..... Mos. 21 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Tenn.

10. NAME OF FATHER: John O. Moser

11. BIRTHPLACE OF FATHER (State or Country): Tenn.

12. MAIDEN NAME OF MOTHER: Cathrine Roseman

13. BIRTHPLACE OF MOTHER (State or Country): N. C.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. A. Brannan.

(Address) Mohler. Ida.

15. Filed May 6 1938 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 2nd (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1937, to Apl 2 1938, that I last saw her alive on Jan 8 1938, and that death occured on the date stated above, at 6.30P M.

The CAUSE OF DEATH* was as follows:

Carcinoma nasal pharynx

(Duration) ..... Yrs. 6 mos. ..... ds.

Contributory (Secondary) High blood pressure

(Duration) one yrs. ..... mos. ..... ds.

(Signed) R. E. Lewis M. D.

5-5-1938 (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days

Where was disease contracted if not at place of death? -

Former or usual residence -

19. PLACE OF BURIAL OR REMOVAL: Mayfield Public Cemetery — DATE OF BURIAL: April 7 1938

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

STAR - YORK CO., PTRS-S SERS. 24652

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 47

Primary Registration District No.

File No. 109073

Registered No. 231

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idaho (No. Rour MAY 4 1938 St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Louisa Cook

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH. August 12th 1847 (Month) (Day) (Year)

7. AGE: 78 Yrs. 7 Mos. 16 ds.

IF LESS than 1 day how many .....hrs. or .....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Afton Iowa.

10. NAME OF FATHER: Geo. W. Warfield.

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Ellen Bragg.

13. BIRTHPLACE OF MOTHER (State or Country): Iowa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Alvin Caldwell
(Address) Nezperce Idaho

15.
Filed May 4 1938 Albert Huff Local Registrar

SYMS - YORK CO., PTRS. & STNRS. 24858

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH @ 12 05 Noon
April 28 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1938, to Apr. 28 1938, that I last saw her alive on April 27 1938, and that death occured on the date stated above, at 12:05 P.M.

The CAUSE OF DEATH* was as follows:
Encephalomalacia
Cerebral Arteriosclerosis
Senility
(Duration) 20 Yrs. mos. ds.
Contributory (Secondary) Hypostatic pneumonia
(Duration) 20 yrs. mos. ds.
(Signed) Alonzo A. Towgey Jr. M. D.
May 4 1938 (Address) Nezperce, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery — DATE OF BURIAL: May 1 1938

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109074

MAY 6 - 1938

Registration District No.
Primary Registration District No. 16 8 17
Local Registrar's No. 116

(No. 188)
(If death occurred in a hospital or institution, give its name instead of street and number)

1. FULL NAME Robert Fowler Aitken

(a) Residence. No. Richfield - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hunter deceased

6. DATE OF BIRTH (month, day, and year) May - 10th - 1876 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Orchard farm

10. Date deceased last worked at this occupation (mo. and yr.) 1937

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Abington Scotland

FATHER

13. NAME Thomas Aitken

14. BIRTHPLACE (city or town) (State or country) ? Scotland

MOTHER

15. MAIDEN NAME Agnes Fowler

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) William Aitken Carey Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Bellevue Date Apr. 27 1938.

19. UNDERTAKER (Address) Myrtle C. Burdett Shoshone Ida.

20. FILED Apr. 25 1938. Myrtle C. Burdett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-25 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to 4-25 1938
I last saw h- alive on 4-24 1938 death is said to have occurred on the date stated above, at 1:15 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4-24-38
Other **contributory causes** of importance:	
Post operative fracture femur	Oct 37

Name of operation reduction fracture Date of Oct 37
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury Oct 1937
Where did injury occur? home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. home
Manner of injury Kicked by horse
Nature of injury Fracture femur, lower ½

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harry A. Lawrence M. D.
(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109075

R

Registration District No. 100
Primary Registration District No. 2128
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

186a

2. FULL NAME Rowena Farmer Terry

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joel Terry

6. DATE OF BIRTH (month, day, and year) April 7 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
93	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carthage Ill.
(State or country)

FATHER
13. NAME Philip Farmer
14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER
15. MAIDEN NAME Mary Fidrick
16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT Omaria Byers
(Address) Rexburg Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Sugarcity Date April 17, 1938

19. UNDERTAKER Ira B. Keller
(Address) Rexburg Idaho

20. FILED 5-8-, 1938 Mina Hagerman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-14 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to April, 1938
I last saw ~~him~~ her alive on March 15, 1938; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left hip due to fall from porch.	8-9-37
Other contributory causes of importance:	
Senility.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 8-9, 1937
Where did injury occur? At home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Fracture left hip
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

4/15/38 (Signed) Lorin A. Fitch, M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109076

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 20

(If MAY 11 1938 occurred in a hospital or institution, give its name instead of street and number) (No.....)

2. FULL NAME Vern Claudius Ricks

(a) Residence No..... St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	33	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Welding Shop

10. Date deceased last worked at this occupation (mo. and yr.) 4/14/38

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rexburg
(State or country) Idaho

FATHER

13. NAME William Ricks

14. BIRTHPLACE (city or town) Logan
(State or country) Utah

MOTHER

15. MAIDEN NAME Sarah Ellen Harris

16. BIRTHPLACE (city or town) Pleasant Grove
(State or country) Utah

17. INFORMANT Mrs. Wm Ricks
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 4/18/38, 193...

19. UNDERTAKER Russel Flamm
(Address)

20. FILED 5-8-, 1938 Rexburg, Idaho
Mrs Nephew
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-15 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-13, 1938, to 4-15-, 1938

I last saw him alive on 4-14 1938: death is said to have occurred on the date stated above, at 8:9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Monoxide Gas Asphyxiation from exhaust of Automobile Tube attached to exhaust pipe of car & extending into Car.	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

~~Accident~~, suicide, ~~or homicide~~ Ge. Date of injury 4-15-, 1938

Where did injury occur? Welding shop
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison.
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109077

MAY 11 1938

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 21
(No. Sutherland Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

11a

2. FULL NAME Eunice Rogers Butterworth.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-24-1921

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	16	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rigby, Ida.
(State or country)

MOTHER FATHER
13. NAME Edmound I. Butterworth.
14. BIRTHPLACE (city or town) Millcreek, Utah.
(State or country)

MOTHER
15. MAIDEN NAME Gladys Rogers.
16. BIRTHPLACE (city or town) Mesa, Arizona.
(State or country)

17. INFORMANT Edward L Butterworth
(Address) Menan, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 4-18, 1938

19. UNDERTAKER [illegible]
(Address) [illegible], Idaho.

20. FILED 5-8, 1938 Mae Heyborne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938, to April 15, 1938
I last saw her alive on 4/15 1938: death is said to have occurred on the date stated above, at 7:40 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	4/14/38
Acute Pernicious Congestion - Lungs	4/15/38
Chronic Peritonsilar Abscess	12/10/37
Chronic Secondary Carcinoma	12/20/37

Other **contributory causes** of importance:

Influenza	April 1937

Name of operation ..... Date of .....
What test confirmed diagnosis? - Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Orlon Tabb, M. D.
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109078

MAY 1 1

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Phebe Atkinson Sanders

(a) Residence No. ..... St. Lyman, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

95

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David A. Sanders

6. DATE OF BIRTH (month, day, and year) 1-22-1848

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	90	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sackville, N. B.
(State or country) Canada

FATHER

13. NAME Wm Atkinson

14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER

15. MAIDEN NAME Phebe Campbell

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT D. A. Sanders
(Address) Lyman, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Archer Date 5/2, 1938

19. UNDERTAKER Russel Flamm
(Address) Rexburg, Idaho

20. FILED 5-2, 1938 Mae H Clegg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/29/, 1938, to 4/29/, 1938.
I last saw h.er alive on 4/29 1938: death is said to have occurred on the date stated above, at 10:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease C. Uremia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. F. Rigby M. D.
(Address) Rexburg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109079

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 23
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

46b

2. FULL NAME James Leo Jardine.

(a) Residence No. St. Shoup, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Laura Ann Dabell.

6. DATE OF BIRTH (month, day, and year) July 17, 1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	9	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (mo. and yr.) 12/37
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) West Weber, Utah.
(State or country)

FATHER
13. NAME Richard Franklin Jardine.
14. BIRTHPLACE (city or town) Scotland.
(State or country)

MOTHER
15. MAIDEN NAME Luna Caroline Ellsworth.
16. BIRTHPLACE (city or town) Salt Lake City,
(State or country) Utah.

17. INFORMANT Mrs. Leo Grimm
(Address) Rexburg, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewisville, Ida. Date 5/6, 1938

19. UNDERTAKER A B Eakersell
(Address) Rigby, Idaho.

20. FILED 5-8-, 1938 Mae Keyoung
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/3 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 3, 1938, to Mar 3, 1938
I last saw ~~him~~ alive on Mar 3 1938.: death is said to have occurred on the date stated above, at 10:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Duodenum - First part. Was operated on by some one in L.D.S. Hospital Idaho Falls Idaho	years
Other contributory causes of importance:	

Name of operation ~~L~~ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) Farley Nelson, M. D.
(Address) Rexburg Idaho

N. B.—While Answers, should be carefully supplied ... Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109080

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 24

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Jenkins Hoskin

(a) Residence No. .... St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edith Saurey

6. DATE OF BIRTH (month, day, and year) Oct. 1890

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	47	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cream St. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Wellsville
(State or country) Utah

FATHER

13. NAME William [redacted] Hoskins

14. BIRTHPLACE (city or town) ....
(State or country) Illinois

MOTHER

15. MAIDEN NAME Charlette Jenkins

16. BIRTHPLACE (city or town) Wellsville
(State or country) Utah

17. INFORMANT Edith S. Hoskin
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg. Date 5/12, 1938

19. UNDERTAKER Russel Flamm
(Address) Rexburg, Idaho

20. FILED 5-9, 1938 Geo. Heppner
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/6/38, 193..., to 5/8, 1938
I last saw him alive on 5/8 1938; death is said to have occurred on the date stated above, at 1:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) M. F. Rigby M. D.
(Address) Rexburg, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City or Rexburg.

RECEIVED
MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109081

Registration District No. 102
Primary Registration District No. 2178
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cassie. N. Allen.

(a) Residence. No. Squirrel Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James Allen

6. DATE OF BIRTH (month, day, and year) Sept. 27th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sieverville Tenn

FATHER

13. NAME T. A. Houk

14. BIRTHPLACE (city or town) (State or country) Sieverville Tenn.

MOTHER

15. MAIDEN NAME Nancy Fox.

16. BIRTHPLACE (city or town) (State or country) Sieverville. Tenn

17. INFORMENT (Address) James. Allen. Squirrel Idaho.

18. BURIAL, CREMATION, OR REMOVAL Burial. Place Green Timber Idaho 4/10, 1938

19. UNDERTAKER Lewis Kiser (Address) Ashton Idaho

20. FILED 5/13/28, 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to April 7, 1938

I last saw ... alive on April 7, 1938; death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Cystitis Edema Thyroid	
Uraemia Malaria	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109052

MAY 9 1938

Registration District No. 20 19

Primary Registration District No. 2015

Local Registrar's No. 19

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Vilhauer

(a) Residence No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 12-1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McClusky
(State or country) South Dakota

FATHER

13. NAME August Vilhauer

14. BIRTHPLACE (city or town) Eureka
(State or country) South Dakota

MOTHER

15. MAIDEN NAME Rosina Greger

16. BIRTHPLACE (city or town)
(State or country) South Dakota

17. INFORMANT August Greger
(Address) Rupert Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Paul Date 4-12, 1938

19. UNDERTAKER Rodney Gardner
(Address) Rupert Idaho

20. FILED 4-12, 1938 O N Talmage
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 9 1938

22 I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to April 9, 1938

I last saw her alive on April 8 1938: death is said to have occurred on the date stated above, at 12:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	4-2-38

Other **contributory causes** of importance:

Bronchial Pneumonia

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193....

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ....

Manner of injury ....

Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) O N Talmage, M. D.

(Address Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10905

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 20
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie Allen S. Brewerton

(a) Residence No. Rupert, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H Denny L Brewerton

6. DATE OF BIRTH (month, day, and year) Sept 18, 1871

7. ACE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Austin
(State or country) Nev.

FATHER

13. NAME Rabin S. Christopher

14. BIRTHPLACE (city or town) Don't Know
(State or country)

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) Don't Know
(State or country)

17. INFORMANT H Denny L Brewerton
(Address) Rupert, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 4-10, 1938

19. UNDERTAKER
(Address)

20. FILED 4-12, 1938 E. H. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-7 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-10, 1937, to 4-7, 1938
I last saw her alive on 4-7 1938: death is said to have occurred on the date stated above, at 11 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Essential Hypertension	
Other contributory causes of importance:	
Cardiac	
Myocarditis	

Name of operation Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. M. Gallagher, M. D.
(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109054

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 21

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maud Anne Whitley

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter G. Whitley

6. DATE OF BIRTH (month, day and year) March 18 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mamouth
(State or country) Utah

FATHER
13. NAME John Gull
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Elizebeth Bills
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Walter G Whitley
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City Utah Date 4-23 1938

19. UNDERTAKER Alan Goodman
(Address) Rupert, Idaho

20. FILED 4-21, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 20 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-16 1938, to 4-20 1938.
I last saw her alive on 4-20 1938; death is said to have occurred on the date stated above, at 10 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of head & Pancreas.	7 years
Other **contributory causes** of importance:	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10965

Filed MAY 9 - 1938

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 22

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Krohn

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 23 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Mrs Elizebeth Schneider
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 4-1, 1938

19. UNDERTAKER Rodney Goodman
(Address) Rupert Idaho

20. FILED 4-21, 1938 Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) March 28 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-25, 1938, to 3-28, 1938
I last saw him alive on 3-28 1938: death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	2-25-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C A Kaufmann M. D.
(Address) Rupert Idaho

m.

PLACE OF DEATH
County of Minidoka
City of Rupert

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109086

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 23
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Washington Doyle.

(a) Residence, No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15. 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor at School.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marysville Ind.
(State or country)

MOTHER FATHER
13. NAME David Doyle.
14. BIRTHPLACE (city or town) unknown
(State or country)
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mrs. L. W. Doyle
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 4/10, 193 8

19. UNDERTAKER Rodney Goodman
(Address) Rupert Idaho

20. FILED 4-28, 193 8 O. J. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-8 193 8

22 I HEREBY CERTIFY, That I attended deceased from 2-23 8, 193 8, to 4-8, 193 8
I last saw h/M alive on 4-8 193 8: death is said to have occurred on the date stated above, at 8-9 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy.	2-23-38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Moulton M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10908

Registration District No. 9

Primary Registration District No. 2015 Local Registrar's No. 24

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

157C

2. FULL NAME Dennis Whiting

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 6 38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert Idaho
(State or country)

FATHER

13. NAME Garth Whiting

14. BIRTHPLACE (city or town) Mapleton
(State or country) Utah

MOTHER

15. MAIDEN NAME Evelyn Egly

16. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

17. INFORMANT Garth Whiting
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date Apr. 18 1938

19. UNDERTAKER Alan Goodman
(Address) Rupert

20. FILED 4-21, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr. 17 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-6-38 1938, to 4-17, 1938.

I last saw him alive on 4-17 1938: death is said to have occurred on the date stated above, at 12 noon m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital heart disease.	Jaunated
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) Rupert Idaho

9

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109080

MAY 3 - 1938

Registration District No. 19
Primary Registration District No. 2016 Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

48

2. FULL NAME David Hiram Gregory

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Zula Gregory

6. DATE OF BIRTH (month, day and year) September 17 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton
(State or country) Indiana

MOTHER FATHER

13. NAME A. W. Gregory
14. BIRTHPLACE (city or town) unknown
(State or country)

15. MAIDEN NAME Ann Warwick
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mildred Hyde
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date Apr. 16, 1938

19. UNDERTAKER Alan Gooda an
(Address) Rupert Idaho

20. FILED 4-23-, 1938 O. M. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 14 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Apr 14, 1938. I last saw him alive on Apr 13 1938: death is said to have occurred on the date stated above, at 2 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Amyotrophic Lateral Sclerosis	Spring 1936

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Jensen M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109089

MAY 9- 1938

Registration District No. 19
Primary Registration District No. 2013 Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucius B. Kelley 820

(a) Residence No. Rupert St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M | 4. Color or Race: W | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen M Kelley

6. DATE OF BIRTH (month, day, and year) 8-2-1871

7. AGE: Years 66 | Months 1 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Washington Utah

FATHER

13. NAME Rubin K Kelley

14. BIRTHPLACE (city or town) (State or country) Danville Ill.

MOTHER

15. MAIDEN NAME Emma Ann Bell

16. BIRTHPLACE (city or town) (State or country) Tupper Ill.

17. INFORMANT Mrs Ellen M Kelley Rupert Ida

18. BURIAL, CREMATION OR REMOVAL Place Rupert Date May 12, 1938

19. UNDERTAKER Ed J Payne
(Address) Rupert Ida

20. FILED 4-28, 1938 Ella E Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-19 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1936, to April 19, 1938; last saw him alive on 4-18 1938; death is said to have occurred on the date stated above, at 12:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	Unknown Prior to 1936
Other contributory causes of importance:	
Cerebral Hemorrhage	5/16/36

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E E Jones M. D.
(Address) Rupert Idaho

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10906

MAY 9- 1938

Registration District No. 19
Primary Registration District No. 2016 Local Registrar's No. 27
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delbert Dean Christensen 108

(a) Residence No. Heyburn St. Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sept 26-1937

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Heyburn Ida

FATHER

13. NAME William Christensen
14. BIRTHPLACE (city or town) (State or country) St. Davis Arizona

MOTHER

15. MAIDEN NAME Minnie Leona Christensen
16. BIRTHPLACE (city or town) (State or country) Hyde Park Utah

17. INFORMANT William Christensen
(Address) Heyburn Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Date 5-3, 1938

19. UNDERTAKER Jos. P. Payne
(Address) Burley, Ida.

20. FILED 5-3, 1938 E. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-1 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-1, 1938, to 5-1, 1938
I last saw him alive on 5-1 1938; death is said to have occurred on the date stated above, at 8:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Lobar Pneumonia	4-1938
Other **contributory causes** of importance:	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. G. Wallace M. D.
(Address) Rupert, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Naz Perce.

City of Lewiston.

MAY 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109091

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 95

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 52

2. FULL NAME Charles Summerfield Boyer.

(a) Residence. No. St. Almota, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amelia Berry Boyer.

6. DATE OF BIRTH (month, day, and year) June 1st, 1854.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83.	10.	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Van Buren,
(State or country) Arkansas.

FATHER

13. NAME John F. Boyer,

14. BIRTHPLACE (city or town) .....
(State or country) Illinois.

MOTHER

15. MAIDEN NAME Sarah E. Baker.

16. BIRTHPLACE (city or town) .....
(State or country) Pennsylvania.

17. INFORMANT Arthur E. Boyer.
(Address) Almota, Washington.

18. BURIAL, CREMATION OR REMOVAL
Place [illegible], Wash. Date Apr. 11, 1938

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Apr 11, 1938 M. F. Cashman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938 to April 6, 1938
I last saw him alive on April 5, 1938: death is said to have occurred on the date stated above, at 12:10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	Yrs ago
Other contributory causes of importance:	

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to ext'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dan D. Johnson, M. D.
(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109092

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 16

MAY 11 1938

(No. Bmier Block (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick M. Trulson

(a) Residence No. Pierce Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/25/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chippewa Falls
(State or country) Wis.

FATHER
13. NAME Hans Trulson
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER
15. MAIDEN NAME Helen Fredricks
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Records of St. Joseph's Hospital
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date April 4, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED April 4, 1938 M. F. Caskey
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/7 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/7, 1938, to 4/7, 1938
I last saw h. alive on 4/7 1938 death is said to have occurred on the date stated above, at 10:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Other contributory causes of importance:	
Arteriosclerosis.	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. A. Warden M. D.
(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109093

MAY 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 77

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Andrews Bennett.

(a) Residence. No. ..... St. Lapwai, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	Indian.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ------- 1896.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spalding,
(State or country) Idaho.

FATHER
13. NAME Phillip Andrews.
14. BIRTHPLACE (city or town) .....
(State or country) Idaho.

MOTHER
15. MAIDEN NAME -------
16. BIRTHPLACE (city or town) .....
(State or country) Idaho.

17. INFORMANT Charles Bennett.
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Near Spalding, Idaho Date 4/15/38. 193..

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Apr 27 193.8 W. H. Cooke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 12 193 8.

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 1938, to 4/12, 1938
I last saw her alive on 4/12/38, 193..: death is said to have occurred on the date stated above, at 9:45 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, far advanced	???
Tuberculous laryngitis	???

Other contributory causes of importance:
none

Name of operation none Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Ralph M. Alley, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

copy

DO NOT WRITE IN THIS SPACE

State File No. 109095

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 78

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

11a

2. FULL NAME Charles Burdick Brooks.

(a) Residence No. 738 2nd, St. Clarkston, Washington.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Tincie Brooks.

6. DATE OF BIRTH (month, day, and year) Oct. 13th, 1871.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66.	6.	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logging foreman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cedar Run,
(State or country) Penn.

FATHER

13. NAME Nehemiah S. Brooks.

14. BIRTHPLACE (city or town) Fredericton,
(State or country) New Brunswick, Canada.

MOTHER

15. MAIDEN NAME Rachel Wilson.

16. BIRTHPLACE (city or town) Liberty,
(State or country) Penn.

17. INFORMANT Mrs. C. B. Brooks,
(Address) Clarkston, Washington.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wash. Date April 17th 1938.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho

20. FILED Apr 27 1938 M. H. Carkey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 15 1938.

22 I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to April 15, 1938
I last saw him alive on April 14 1938: death is said to have occurred on the date stated above, at 8:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia (Bronchial)	Apr. 7 1938

Other **contributory causes** of importance:

Influenza	Apr. 1938

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. G. Brunswick M. D.
(Address Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109095

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 99

MAY 11 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No.)

2. FULL NAME Fred Laurence Hamlin

(a) Residence. No. 210 St. Coeur d'Alene
(Usual place of abode) (If nonresident give city or town and state) Idaho

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Cloud
(State or country) Minn

MOTHER FATHER

13. NAME Fred J. D. Hamlin
14. BIRTHPLACE (city or town) Mich
(State or country)
15. MAIDEN NAME Henrietta Northern
16. BIRTHPLACE (city or town) Mich
(State or country)

17. INFORMANT Claud Hamlin Ida
(Address) Coeur d'Alene

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 4/19, 1938

19. UNDERTAKER Brown Mortuary Co
(Address) Lewiston Idaho

20. FILED Apr 27 1938 D. H. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 17 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 2 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Auto accident	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accd Date of injury April 17 1938
Where did injury occur? Near Lewiston Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto Accident
Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. M. Bowers Coroner M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109096

MAY 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 80

(No. Sommerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John James Bolbos

23 c

(a) Residence No. 519- Miller St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Greek	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/14/1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs N. Wright
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 4/21/38, 193

19. UNDERTAKER Vassar Rawls Co
(Address) Lewiston Idaho.

20. FILED May 2, 193 M. K. Casey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/19 1938

22 I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to April 19, 1938

I last saw him alive on 4/13 1938; death is said to have occurred on the date stated above, at 1;30p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936

Other **contributory causes** of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** None

Manner of injury None

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Douglas, M.D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Spalding.

REC'D MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109098

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 82

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

157C

2. FULL NAME Donald Dennis Lantz.

(a) Residence. No. St. Orofino, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 11th, 1937.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
----.	6.	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino,
(State or country) Idaho.

FATHER

13. NAME John Lantz.

14. BIRTHPLACE (city or town) Craigmont,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Margaret Dennis,

16. BIRTHPLACE (city or town) College Place,
(State or country) Washington.

17. INFORMANT John Lantz.
(Address) Orofino, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wash. Date April 22nd 193 8.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho

20. FILED Apr 27 193 8 M W Cuskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 21 193 8

22. I HEREBY CERTIFY, That I attended deceased from April 20, 193 8, to April 21, 193 8

I last saw her alive on April 21, 193 8; death is said to have occurred on the date stated above, at 5:25 A.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	Birth
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harland P. Kahler M. D.

(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10909

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 84
(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy Ramsey Hayes.

(a) Residence No. St. Lapwai, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female.
4. Color or Race: Indian.
5. Single, Married, Widowed or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Roy Hayes.
6. DATE OF BIRTH (month, day, and year): Oct. 15/1915.
7. AGE: Years 22. Months 6., Days 12. If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Lapwai,
(State or country): Idaho.

FATHER
13. NAME: John Ramsey.
14. BIRTHPLACE (city or town): Lapwai,
(State or country): Idaho.

MOTHER
15. MAIDEN NAME: Edna
16. BIRTHPLACE (city or town):
(State or country):

17. INFORMANT: John Ramsey,
(Address): Lapwai, Idaho.
18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Idaho Date April 29th 1938.
19. UNDERTAKER: Brower-Wann Company,
(Address): Lewiston, Idaho
20. FILED Apr 27 1938 M H Carley
(Registrar.)

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/27 1938.
22 I HEREBY CERTIFY, That I attended deceased from April 22, 1938, to April 27, 1938
I last saw her alive on April 26 1938: death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute tuberculer Pneumonia with about meh28-38	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Sputum & X-ray. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Paul W Johnson, M. D.
(Address Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10916

MAY 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 75

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Claude Duard Patterson

(a) Residence No. Asotin (Usual place of abode) Washington St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

95

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) 4/6/1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	--	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanford
(State or country) California

FATHER
13. NAME Albert Patterson
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Alecta Starkweather
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT C D Patterson Jr.
(Address) Asotin, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Asotin Wn Date 4/30, 1938

19. UNDERTAKER H R Merchant
(Address) Clarkston, Washington

20. FILED May 2, 1938 M. K. Cauley
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/28/1938

22 I HEREBY CERTIFY, That I attended deceased from 2-2-, 1938, to 4-28-, 1938

I last saw h. alive on 4-28 1938: death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. McElwain, M. D.
(Address) Asotin Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
109102
State File No.

MAY 1 1938

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 69

(No. 323 12th. street.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles B. Herrick. 82a

(a) Residence. No. 323 12th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Herrick.

6. DATE OF BIRTH (month, day, and year) June 8th, 1851.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86.	9.	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired confectioner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elkhorn,
(State or country) Wisconsin.

FATHER

13. NAME Alonzo Herrick.

14. BIRTHPLACE (city or town)
(State or country) New York.

MOTHER

15. MAIDEN NAME Marie Gray.

16. BIRTHPLACE (city or town)
(State or country) New York.

17. INFORMANT Mrs. C. B. Herrick.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date Mar. 29, 1938.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Apr 14, 1938 M McCaskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to 3-27-, 1938
I last saw h[illegible] alive on 3-27, 1938: death is said to have occurred on the date stated above, at 1:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Jan 1-38

Other contributory causes of importance:

Hypertension & Arteriosclerosis	about 5 yrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? Contract Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. H. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10910

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 90

MAY 11 1938

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melissa Homes.

(a) Residence. No. Lewiston Orchards. XXX

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

162

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, and year) September 12th, 1849.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88.	6.	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME R. M. Homes.

14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER

15. MAIDEN NAME Sarah Turner.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT A. R. Carlinghouse.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date April 3rd, 1938.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Apr 27, 1938 M. M. Cushing
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 1st, 1938.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at 7-P... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

old age.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Home

Nature of injury Home

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify No

(Signed) Emil Brower, M. D. Coroner

(Address) Lewiston, Idaho. Nez Perce Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10910

MAY 11 1938

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 1

(No. Adams Block. (About 400 Main street.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emily Cathreen Marechal.

(a) Residence. No. Adams Block. About 400 Main. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Marechal.

6. DATE OF BIRTH (month, day, and year) September 15th, 1869.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68.	7.	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER

13. NAME Isaac Smithson.

14. BIRTHPLACE (city or town) Indianapolis. (State or country) Indiana.

MOTHER

15. MAIDEN NAME Kathreen Miller.

16. BIRTHPLACE (city or town) Indianapolis. (State or country) Indiana.

17. INFORMANT L. V. Stewart, (Address) lewiston, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston, Idaho. Date April 3rd, 1938.

19. UNDERTAKER Brower-Wann Company. (Address) Lewiston, Idaho.

20. FILED Apr 27, 1938 M. T. Cantley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 1st, 1938.

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1938, to April 1, 1938

I last saw h~~e~~r alive on March 30, 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1920
Cardiac Asthma	Mar 27 1938
Acute cardiac Dilatation	April 1938

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? ~~None~~ Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the following:~~
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. G. Marechal, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109105

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 92

(No. 1228 16th, Avenue.)

(If death occurred in a hospital or institution, give its name instead of street and number)

165

2. FULL NAME Marion B. Sorenson.

(a) Residence. No. 1228 16th, Avenue. ** ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ora Jeannette Sorenson.

6. DATE OF BIRTH (month, day, and year) October 25th, ~~1888~~ 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~49.~~ 50	5.	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Palouse.
(State or country) Washington.

FATHER

13. NAME James P. Sorenson.

14. BIRTHPLACE (city or town) .....
(State or country) Denmark.

MOTHER

15. MAIDEN NAME Bernadine Nicholson.

16. BIRTHPLACE (city or town) .....
(State or country) Denmark.

17. INFORMANT Weldon B. Sorenson.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date April 6th 1938.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED May 9, 1938 M. M. Carkin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3rd 1938.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	
Suicide	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury May 3, 1938
Where did injury occur? Lewiston Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Hanging
Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Earl Brower Coroner M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109106

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 13

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Mr. J. W. Harrell

(a) Residence No. Lapwai Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/3/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME B. Harrell
14. BIRTHPLACE (city or town) (State or country) California

MOTHER
15. MAIDEN NAME Jennie Yocham
16. BIRTHPLACE (city or town) (State or country) Californa

17. INFORMANT Loretta Harrell
(Address) Lapwai Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 4/7/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED May 2, 1938 M. R. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/4 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 1, 1938, to Apr 4, 1938
I last saw him alive on Apr 3. 1938.: death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	Apr 1-1938
Chronic Endocarditis	1920
Acute Nephritis	1938

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. J. Rassmussen M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10910

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 14

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 95

2. FULL NAME Ida Aldrich

(a) Residence No. 1839- 7th Ave. St. Lewiston, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred Aldrich

6. DATE OF BIRTH (month, day, and year) Jan. 5, 1873

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manitowoc
(State or country) Wisconsin

FATHER

13. NAME John S. Luckow
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Marie K Kono
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs Mona Rehm Bartlett
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date 4/7, 1938

19. UNDERTAKER H.R. Merchant
(Address) Clarkston, Wash.

20. FILED April 13 1938 M W Luckey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-4 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw her alive on 4/4 1938.: death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart myocarditis	4-3-38
Other **contributory causes** of importance: Mucous Colitis with an acute diarrhoea. Cause unknown.	8-10-37

Name of operation ——— Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. R. White, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10910

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 63

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

109

2. FULL NAME Gerald Gene St. Marie

(a) Residence No. Anatone, Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	-----

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) 5/25/37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
--	10	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino
(State or country) Idaho

FATHER
13. NAME F L St. Marie
14. BIRTHPLACE (city or town) Kent Minn
(State or country)

MOTHER
15. MAIDEN NAME Bertha Dodd
16. BIRTHPLACE (city or town) Craig Wash
(State or country)

17. INFORMANT F L St. Marie
(Address) Anatone, Washington

18. BURIAL, CREMATION OR REMOVAL,
Place Clarkston Wn Date 4/27, 193 8

19. UNDERTAKER H R Merchant
(Address) Clarkston Wash.

20. FILED May 9, 193 M. McCauley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/24 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/22, 193 8, to 4/24, 193 8
I last saw h. alive on 4/24 193 8: death is said to have occurred on the date stated above, at 10 32 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Peritonitis	
Other **contributory causes** of importance:	
C	

Name of operation Exp. Lap Date of 4/22/38
What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury C, 193
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** C
Manner of injury C
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Paul G Hamm M. D.
(Address) Lewiston Idaho

PLACE OF DEATH
County of Owyhee
City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10910

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 53

MAY 9 - 1938

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Ellen Wiess

(a) Residence No. Oreana, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-9-64

7. AGE: Years 73 | Months 6 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME James Kelly
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Devine
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Isabel Wiess
(Address) Oreana Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt Calvary cem,
Place Nampa Ida. Date 4-23, 1938

19. UNDERTAKER F. K. Pelimann
(Address) Nampa, Idaho

20. FILED May 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-21-1938

22 I HEREBY CERTIFY, That I attended deceased from April 18, 1938, to April 21, 1938
I last saw her alive on April 21, 1938: death is said to have occurred on the date stated above, at 10:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Left Lober Pneumonia	4/16/38
Other **contributory causes** of importance: Emphysema of left pleural cavity	4/18/38

Name of operation none Date of
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John L. Bubbles, M. D.
(Address) Oreana, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fayette
City of Ennisland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109110

MAY 4 1938
Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olive C. Eldridge

(a) Residence. No. Ennisland Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fm	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 17 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME L. D. Henry.

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Howard

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Tom E. Eldridge
(Address) Nyssa, Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Fayette, Ida. Date 4/3, 193 8

19. UNDERTAKER H. L. Peterson
(Address) Century, Oregon

20. FILED 4/2/38 193 J. B. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 1 1938

22. I HEREBY CERTIFY, That I attended deceased from March 27, 193 8, to April 1, 193 8

I last saw h?? alive on April 1, 193 8; death is said to have occurred on the date stated above, at 7:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute purulent Cholecystitis	About 3 days
Other contributory causes of importance: Chronic cholecystitis	1915

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. E. Davis M. D.
(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gayette.
City of Gayette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10911

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 27

MAY 4 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93a

2. FULL NAME James Thom.

(a) Residence No. 117 6th North St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Newman Thom.

6. DATE OF BIRTH (month, day, and year) May 24-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Queensbury
(State or country) Eng.

FATHER

13. NAME William Thom.
14. BIRTHPLACE (city or town)
(State or country) Eng.

MOTHER

15. MAIDEN NAME not known.
16. BIRTHPLACE (city or town)
(State or country) Eng.

17. INFORMANT Roy Christensen
(Address) Gayette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Ida. Date April 1, 1938

19. UNDERTAKER Edith Gardner
(Address) Gayette Idaho

20. FILED 4/2/38, 193 J. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/29, 1938.

22 I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to March 29, 1938.
I last saw him alive on March 29 1938: death is said to have occurred on the date stated above, at 8:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	Several day
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Pantan, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109112

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 28

MAY 4 - 1938

(No. 183)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Francis Cunningham

(a) Residence No. Nyssa Oregon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mabel Cunningham

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1882

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	56	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elmont
(State or country) Kansas

MOTHER FATHER

13. NAME C. J. Cunningham
14. BIRTHPLACE (city or town) Jackson Co.,
(State or country) Kansas
15. MAIDEN NAME Aggie Jackson
16. BIRTHPLACE (city or town) Elmont
(State or country) Kansas

17. INFORMANT Mable Cunningham
(Address) Nyssa Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Nyssa Cemetery Date April 17, 1938

19. UNDERTAKER B. B. Kienkaemper
(Address) Nyssa Oregon

20. FILED 4/23/38 1938 J. O. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-17 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-17, 1938 to 4-17, 1938
I last saw him alive on ..... 1938: death is said to have occurred on the date stated above, at 12:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
accidental drowning	
in Snake River while	
crossing in boat	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 4-14-38
1938.
Where did injury occur? Near Nyssa
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** public place.
Manner of injury drowning accidental
Nature of injury drowned

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edith Lowden Conner
(Address) Payette Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Emmettland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10911

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 29

MAY 10 1938

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Silas S. Moreland

82a

(a) Residence. No. Payette, Idaho R2D #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Im	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. F. Moreland

6. DATE OF BIRTH (month, day, and year) May 21, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER
13. NAME William Lewis
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Haynes
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT J. F. Moreland
(Address) Payette Ida R 2D #1

18. BURIAL, CREMATION OR REMOVAL
Place Ontario, Ore. Date May 1, 1938

19. UNDERTAKER H. L. Peterson
(Address) Ontario Ore

20. FILED 5/3/38 193... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1938, to April 27, 1938
I last saw her alive on April 27, 1938: death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	April 27-38.
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. E. Patton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10911

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 30

MAY 10 1938

(No. Allen's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Patrick Edward Short

(a) Residence. No. Payette, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Short

6. DATE OF BIRTH (month, day, and year) 3-17-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago
(State or country) Ill.

FATHER
13. NAME John Short
14. BIRTHPLACE (city or town) —
(State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Collins
16. BIRTHPLACE (city or town) —
(State or country) Ireland

17. INFORMANT Chester W. Short
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Ida. Date May 5, 1938

19. UNDERTAKER Asel Richardson
(Address) Ontario, Oregon

20. FILED 5/4/38 193... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 - 1938

22. I HEREBY CERTIFY, That I attended deceased from April 6-, 1938, to May 3, 1938.
I last saw him alive on May 2, 1938: death is said to have occurred on the date stated above, at 3 20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	April 6-38
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette

City of Payette

MAY 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10911

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME James Henry Smith

(a) Residence. No. Fruitland, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Permela Smith

6. DATE OF BIRTH (month, day, and year) 12-28-1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Liberty Ohio.

FATHER

13. NAME Peter Smith

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Howard Smith (Address)

18. BURIAL, CREMATION OR REMOVAL Place Payette, Ida. Date May 5, 1938

19. UNDERTAKER Asael Richardson (Address) Ontario Ore.

20. FILED 5/6/38, 193... J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1936, to May 2, 1938

I last saw him alive on 5-2, 1938: death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Hypertension	
Arterio-sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. R. Richardson, M. D.

(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10911

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 32

(No. _____)

MAY 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Jean Hurd.

(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year): May 4 1938

7. AGE — Years | — Months | 1 Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: baby.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho.

FATHER

13. NAME Carl C. Hurd.

14. BIRTHPLACE (city or town) Payette
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Marian Arment.

16. BIRTHPLACE (city or town) _____
(State or country) Iowa.

17. INFORMANT Earl C. Hurd
(Address) Payette, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Ida. Date 5-5-, 1938

19. UNDERTAKER Edith Chrisman
(Address) Payette, Idaho.

20. FILED 5/5/38, 193_ J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/5 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/4, 1938, to 5/5, 1938

I last saw he alive on 5/5 1938.: death is said to have occurred on the date stated above, at 2 30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	

Other **contributory causes** of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193_

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) M. F. Carr, M. D.

(Address) Payette, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10911.

RECEIVED
MAY 9 - 1938

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 14
(No. Schilt Memorial Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucille Marie Brooks 1226

(a) Residence No. Am. Falls, Hailey, Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widow of Jack Brooks

6. DATE OF BIRTH (month, day, and year) Mar. 4-1907

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	31	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeping &c.

10. Date deceased last worked at this occupation (mo. and yr.) Apl. 7-38

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Champaign Ill.

FATHER

13. NAME Charles Thornhill

14. BIRTHPLACE (city or town) (State or country) Princeton Mo.

MOTHER

15. MAIDEN NAME Gertrude Koons

16. BIRTHPLACE (city or town) (State or country) Malad City Idaho.

17. INFORMANT Mrs. C. S. Thornhill
(Address) Am. Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hailey, Ida. Date April 14, 1938

19. UNDERTAKER A. W. Davis
(Address) American Falls, Ida

20. FILED 4-13, 1938 Irene Paling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-10-1938

22 I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to April 10, 1938

I last saw her alive on Apr. 10 1938: death is said to have occurred on the date stated above, at 5 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxemia resulting from volvulus of ileum	4/8/38
Other **contributory causes** of importance:	
Volvulus of ileum due to peritoneal adhesions resulting from former laporotomy	

Name of operation Ileostomy Date of 4/10/38

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. F. Tyner, M. D.

(Address) Meridian, Ida Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of American Falls

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10911

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 15
(No. Dehlty Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orval S Slaugh

(a) Residence No. Aberdeen, Idaho St. 108
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Laborer~~ single
6. DATE OF BIRTH (month, day, and year): March 11, 1916
7. AGE: Years 22 | Months 1 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Aberdeen Idaho

FATHER
13. NAME: Frank E. Slaugh
14. BIRTHPLACE (city or town) (State or country): Vernal Utah

MOTHER
15. MAIDEN NAME: Rozena Richins
16. BIRTHPLACE (city or town) (State or country): Pleasant Grove Ut

17. INFORMANT (Address): Frank E Slaugh Aberdeen Idaho
18. ~~BURIAL, CREMATION OR~~ REMOVAL Place: Pocatello Date: 4/20, 1938
19. UNDERTAKER (Address): In Care Funeral Home Pocatello, Idaho
20. FILED 4-21-, 1938 Irene Dalling Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 20 1938
22. I HEREBY CERTIFY, That I attended deceased from Ap 11, 1938, to Ap 20, 1938
I last saw him alive on Ap 20 1938: death is said to have occurred on the date stated above, at 5P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Ap 16 1938
Pneumococcic Meningitis	Ap 17 1938

Other contributory causes of importance:

Infected Wound L foot	Ap 16 1938
Abscess	

Name of operation: Foot opened Date of: Ap 16/38
What test confirmed diagnosis? Was there an autopsy? No Laboratory

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. [illegible], M. D.
(Address) Aberdeen Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10912[illegible]

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 20

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lawrence Mathias Pung

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state) Nebr
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 12, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	—	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Joseph Pung
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Gertrude Schumacher
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lucile Pung
(Address) Spokane Wash

18. BURIAL, CREMATION OR REMOVAL,
Place Kellogg Ida Date Apr 21 1938

19. UNDERTAKER M. E. Thornburg
(Address) Kellogg Ida

20. FILED May 10, 1938 Frank J. Ellen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 18 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14 1938, to April 18, 1938
I last saw him alive on April 15, 1938; death is said to have occurred on the date stated above, at 7:40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Apr 15 1938
Other contributory causes of importance:	
Old Cancer	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon A. Fraser, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10912

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 21

(No.) 104
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Fallon

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane Fallon

6. DATE OF BIRTH (month, day, and year) Sept 20 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME George Fallon
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME No info
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Jane Fallon
(Address) Kellogg, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date Apr. 24 1938

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg Idaho

20. FILED May 10 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 24 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-12, 1935, to 4-20, 1938
I last saw him alive on 4-20 1938.: death is said to have occurred on the date stated above, at 8:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
R. Hypostatic Pneumonia	3 days.
Other **contributory causes** of importance:	
Silico-Tuberculosis	3 years

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner

(Signed) Harold T. Anderson, M. D.
(Address) Kellogg, Idaho

PLACE OF DEATH
County of Shoshone
City of Co. Infirmary Wallace Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109122

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 40

MAR 5 1938

(No. Co Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Barnhart

16V

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 18, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER
13. NAME: David Barnhart
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Jane Bonham
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Susan Seeber
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place: Kellogg Date: Mar. 26, 1938

19. UNDERTAKER: P. E. Thornhill
(Address) Kellogg Idaho

20. FILED: Sept 8, 1938 John Beaver
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Mar 23 1938 6:00 P.M.

22 I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Mar 23, 1938
I last saw him alive on Mar 21 1938: death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
old age.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109125

Registration District No. 90
Primary Registration District No. 0011
Local Registrar's No. 41

(No. Coe Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

1. FULL NAME William Jennings Good

(a) Residence. No. Wardner Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Dora Good

6. DATE OF BIRTH (month, day, and year) Oct 17-1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Joplin Mo

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Dora Good (Address) Wardner Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Kellogg Date Apr 3, 1938

19. UNDERTAKER H. E. Stout (Address) Kellogg

20. FILED Apr 10, 1938 Robert Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 193 8, to Mar 30, 193 8
I last saw him alive on Mar 30, 193 8; death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Wallace

MAY 9- 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109124

Registration District No. 70

Primary Registration District No. 7011

Local Registrar's No. 42

(No. 607 Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME William McNaughton

(a) Residence. No. County Home St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date Apr 9, 1938

19. UNDERTAKER P. L. Stoltz
(Address) Kellogg Idaho

20. FILED April 9, 1938 John Beyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr, 193.5, to Apr 5th, 1938

I last saw him alive on Apr 5th, 1938: death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Old age	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. S. Lyndsay, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10912

MAY 9 - 1938

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 43
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. A. Harry 95.1.4

(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed
6. DATE OF BIRTH (month, day, and year): Sept 9 - 1882
7. AGE: Years 55 | Months 4 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1937
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): St. Louis. Ill.

FATHER
13. NAME: Wm Harry
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Luella —
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Coeur Dalene Burke Ida

18. BURIAL, CREMATION OR REMOVAL. Place: Mullan Ida. Date: May 10, 1938

19. UNDERTAKER (Address): J. A Bower (Ward) Wallace Ida.

20. FILED: May 9, 1938 J. A Bower Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 7 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to April 7, 1938
I last saw h— alive on April 7 1938 death is said to have occurred on the date stated above, at 8.35 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart failure	
Other **contributory causes** of importance:	—

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. A Ralfs M. D.
(Address) Mullan Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Osburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10912

MAY 9- 1938

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 44
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Dingley 95
(a) Residence No. 9 Standard Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 9-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Apr 1937
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) South Dak.

FATHER
13. NAME Levi Dingley
14. BIRTHPLACE (city or town) (State or country) Maine. ~~Unknown~~

MOTHER
15. MAIDEN NAME Emma Hornberger
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Mrs Van Dyke
(Address) Sand Point Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Sand Point Date Apr 12, 1938

19. UNDERTAKER Fairview Wards
(Address) Wallace Ida.

20. FILED Apr 12, 1938 John Boer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 10 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 10 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apparently heart failure	Sudden
Hypertrophied heart	
Chronic nephritis	
Other contributory causes of importance:	
Cirrhosis of liver	Several years

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. Mowry Coroner M.D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10912

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 45
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Esther

(a) Residence No. (Usual place of abode) St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Feb 3 1849

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	89	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER
13. NAME Thomas Thomas
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Robertson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs J McDonald
(Address) Spokane Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date April 13 1938

19. UNDERTAKER J J Bower Co Wks
(Address) Wallace Ida.

20. FILED Apr 13 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 193 8, to Apr 11 193 8
I last saw her alive on Apr 10 193 8: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Old age	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. A. Lindsay, M. D.
(Address) Kellogg Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10912

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 46
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

36

2. FULL NAME Milton Long.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 25-71
7. AGE: Years 66 | Months 5 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ureka California

FATHER
13. NAME: Scott Morton
14. BIRTHPLACE (city or town) (State or country): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Co Hospital Records. Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL. Place: Wallace Mt Date: Apr 19, 1938
19. UNDERTAKER (Address): J. A. Boker (Wallace) Wallace Ida
20. FILED: Apr 16, 1938 John Boker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Apr 15 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to Apr 15, 1938
I last saw him alive on Apr 14, 1938: death is said to have occurred on the date stated above, at 10 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicaemia	
Other **contributory causes** of importance:	
Amputation of left leg for gangrene.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Ida.

PLACE OF DEATH
County of Shoshone
~~City or~~ County Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10912

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

230

2. FULL NAME Ed, Roberts

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Wid

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Mch 30, 1870

7. AGE: Years 67 | Months 9 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kansas City
(State or country) Missouri

FATHER

13. NAME No

14. BIRTHPLACE (city or town) .....
(State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country) .....

17. INFORMANT Hospital Record
(Address) Wallace Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Kellogg Cem Date Apr 29, 1938

19. UNDERTAKER [illegible]
(Address) Kellogg Idaho

20. FILED Apr 29, 1938 John Dwyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938, to Apr 29, 1938
I last saw him alive on Apr 20 1938: death is said to have occurred on the date stated above, at 8:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary TB.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....
(Signed) W. C. Freeburg, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10915

MAY 5 - 1938

Registration District No. 70
Primary Registration District No. 7011 Local Registrar's No. 49
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Sudrasko

(a) Residence No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

114a

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Josephine Sudrasko
6. DATE OF BIRTH (month, day, and year): June 3, 1901
7. AGE: Years: 36 | Months: 7 | Days: 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Glenwood City Wisconsin

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Josephine Sudrasko Mullan Ida

18. ~~BURIAL~~, CREMATION OR ~~REMOVAL~~
Place Spokane Wash Date Apr 27, 1938

19. UNDERTAKER (Address): J. Bucer Wards Wallace Ida

20. FILED Apr 23, 1938 John Bucer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Apr 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1938, to Apr 21, 1938
I last saw h~~im~~ alive on Apr 21 1938: death is said to have occurred on the date stated above, at 5.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	3 days
Other **contributory causes** of importance: Fulminous Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ~~—~~ Date of injury ....., 193.....
Where did injury occur? ~~—~~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ~~—~~
Manner of injury ~~—~~
Nature of injury ~~—~~

24. Was disease or injury in any way related to occupation of deceased? ~~—~~ If so, specify.

(Signed) H. A. Mohler, M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10915

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 51
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norman Alexander McDonald

107a

(a) Residence No. Burke Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Josephine McDonald
6. DATE OF BIRTH (month, day, and year): Apr 24 1865
7. AGE: Years 72 | Months 11 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Deputy Sheriff
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoshone Co.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Nova Scotia - Canada.

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Scotland.

MOTHER
15. MAIDEN NAME: Lora Aprowl
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Mrs Josephine McDonald Burke Ida
18. BURIAL, CREMATION OR REMOVAL Place: Mullan Ida Date: Apr 27, 1938
19. UNDERTAKER (Address): J A Bever Undertaker Wallace Ida
20. FILED: Apr 23, 1938 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Apr 23 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1938, to Apr 23, 1938
I last saw him alive on Apr. 22 1938; death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
myocarditis, chronic	?

Other **contributory causes** of importance:

Pneumonia, Bronchial	Apr. 20-38
Arteriosclerosis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. J. Hutchinson, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10915

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 52
(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

230

2. FULL NAME Valentine Hebein.

(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~: Kate Heybein.

6. DATE OF BIRTH (month, day, and year): May 17 1870

7. AGE: Years 67 | Months 11 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria.

FATHER
13. NAME: Valentine Hebein.
14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Kate Hebein. (Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Mullan Cem. Date: Apr 26, 1938

19. UNDERTAKER: John Bover (Wardner) (Address) Wallace Ida

20. FILED: Apr 25, 1938 John Bover Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to April 23, 1938
I last saw him alive on April 23, 1938: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F W Robb M. D.
(Address) Mullan Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10913

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 53

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John N. Foss

(a) Residence No. Mullan Ida. St. 123 b
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Alice Foss

6. DATE OF BIRTH (month, day, and year) Jan-7-1863

7. AGE: Years 75 | Months 3 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nordanna
(State or country) Norway

FATHER
13. NAME Hans Foss
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Alice Foss
(Address) Mullan Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mullan Ida Date Apr 27, 1938

19. UNDERTAKER J. A. Bower (Ward)
(Address) Wallace Ida.

20. FILED Apr 26, 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1938 to April 25, 1938
I last saw him alive on April 25 1938: death is said to have occurred on the date stated above, at 12:34 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage of colon (unknown origin)	4-18-38
Other **contributory causes** of importance:	
Abscess R Hand and forearm	Feb 1, 1938

Name of operation Incision of abscess Date of 3-24-38
What test confirmed diagnosis? X-Ray Was there an autopsy? Yes. partial

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold T. Lindmyer M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10915

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 5
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick Woodberry Gillis.
(a) Residence No. Elm Ida. St. 108
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of: Edna Gillis
6. DATE OF BIRTH (month, day, and year): Dec 6-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minn

FATHER
13. NAME: Walter Gillis
14. BIRTHPLACE (city or town) (State or country): Ills.

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Edna Gillis (Address) Elm Ida.
18. BURIAL, CREMATION OR REMOVAL: Place Spokane Wash. Date Apr 30, 1938
19. UNDERTAKER: J. J. Bower (Ward) (Address) Wallace Ida.
20. FILED Apr 27, 1938 John A Bower Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Apr 27 1938
22 I HEREBY CERTIFY, That I attended deceased from 4-20-38, 193..., to 4-27-38, 193...
I last saw h. alive on 4-27-38: death is said to have occurred on the date stated above, at 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wm. P. Smyth M. D.
(Address) Wallace, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109136

PLACE OF DEATH

County of Teton

City of Victor, Idaho.

MAY 5 - 1938

Registration District No. 77

Primary Registration District No. 2176 Local Registrar's No. 3

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

51C

2. **FULL NAME** Edwin ~~Taylor~~ H. Kearsley

(a) Residence. No. ..... Victor Idaho St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 41 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White-Amer	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lula Kearsley

6. DATE OF BIRTH (month, day and year) April 30 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	8.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Postmaster + Farming

(b) General nature of industry, business, or establishment in which employed (or employer) Postoffice - Farm

(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

PARENTS

10. NAME OF FATHER Edwin Duval Kearsley

11. BIRTHPLACE OF FATHER (city or town) (State or Country) London, England

12. MAIDEN NAME OF MOTHER Harriet Cooper

13. BIRTHPLACE OF MOTHER (city or town) (State or County) London England

14. Informant (Address) Kaisip Kearsley. Victor Idaho.

15. Filed 4/14, 1938 Libie M. Greene. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 8 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1936, to April 8, 1938

that I last saw him alive on July 24, 1937

and that death occurred, on the date stated above, at 5:00 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Coma

Marasmus

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Carcinoma of Prostate

(duration) 2 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. R. Parsons, M. D.

4/9, 1938 (Address) Driggs, Idaho

19. Place of Burial, Cremation, or Removal: Victor Idaho Cemetery. Date of Burial: 4/13 1938

20. Undertaker: Howe-Hansen, St. Anthony, Ida. Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10913

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Franklin Bradley

(a) Residence No. 116 8 ave. So. St.
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/20/1874

7. AGE: Years 64 | Months 1 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dubuque (State or country) Iowa

FATHER
13. NAME Dan Bradley
14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Mrs. Bradley (Address) Buhl Ida.

18. BURIAL, CREMATION OR REMOVAL Place Buhl Date 3/24, 1938

19. UNDERTAKER Evans & Johnson (Address) Buhl Ida

20. FILED 3/24, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/20 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov., 1937, to March, 1938

I last saw him alive on March 20 1938: death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arterial Nephritis	— years
Chronic myocarditis.	years
Senile coma	
Several months duration	
Other contributory causes of importance:	
Leg ulcers.	few months.

Name of operation none Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) M. A. Drake, M. D.
(Address) Buhl, Ida.

PLACE OF DEATH
County of Twin Falls
City of Burley
R. F. D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10913

MAY 10 1939
Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Celestine Marie Grossman 95

(a) Residence No. Burley R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Ben Grossman

6. DATE OF BIRTH (month, day, and year): Jan 19 1863

7. AGE: Years 75 | Months 2 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): France

FATHER
13. NAME: August Colin
14. BIRTHPLACE (city or town) (State or country): France

MOTHER
15. MAIDEN NAME: Nan Kuanon
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Mrs. Millie Hansen San Francisco Cal
18. BURIAL, CREMATION OR REMOVAL Place: Burley Date: 3/25, 1938
19. UNDERTAKER (Address): Evans & Thuspan Burley Idaho
20. FILED 3/25, 1938 Annette Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/23 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/30, 1937, to 3/23, 1938
I last saw her alive on 3/21 1938: death is said to have occurred on the date stated above, at 6:00A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema following myocardial failure & Uremia.	3/21/38
(1) Other contributory causes of importance: Arteriosclerotic Cardio-Renal disease with Hypertension	?
(2) Diabetes Mellitus	?

Name of operation: none Date of
What test confirmed diagnosis: Lab. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward H. McBratney M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109135

MAY 10 1938

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 184

2. FULL NAME Carl Edwin Starnes
(a) Residence No. Buhl, Idaho St. R.F.D. #2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Feb 17, 1935
7. AGE: Years 3 Months 2 Days 17 If less than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation: —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Sedan Kansas

FATHER
13. NAME: Leslie William Starnes
14. BIRTHPLACE (city or town) (State or country): Lindsay Okla.

MOTHER
15. MAIDEN NAME: Virginia Johnson
16. BIRTHPLACE (city or town) (State or country): St. John Kansas

17. INFORMANT: H. W. Starnes
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl, Ida. Date: Apr. 15, 1938

19. UNDERTAKER: B. F. Albertson
(Address) Buhl, Idaho

20. FILED 4/15, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Apr 13 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/13, 1938, to 4/13, 1938.
I last saw him alive on 4/13 1938: death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound	4/13/38
Other contributory causes of importance:	
Massive Internal hemorrhage	4/13/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Modified - Dewar at Embalmers

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 1938
Where did injury occur? Home Buhl
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place At home
Manner of injury 2 children playing gun 22 caliber
Nature of injury bullet wound from 22 rifle

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature], M. D.
(Address) Buhl, Idaho

MARGIN RESERVED FOR BINDING

...H UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information ...pplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in ... that it may be properly classified. Exact statement of OCCUPATION is very important. See instruc... ... back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109149

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. Buhl Hospital & Clinic)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dennis Leland Jacobsen
(a) Residence No. Buhl Hospital & Clinic St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Mar. 3, 1938
7. AGE: Years | Months: 1 | Days: 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (mo. and yr.): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Buhl, Idaho

FATHER
13. NAME: Charles Leland Jacobsen
14. BIRTHPLACE (city or town) (State or country): Driggs, Idaho

MOTHER
15. MAIDEN NAME: Elda Beard
16. BIRTHPLACE (city or town) (State or country): Driggs, Idaho

17. INFORMANT (Address): Charles Jacobsen, Buhl, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Driggs, Idaho Date: Apr. 25, 1938
19. UNDERTAKER (Address): B. J. Allertson, Buhl, Idaho
20. FILED 4/23, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 4/22 1938
22 I HEREBY CERTIFY, That I attended deceased from 4/21, 1938, to 4/22, 1938
I last saw him alive on 4/22 1938: death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	4/19/38

Other contributory causes of importance:
Exhaustion from Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes by my self

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John W. Wynstra M.D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl
R. F. D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

468

2. FULL NAME Mrs Coeam Johnson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Henry Johnson

6. DATE OF BIRTH (month, day, and year) 12/25/1855

7. AGE — Years: 82 | Months: 4 | Days: 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Old Fort, N.C.

MOTHER FATHER
13. NAME Jack Coe
14. BIRTHPLACE (city or town) (State or country) N.C
15. MAIDEN NAME Elvira Hicks
16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Mrs W. D. Watson
(Address) Buhl

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 4/30 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl - Idaho

20. FILED 4/30, 1938 Anna Idaho Wilson Registrar.

Dr. Brattain

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/28 1938

22 I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 12, 1938
I last saw h[illegible] alive on April 12 1938: death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(1) Carcinoma head of pancreas with [illegible] generalized metastases to liver & lungs.	?
Other **contributory causes** of importance:	
(2) Senility (2) Generalized arteriosclerosis	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward H. McBratney, M. D.
(Address Buhl Idaho

PLACE OF DEATH
County of Twin Falls
City of Castleford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109142

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

MAY 10 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Walker Johnston 162

(a) Residence (No. 19 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Adaline Johnston
6. DATE OF BIRTH (month, day, and year): 3/14/1854
7. AGE: Years 84 | Months 1 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lowell Ark

FATHER
13. NAME: James Johnston.
14. BIRTHPLACE (city or town) (State or country): Ill

MOTHER
15. MAIDEN NAME: Sarah Cowan
16. BIRTHPLACE (city or town) (State or country): Ark

17. INFORMANT (Address): Mrs Adaline Johnston Castleford
18. BURIAL, CREMATION OR REMOVAL. Place: Brunneau Date: May 1, 1938
19. UNDERTAKER (Address): Evans & Johnson Buhl — L. Johnson
20. FILED 4/30, 1938 Amended in Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 4/28 1938
22 I HEREBY CERTIFY, That I attended deceased from 3-28, 1938 to 3-25, 1938
I last saw h[illegible] alive on Apr 28 1938: death is said to have occurred on the date stated above, at 11 08 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Senility	

Other contributory causes of importance:

1. Bronchitis, Chronic	

Name of operation None Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Verne Henderson M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Tein Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE

State File No. 10914

MAY 13 1938

Registration District No.

Primary Registration District No. 2085

Local Registrar's No. 62

(No.) Twin Falls County Gen. Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Lue O'Connor

(a) Residence No. Kimberly, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Oct. 9, 1930

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER

13. NAME Everett L. O'Connor

14. BIRTHPLACE (city or town) Brooklyn,
(State or country) New York

MOTHER

15. MAIDEN NAME Helen Albertsmeyer

16. BIRTHPLACE (city or town) Indianapolis
(State or country) Indiana

17. INFORMANT Everett L. O'Connor
(Address) Kimberly, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 4-3, 1938

19. UNDERTAKER White Mortuary, Inc
(Address) Twin Falls, Idaho

20. FILED 4-7, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 1 1938

22 I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to April 1, 1938.

I last saw her alive on 4-1 1938.: death is said to have occurred on the date stated above, at 4:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis acute	March 31, 1938

Other contributory causes of importance:

Posterior Pharyngitis	March 25 1938

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury 193

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Charles B. Beymer M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10914

REC'D MAY 13 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 64
(No. Twin Falls County Farm)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elon Eugene Pendleton

(a) Residence No. Twin Falls County Farm St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs. Margaret Pendleton

6. DATE OF BIRTH (month, day, and year) 4-12-1866

7. AGE: Years 71 | Months 11 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock County Wisconsin

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mary Bartlett
(Address) 134 E 60th St. L.A. Calif.

18. BURIAL, CREMATION OR REMOVAL
Place Filed Date 4-5, 1938

19. UNDERTAKER S. E. Phillips
(Address) Twin Falls Idaho

20. FILED 4-4, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-1 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-26, 1938, to 4-1, 1938
I last saw him alive on 3-31 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Sudden
Other contributory causes of importance:	
Hypertension	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? ..... Suicide
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. E. Parkinson M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

MAY 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109146

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 65

(No. Suburban Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME George LaCourse

(a) Residence No. Wendell, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/4/38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, (State or country) Idaho

FATHER

13. NAME Clarence LaCourse

14. BIRTHPLACE (city or town) Hansen, (State or country) Idaho

MOTHER

15. MAIDEN NAME Dessie West

16. BIRTHPLACE (city or town) Sherwood, (State or country) Oregon

17. INFORMANT Clarence LaCourse
(Address) Wendell, Idaho

18. BURIAL, CREMATION OR REMOVAL
Wendell, Idaho Date 4/6/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 4-6-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/5-1938

22 I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to April 5, 1938

I last saw him alive on April 1938: death is said to have occurred on the date stated above, at 5:05a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity -	
7 mos.	

Other contributory causes of importance:

Prematurity, aspiration of	
meconium and	
Multiple pregnancy	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 1938...

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ralph B. Truesdell M. D.

(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10914

MAY 13 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 66

(No. Suburban Maternity Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Georgia LaCourse

(a) Residence No. Wendell, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/4/38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER
13. NAME Clarence LaCourse
14. BIRTHPLACE (city or town) Hansen,
(State or country) Idaho

MOTHER
15. MAIDEN NAME Dessie West
16. BIRTHPLACE (city or town) Sherwood,
(State or country) Oregon

17. INFORMANT Clarence LaCourse
(Address) Wendell, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wendell, Idaho Date 4/6/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED May 6, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/4/1938

22 I HEREBY CERTIFY, That I attended deceased from April 4, 1938 to April 4, 1938
I last saw her alive on 4/4/ 1938: death is said to have occurred on the date stated above, at 11:05p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
7 mo	

Other contributory causes of importance: Prematurity, respiratory Multiple origin.

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1938...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Vald. B. Fredrickson M. D.
(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 109148

Local Registrar's No. 67

MAY 13 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Mrs. Margaret Catherine Doughty.

(a) Residence No. 336 Blue Lakes Blvd. St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of George W. Doughty

6. DATE OF BIRTH (month, day, and year) 3-17-1862

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Douglas County
(State or country) Kansas

FATHER

13. NAME John Godfry,

14. BIRTHPLACE (city or town) Missouri.
(State or country)

MOTHER

15. MAIDEN NAME Narcissa Walker

16. BIRTHPLACE (city or town)
(State or country) Tenn.

17. INFORMANT A. C. Martin,
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sunset Cem. Date 5-5-, 1938.

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 5-7-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 22 1937, to April 3, 1938
I last saw her alive on Apr 2d 1938: death is said to have occurred on the date stated above, at 10:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

H. B. Pressure	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. C. Martin M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10914

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 68
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

107a

2. FULL NAME Anna Mae Slater

(a) Residence No. Buhl, Idaho Route #4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/8/-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buhl,
(State or country) Idaho

FATHER
13. NAME Harry E. Slater
14. BIRTHPLACE (city or town) Billings,
(State or country) Mont.

MOTHER
15. MAIDEN NAME Reva Reed
16. BIRTHPLACE (city or town) Orient,
(State or country) Iowa

17. INFORMANT Harry E. Slater
(Address) Buhl, Idaho R.R.#4

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 4/4/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 4/4/, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/2/1938

22 I HEREBY CERTIFY, That I attended deceased from 4/2/, 1938, to 4/2/, 1938
I last saw her alive on 4/2/ 1938: death is said to have occurred on the date stated above, at 7:15a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	appr.
Aspiration of food	3/25/38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) James W. Creed, M. D.
(Address) Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10915

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 69

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

94

2. FULL NAME Charles B. Janks

(a) Residence No. Twin Falls, Idaho St. ....
(Usual place of abode)

Length of residence in city or town where death occurred. ... yrs. ... mos. ... ds. 27 (If nonresident give city or town and state) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Ida May Janks

6. DATE OF BIRTH (month, day, and year) 12-12-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Canada

FATHER
13. NAME Frederich W. Janks
14. BIRTHPLACE (city or town) .... (State or country) Holland

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) .... (State or country) unknown

17. INFORMANT Ida May Janks
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Twin Falls Cem. Date 4/10/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 4-9-, 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/7 1938

22 I HEREBY CERTIFY, That I attended deceased from ..... 1938 to ....., 193....
I last saw him alive on ..... 1938: death is said to have occurred on the date stated above, at 4:20 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1938
Other **contributory causes** of importance:	

Name of operation None Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193....
Where did injury occur? Twin Falls Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Home
Manner of injury no injury
Nature of injury No injury

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) G. C. Kahlbaugh M. D.
(Address Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109151

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 70

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Whitmore
(a) Residence No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

104

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) W Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beulah Whitmore June 16/99

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Shelley
(State or country) Idaho

FATHER
13. NAME [redacted] Henry Whitmore
14. BIRTHPLACE (city or town) [redacted]
(State or country)

MOTHER
15. MAIDEN NAME [redacted]
16. BIRTHPLACE (city or town) [redacted]
(State or country) Beulah Idaho

17. INFORMANT Alta Whit More
(Address) Twin Falls Ida.

18. BURIAL, CREMATION, REMOVAL
Place Sunset Memorial Date April 8, 1938

19. UNDERTAKER Fred Drake
(Address) Twin Falls Ida.

20. FILED 4-11-, 1938 [redacted]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-6 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-4, 1938, to 4-6, 1938
I last saw h[illegible] alive on 4-6 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia Right	4-4-38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 109152

Registration District No. 2085
Primary Registration District No.
Local Registrar's No. 71
(No. T. F. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1317

2. FULL NAME Mrs. Edna Louise Carlson

(a) Residence No. Montaugh - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
~~(or) WIFE~~ of Fred Carlson

6. DATE OF BIRTH (month, day, and year) 1-26-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Peterson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Fred Carlson
(Address) Montaugh - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls - Ida. Date 4-11, 1938

19. UNDERTAKER S. B. Phillips
(Address) Twin Falls Idaho

20. FILED 4-11, 1938 J. Burnell Lee Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-8 1938

22 I HEREBY CERTIFY, That I attended deceased from April 2, 1938, to April 8, 1938
I last saw h~~e~~r alive on April 8 1938: death is said to have occurred on the date stated above, at 12:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Nephritis interstitial chronic	15 years

Other **contributory causes** of importance:

Coronulosclerosis	Unknown
Hypothyroidism	Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. B. Reyner M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

MAY 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109153

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 72

(No. Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

37

2. FULL NAME Mrs. Carrie Goellert,
(a) Residence No. Hazelton, Idaho. St. Hazrlton, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced (or) WIFE of: (deceased) Walter A. Goellert.
6. DATE OF BIRTH (month, day, and year): 3-31-1885
7. AGE: Years 53; Months 0; Days 8; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Superior,
(State or country) Nebraska.

FATHER
13. NAME: John Gilmore
14. BIRTHPLACE (city or town)
(State or country): Unknown

MOTHER
15. MAIDEN NAME: Ella Lathrope
16. BIRTHPLACE (city or town)
(State or country): Unknown

17. INFORMANT: John Goellert,
(Address) Hazelton, Idaho.
18. BURIAL, CREMATION OR REMOVAL:
Place T.F.Cem. Date 4-11, 1938
19. UNDERTAKER: White Mortuary, Inc.
(Address) Twin Falls, Idaho.
20. FILED 4-12, 1938 J. A. Quinn Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 8 1938
22 I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1938, to April 8, 1938
I last saw her alive on Apr. 8 1938: death is said to have occurred on the date stated above, at 12:36 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	3-20-38
(Myocarditis)	

Other contributory causes of importance:

Streptococcic throat	March-38
Pneumonia & Empyema	age 12

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Davis, M. D.
(Address Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091[illegible]

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 73
(No. Kimberly - Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Martha Burkholder

(a) Residence No. Kimberly - Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of A. B. Burkholder

6. DATE OF BIRTH (month, day, and year) 9-1-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	7	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Monroe (State or country) Iowa

FATHER
13. NAME Milton Baker
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Melissa Jane Kelsey
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT A. B. Burkholder
(Address) Kimberly - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls - Idaho Date 4-10, 1938

19. UNDERTAKER L. A. Phillips
(Address) Twin Falls Idaho

20. FILED 4-10, 1938 J. W. Chambers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-7 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-13-36, 193..., to 6-5-, 193..., I last saw h. on alive on 4-7 1938: death is said to have occurred on the date stated above, at 10:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
~~Myocarditis~~	"
Cardiac failure	4-7-38

Other **contributory causes** of importance;

Senility	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harwood I. Stowe, M. D.
(Address Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 74

DO NOT WRITE IN THIS SPACE
State File No. 10915

MA

(If not in hospital or institution, give street address or location)
Twin Falls General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Ernest G. Thaemert

(a) Residence No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 3-1-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME George Thaemert
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Kruse
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Esther Werner
(Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 4-13, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4-10, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-9 1938

22 I HEREBY CERTIFY, That I attended deceased from November, 1937, to April 9, 1938
I last saw him alive on April 9 1938: death is said to have occurred on the date stated above, at 4 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James W. Creed, M. D.
(Address) Box 102, Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10915

MAY 13 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 75

(No. 454 3rd Ave E)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilson Rile

(a) Residence No. 454 3rd Ave E St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXX~~ Mrs. Nellie Rile

6. DATE OF BIRTH (month, day, and year) 7-2-1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Garrett
(State or country) Pennsylvania

FATHER
13. NAME John Rile
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Mary Stuck
16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT R.L. Rile
(Address) 350 Elm St - City

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 4-13, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4-10, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-11 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to April 11, 1938
I last saw him alive on 4-10 1938: death is said to have occurred on the date stated above, at 3:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 15
Duetrue ulcer	April 5
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dean N. Affleck M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10915

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 76

(No. 445 2nd Ave W)
(If death occurred in a hospital or institution, give its name instead of street and number)

47a

2. FULL NAME Mrs. Alice Nye

(a) Residence No. 445 2nd Ave W St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of John H. Nye

6. DATE OF BIRTH (month, day, and year) 5-12-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) So. Glastonbury
(State or country) Connecticut

FATHER

13. NAME James K. Andrews
14. BIRTHPLACE (city or town) So. Glastonbury
(State or country) Connecticut

MOTHER

15. MAIDEN NAME Emily Kripps
16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT John H. Nye
(Address) 445 2nd Ave W City

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 4 - 14 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4-14-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-11 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1935, to April 11, 1938
I last saw her alive on April 11 1938: death is said to have occurred on the date stated above, at 7 Pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1937
Myocarditis Chronic	1928
Hypertension Chronic	1923
Arteria sclerosis	1925
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Reymer M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 77
(No. Twin Falls Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

104

2. FULL NAME Roby Hull Hartley

(a) Residence No. Hazelton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(~~EXXXXXX~~ Mrs. Nancy Hartley

6. DATE OF BIRTH (month, day, and year) 12-5-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	4	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) North Carolina

FATHER
13. NAME J.R. Hartley
14. BIRTHPLACE (city or town)
(State or country) North Carolina

MOTHER
15. MAIDEN NAME Callie Hartley
16. BIRTHPLACE (city or town)
(State or country) North Carolina

17. INFORMANT Albert Hartley
(Address) 329 Polk St - City

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 4-18, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4/18, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-16-1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to April 16, 1938
I last saw h~~im~~ alive on April 16 1938: death is said to have occurred on the date stated above, at 8:15 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Right Lobar pneumonia Type II	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature] M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 78
(No. 602 4th St W)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Mrs. Annie Loveless Kempton

(a) Residence No. 602 4th St W St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
(or) WIFE of N.O. Kempton

6. DATE OF BIRTH (month, day, and year) 9-27-1887

7. AGE: Years 50 | Months 6 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spanish Fork
(State or country) Utah

FATHER
13. NAME John J. Loveless
14. BIRTHPLACE (city or town) Provo
(State or country) Utah

MOTHER
15. MAIDEN NAME Lovica Babcock
16. BIRTHPLACE (city or town) Spanish Fork
(State or country) Utah

17. INFORMANT N.O. Kempton
(Address) 602 4th St W

18. BURIAL, CREMATION OR REMOVAL
Place Provo, Utah Date 4-19, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4/19, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-16 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/15, 1937, to 4/16, 1938
I last saw h[illegible] alive on 4/9 1938: death is said to have occurred on the date stated above, at 10:45 Pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina pectoris	Sept 27, 1937
Other **contributory causes** of importance:	
Diabetes Mellitus	not known

Name of operation none Date of
What test confirmed diagnosis? History + exam. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 1938 —
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) George C Halley, M. D.
(Address Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 80

(Name) Twin Falls General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Aurelia Moorhead

(a) Residence No. 146 S Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~
(or) WIFE of Thomas Moorhead

6. DATE OF BIRTH (month, day, and year) 2-4-1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Louis
(State or country) Missouri

FATHER
13. NAME Bernard Steonkoetter
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER
15. MAIDEN NAME Julia Detzel
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mrs. J.N. Blakely
(Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 4-20, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4-20, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-16 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-10-, 1938, to 4-16, 1938
I last saw h~~er~~ alive on 4-16 1938: death is said to have occurred on the date stated above, at 9:10P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-6-38
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) [signature] M.D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of NTWIN Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10916

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 81

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Levi Blair

(a) Residence No. Nome Filer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 1/ 1884

7. AGE 54 Years | Months 5 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country) Iowa

FATHER
13. NAME Blair
14. BIRTHPLACE (city or town) Not Known
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Mrs Ray Koppenberger
(Address) Filer

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date April 21 1938

19. UNDERTAKER Fred E Drake
(Address) Twin Falls

20. FILED 4/21/1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/17 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at ? m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shotgun wound in left side thru abdmen into chest	4/17
Other **contributory causes** of importance:	
None	

Name of operation None Date of .....
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: Probable Suicide
Accident, suicide, or homicide? ..... Date of injury 4/17/38 193.....
Where did injury occur? Town - (Filer, Ida)
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Home
Manner of injury Shotgun wound.
Nature of injury Wound in abdomen & chest

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. C. Hally Sun Valley
M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 109162

Registration District No.
Primary Registration District No. 1085 Local Registrar's No. 82

MAY 13

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary Viola Iden,

(a) Residence No. Twin Falls, Idaho. St.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ C. A. Iden

6. DATE OF BIRTH (month, day, and year) 6-21-186[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
70	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middleburg,
(State or country) Iowa

FATHER
13. NAME W. J. Lewis
14. BIRTHPLACE (city or town) Vermillion Co.,
(State or country) Indiana

MOTHER
15. MAIDEN NAME Cynthia Cresswell
16. BIRTHPLACE (city or town) Louisa,
(State or country) Iowa.

17. INFORMANT F. E. Hatch
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Date 4- 21, 1938
Cem.

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 4-21, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 18, 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1937, to Apr. 18, 1938
I last saw her alive on Apr 13 1938: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular Renal disease	
Other contributory causes of importance:	
Arthritis	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938 —
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. E. Lamb, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 83

DO NOT WRITE IN THIS SPACE
State File No. 109163

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louisa Ellen Riley.

(a) Residence No. 302 - 5th Ave., N. City. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-13-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid since childhood
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Henderson,
(State or country) Illinois.

FATHER

13. NAME William Riley,
14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME Louisa Wilcox
16. BIRTHPLACE (city or town)
(State or country) Kentucky

17. INFORMANT Miss Etta Riley,
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 4-21, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 4-21, 1938 E. A. Rennebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1938, to April 19, 1938
I last saw her alive on April 18 1938; death is said to have occurred on the date stated above, at 9:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach & liver	1 year

Other contributory causes of importance:

None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Reynes, M. D.
(Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 84

MAY 30 1938

(Now Twin Falls General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Michael Stork

(a) Residence No. Twin Falls, Ida. R.F.D. 1 St.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas Hislap
(Address) Twin Falls, Ida R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Ida Date 4-21, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls Idaho

20. FILED 4-21-, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-19 38

22 I HEREBY CERTIFY, That I attended deceased from 4-1, 1938, to 4-19, 1938
I last saw him alive on 4-19 1938: death is said to have occurred on the date stated above, at 4:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Disease	Unknown
Other contributory causes of importance:	
Chronic Nephritis	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193.....
Where did injury occur? Home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. T. Parkinson, M. D.
(Address Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 85
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 10916

157 d

2. FULL NAME Marshall Bowen,

(a) Residence No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/25/38

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
0	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Izola Bowen,
16. BIRTHPLACE (city or town) Jackson,
(State or country) Idaho.

17. INFORMANT R. J. Bowen,
(Address) Burley, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 4-28, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 4-28-, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-27 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-25, 1938, to 4-27, 1938
I last saw h~~im~~. alive on 4-26 1938: death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anomaly of intestinal tract	Present at birth
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dean V. Affleck M. D.
(Address Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 109166

Local Registrar's No. 86

131

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry J. Hockett

(a) Residence No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Martha Hocket
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21/1871

7. AGE Years 66 | Months 10 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country) [illegible]

FATHER

13. NAME Jacob Hockey

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Martha Boles

16. BIRTHPLACE (city or town) Picket Cou.
(State or country) Tenn.

17. INFORMANT Mrs Martha Hockett
(Address) Filer Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date April 27 193 8

19. UNDERTAKER Fred E Drake
(Address) Twin Falls

20. FILED 5/21, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 26 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24, 193 8, to April 26, 193 8

I last saw him alive on April 24, 193 8: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Disease	Unknown
Other **contributory causes** of importance:	
Nephritis (chronic)	Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. E. Parkinson, M. D.
(Address) Twin Falls.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091

MAY

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 87

(No. Kimberly, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abijah Cason Burkhalter

(a) Residence No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 1-6-1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME James Burkhalter
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Leah Belles
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT A.C. Burkhalter
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 4-28, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4-29-38 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-26 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-10- 1938, to 4-26- 1938
I last saw him alive on 4-25- 1938: death is said to have occurred on the date stated above, at 9:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	2/10/38

Other contributory causes of importance:

Senility	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J.M. Davis, M. D.
(Address) Kimberly

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls.
City of Twin Falls

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 88
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME Thomas Allen Kendrick

(a) Residence No. Twin Falls Countl Gen'l Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Kendrick

6. DATE OF BIRTH (month, day, and year) 10/16/1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rockwood, Tenn.
(State or country)

FATHER

13. NAME J.R. Kendrick
14. BIRTHPLACE (city or town) Rockwood, Tenn.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Whitlock
16. BIRTHPLACE (city or town) Rockwood,
(State or country) Tenn.

17. INFORMANT Mrs. John Moyer
(Address) Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 5/2/, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl

20. FILED 5/3/, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/29 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-25, 1938, to 4-29, 1938
I last saw h~~im~~ alive on 4-29 1938: death is said to have occurred on the date stated above, at 9.25 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
accidental injury to spinal cord, caused from team running away	4 days
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accidental
Accident, suicide, or homicide? ..... Date of injury 4-25-38, 193.....
Where did injury occur? S.E. of Buhl Twin Falls
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Pasture
Manner of injury Team ran away
Nature of injury As above

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 10916

Local Registrar's No. 90

(No. Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Carma Ann Bradshaw,

(a) Residence No. Hansen, Idaho. St.
(Usual place of abode)

Length of residence in city or town where death occurred 4 weeks (If nonresident give city or town and state) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Ferale	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-17-1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wenatchee,
(State or country) Washington

FATHER

13. NAME Nial Bradshaw,

14. BIRTHPLACE (city or town) Cando,
(State or country) North Dakota

MOTHER

15. MAIDEN NAME Viola Menser,

16. BIRTHPLACE (city or town) Cando,
(State or country) N. Dakota

17. INFORMANT Nial Bradshaw,
(Address) Hansen, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sunset Mem. Park Date 5-3-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 5-4-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 30 1938

22 I HEREBY CERTIFY, That I attended deceased from March 7, 1938, to April 30, 1938

I last saw her alive on Apr. 29 1938: death is said to have occurred on the date stated above, at 10:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema (Left Pneumococcic)	Apr 4 1938
Other contributory causes of importance:	
Broncho Pneumonia (Left)	

Name of operation Paracentesis thoraci Date of Apr 6 1938

What test confirmed diagnosis? X-Ray Lab & examination Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo C Hadley, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091.0

MAY 13 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 91

(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

4/78

2. FULL NAME Charles Wesley Chase,

(a) Residence No. Filer Ida. St. Long Beach, Calif.
(Usual place of abode)

Length of residence in city or town where death occurred 6 days (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 11-1897

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	40	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME H. O. Chase,
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Lena Hyatt,
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT W. R. Chase
(Address) Filer, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Thornton, Iowa. Date 5-4-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED May 4, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 4 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/29, 1938, to May 4th, 1938
I last saw him alive on 1938: death is said to have occurred on the date stated above, at 1:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung.	1937
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? X-Ray & Section Was there an autopsy? Partial

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 1938.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo C Hadley, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Near Cascade

MAY 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10917

Registration District No. 13
Primary Registration District No. ____ Local Registrar's No. 5
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Henry Kerby

(a) Residence No. ____ St. 112
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar, 13th 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	I	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cincinnati
(State or country) Iowa

FATHER

13. NAME Francis M Kerby
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Mary Ann Daley
16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Frank M Kerby
(Address) Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Alpha Cem. Date 4/21, 1938

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED Apr 20, 1938 Myrtle M Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 19 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to April 19, 1938
that I last saw him alive on April 19 1938: death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestion of lungs	4-17-38

Other contributory causes of importance:

Asthma	4-19-38
Hypertension	7-1-28

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Eugene Edward
(Address) Cascade, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

RECEIVED
MAY 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109172

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 12.

(No. Weiser Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Morgarett Johnn Hayward

(a) Residence No. 450 W Park. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 21-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME F. H. Hayward
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Mary Norris
16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMANT F. H. Hayward
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Cem. Date 4-5-, 1938

19. UNDERTAKER L. B. Northam
(Address) Weiser, Idaho

20. FILED May 9, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-4-1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1936, to April 4, 1938

I last saw her alive on April 4 1938: death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary hemorrhage	April 4
Pulmonary disease	March 20
Labor pneumonia	March 12

Other **contributory causes** of importance:

Congenital heart disease	Birth

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Lewis M.D., M. D.
(Address) Fuller Bldg.

PLACE OF DEATH
County of Washington
City of Weiser
RFD
MAY 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Schar

(a) Residence No. 424 E Park St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mark Schar
6. DATE OF BIRTH (month, day, and year): Sept. 12 1880
7. AGE: Years 57 | Months 7 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Leopold Goetter
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Fannie Hoos
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mark Schar
(Address): Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Weiser Idaho Date: 4-18-, 1938

19. UNDERTAKER: L. L. Northam
(Address): Weiser Idaho

20. FILED: May 9, 1938 Marie Hawthorne Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 4-15-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1937 to April 15, 1938
I last saw her alive on Apr. 15 1938: death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma of lung.	Dec. 1937

Other contributory causes of importance:

Myocardial degeneration	?

Name of operation: Removal of breast Date of: June 1937
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [redacted], M. D.
(Address) Fuller Bldg., Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10917

RECEIVED MAY 10 1938

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 14
(No. Lutz Flower Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel May Abercrombie 46c
(a) Residence. No. Aberdeen Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of A. L. Abercrombie

6. DATE OF BIRTH (month, day, and year) Sept 28 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME William Chipp
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Anna Williams
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT A. L. Abercrombie
(Address) Aberdeen Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Aberdeen Idaho Date 4-19-, 1938

19. UNDERTAKER L. C. Northagen
(Address) Weiser Idaho

20. FILED May 9, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-19 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938, to April 19, 1938
I last saw her alive on April 18, 1938: death is said to have occurred on the date stated above, at 1145 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Descending Colon	1937
Left Broad Ligament	
Rectum at Sigmoid	
Flexure	
Other contributory causes of importance:	
Radium Treatment 1937	
Cervix 1937	

Name of operation Exploratory Lap Date of 4-13-38
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. L. Richardson M. D.
(Address) Weiser Ida

Curtis

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1091

MAY 10 1938

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 15

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma A. Van Leer

82a

(a) Residence No. 902 E Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Wm Van Leer

6. DATE OF BIRTH (month, day, and year) Oct. 30. 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	5	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER
13. NAME S. B. Cooper
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Lavina Cooper
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Wm Van Leer
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 4-24, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED May 9, 1938 Maye Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-22-1938

22 I HEREBY CERTIFY, That I attended deceased from 2-21, 1938, to 4-22, 1938
I last saw her alive on 4-22 1938: death is said to have occurred on the date stated above, at 9 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4-11-38

Other **contributory causes** of importance:

Chronic Valvular heart disease & myocardial degeneration	9 1

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. Curtis, M. D.
(Address Fruitland Idaho)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109176

PLACE OF DEATH
County of Ada
City of Boise

REC'D MAY 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109176

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 5
(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Worthing C. Panting

(a) Residence No. St. Conda, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1900

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	37	7		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Idaho

FATHER
13. NAME Chris Panting
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Lina Reed
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Soda Springs, Idaho Date May 18, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-18 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-17-1938

22 I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 17, 1938
I last saw him alive on May 17 1938: death is said to have occurred on the date stated above, at 10:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sinusitis, frontal, left,	
purulent, with osteomyelitis,	
frontal bone.	3-14-38
Other **contributory causes** of importance:	
Meningitis, purulent	5-1-38

Name of operation Clinical findings Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. H. McCLELLAN, M. D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109177

PLACE OF DEATH

County of Bannock

City (or town) Pocatello

RECEIVED

MAY 23 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 109177

Local Registrar's No. 96

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Hadley

(a) Residence No. Rural Route No. 1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mabel Hadley

6. DATE OF BIRTH (month, day, and year): July 11, 1888

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Tangier
(State or country): Indiana

FATHER

13. NAME: Ira Hadley

14. BIRTHPLACE (city or town): Tangier
(State or country): Ind.

MOTHER

15. MAIDEN NAME: Ellen Gillum

16. BIRTHPLACE (city or town): Kingdon
(State or country): Ind.

17. INFORMANT: Mrs. Mabel Hadley
(Address): Rural Route No. 1

18. BURIAL, CREMATION OR REMOVAL
Place: Mountainview Cem. Date: May 10, 1938

19. UNDERTAKER: Downard Funeral Home
(Address): Pocatello Idaho

20. FILED: 5-9, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-27-, 1938, to May 7, 1938

I last saw him alive on May 7 1938: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 7, 1938
Other contributory causes of importance:	
myocardial Degeneration	?
Hypertension	
arteriolar-nephrosclerosis	

Name of operation: Date of:

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ben C. Eisenbury, M. D.

(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10915

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109178

Registration District No. 13
Primary Registration District No. 2107 Local Registrar's No. 92
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

MAY 2 1938

2. FULL NAME Martha A. Hutchens

(a) Residence No. ..... St. .....
(Usual place of abode) LaBelle, Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. A. Hutchens

6. DATE OF BIRTH (month, day, and year) May 7, 1890

7. AGE: Years 48 | Months 0 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) May, 1938
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) LaBelle
(State or country) Idaho

FATHER
13. NAME Robert Angelsey
14. BIRTHPLACE (city or town) Chestershire
(State or country) England

MOTHER
15. MAIDEN NAME Mary Bowcutt
16. BIRTHPLACE (city or town) Worsterchire
(State or country) England

17. INFORMANT Alice Angelsey
(Address) Ryby Route 2

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho Date May 16, 1938

19. UNDERTAKER Roland Weiser
(Address) Ryby, Idaho

20. FILED May 14, 1938 J. Wm. Summers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 11 1938

22 I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 11, 1938
I last saw h-e alive on May 10 1938: death is said to have occurred on the date stated above, at 2:50 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute myocardial decompensation	5/10/38
mural thrombus	5/4/38
Other **contributory causes** of importance:	
Obesity & Chronic myocarditis	1936 (?)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Harper Cutler, M. D.
(Address) Ryby, Idaho

109179

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

RECEIVED
MAY 23 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 38
Primary Registration District No. 2085
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109179
Local Registrar's No. 93

94

2. FULL NAME Earl Frew

(a) Residence No. Murtaugh, Idaho St. Murtaugh 8 years.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pearl Frew

6. DATE OF BIRTH (month, day, and year) 4/4 1890

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
48	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hooper
(State or country) Utah

FATHER
13. NAME Joseph Frew
14. BIRTHPLACE (city or town) Hooper,
(State or country) Utah

MOTHER
15. MAIDEN NAME Mary Anne Smith
16. BIRTHPLACE (city or town) Hooper, Utah
(State or country)

17. INFORMANT Joseph Payne,
(Address) Burley, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Burley, Ida. Date 5-8-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 5/10, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/8 193 8
22 I HEREBY CERTIFY, That I attended deceased from ___, 193___, to 5/8, 193 8
I last saw him alive on 5/8 193 8: death is said to have occurred on the date stated above, at 3:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion (Probable)	5/6/38
Other contributory causes of importance:	
Myocarditis (chronic)	1936

Name of operation none Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo C Halley M. D.
Coroner Twin Falls Idaho Co
(Address Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109180

PLACE OF DEATH

County of Ada

City of Boise

MAY 2 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109180

Local Registrar's No. 52

82 b

2. FULL NAME William F. Stobie

(a) Residence No. 1211 - 2d St. North, Nampa, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-20-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Robert Stobie

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Christina Zeigle

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date May 21, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-21 1938 C. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-19 1938

22 I HEREBY CERTIFY, That I attended deceased from April 29, 1938, to May 19, 1938

I last saw him alive on May 19 1938: death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	5-16-38
Other contributory causes of importance:	
Arteriosclerosis,	Unknown
Cellulitis with palmar abscess	4-27-38

Name of operation Incision and drainage Date of 5-2-38

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. McCLELLAN, M. D.

(Address V. A., Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

109 181

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

-PLACE OF DEATH
County of Fayette
City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109181

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 35

MAY 26 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abraham Sostheim

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida [redacted] Sostheim

6. DATE OF BIRTH (month, day, and year) Oct 30 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago
(State or country) Ill.

FATHER
13. NAME Sol Sostheim

14. BIRTHPLACE (city or town) Chicago
(State or country) Ill.

MOTHER
15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Arthur G. Cudlip
(Address) 8111 Maryland Ave. Chicago Ill.

18. BURIAL, CREMATION OR REMOVAL
Place Chicago Ill. Date 5-19-, 1938

19. UNDERTAKER Eglich Mortuary
(Address) Fayette Idaho

20. FILED 5/19/38, 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/19 1938

22 I HEREBY CERTIFY, That I attended deceased from 1910, 193, to 5/18, 1938
I last saw him alive on 5/18 1938; death is said to have occurred on the date stated above, at 11.08 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5/13/38

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [redacted] M. D.
(Address) Fayette Ida

[40591---15M SETS---10-37]

ORIGINAL RECORD

STATE OF ILLINOIS
HENRY HORNER, Governor
DEPARTMENT OF PUBLIC HEALTH
Division of Vital Statistics

MAY 26 1938

V. S. No. 14-D

SUPPLEMENTAL REPORT:
CORRECTION OF DEATH RECORD

Reference:—

For the purpose of carrying out the provisions of an Act to provide for the registration of all births, stillbirths and deaths in the State of Illinois and for the purpose of correcting incomplete or unsatisfactory information or data in the Death Certificate of .....
.....Abraham Sostenn.....
(date of occurrence .....) filed ..... with the Local Registrar of Vital Statistics, registration district number ..... and bearing registered No. .....the following information is requested as set forth below, and which information is furnished by the proper person as provided in said Act above mentioned, and is to be considered supplemental to the certificate above mentioned and to be a part thereof.

I, Arthur G. Cuder, hereby certify that certain items on the original certificate above mentioned should read as follows:

Item No. ..... should read .....Abraham Sosthenes.....
.....
Item No. ..... should read .....
.....
Item No. ..... should read .....
.....
Item No. ..... should read .....
.....
Item No. ..... should read .....
.....
Item No. ..... should read .....
.....

Dated ....May 23..... 1938

Signed .....Arthur G. Cuder.....
.....6111 Maryland Ave.....
.....Chicago, Illinois.....
Present Address

109182

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109182

MAY 31 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 111

(No. 151 Ramage St)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME James Harley Stillwell

(a) Residence No. 151 Ramage St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXX~~ Mrs. Nan Stillwell

6. DATE OF BIRTH (month, day, and year) 5-28-1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Dakota

FATHER

13. NAME James Stillwell
14. BIRTHPLACE (city or town) (State or country) Unknwon

MOTHER

15. MAIDEN NAME Elizabeth Peacock
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Cleve DeMoss
(Address) Twin Falls, Ida R.F.D. 2

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 5-20, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5-26, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-17 1938

22 I HEREBY CERTIFY, That I attended deceased from ~~5-17~~ Last 1938 5-17-38, 1938
I last saw alive on 5-17 1938 and death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mytral regurg	
Coronary Thrombosis	

Other contributory causes of importance:

Gas at army	
duties	

Name of operation — Date of —
What test confirmed diagnosis? Several Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1938
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) C.C. Ennis, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10/183

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

RECEIVED
JUN 2 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109183

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 114

(No.) Twin Falls Cou Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

94 h

2. FULL NAME Carl J. Domrose

(a) Residence No. 133 Jefferson St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Mrs. Lydia Domrose

6. DATE OF BIRTH (month, day, and year) 1-19-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Court Baliff
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Danzig
(State or country) Germany

FATHER
13. NAME Ludwig Domrose
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Johanna Nugchie
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. Lydia Domrose
(Address) 133 Jefferson St

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 5-25, 193 8

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5/27, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-22 193 8

22 I HEREBY CERTIFY, That I attended deceased from 5/21, 193 8, to 5/22, 193 8
I last saw h~~im~~ alive on 5/22 193 8: death is said to have occurred on the date stated above, at 8:20A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	5/17/38
Other **contributory causes** of importance:	
Myocarditis	1935

Name of operation None Date of
What test confirmed diagnosis? Exam + History Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Geo C Hadley M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Olson 102.24

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109184

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 153
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Isabel. T. Patch.

(a) Residence No. 304. W. Bannock Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 years. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest. W. Patch.

6. DATE OF BIRTH (month, day and year) December. 9. 1902.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35.	5.	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westby, Wis.
(State or country)

FATHER

13. NAME Theodore Lokken.
14. BIRTHPLACE (city or town) Westby, Wis.
(State or country)

MOTHER

15. MAIDEN NAME Mollie Brown.
16. BIRTHPLACE (city or town) Shullsburg.
(State or country) Wis.

17. INFORMANT Ernest W. Patch.
(Address) 304. W. Bannock Street.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Memorial Park 5/31 193 8

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 5-27, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-25 193 8

22 I HEREBY CERTIFY, That I attended deceased from 4-1, 193 8, to 5-25, 193 8
I last saw her alive on 5-25 193 8 death is said to have occurred on the date stated above, at 10 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Breast	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Harold W Stone, M. D.
(Address 220 - 1st St Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10 9185

PLACE OF DEATH

County of Ada

City of Boise.

RECEIVED

JUN 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109185

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 148

(No St Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Williams.

(a) Residence No. 322. Warm Springs Avenue. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 years. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Minnie. C. Williams.

6. DATE OF BIRTH (month, day, and year) Feb. 5. 1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ada County

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surveyor.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Paul
(State or country) Arkansas.

FATHER

13. NAME William. B. Williams.

14. BIRTHPLACE (city or town) Atlanta Ga.
(State or country)

MOTHER

15. MAIDEN NAME Mary. C. Thompson.

16. BIRTHPLACE (city or town) Shreveport
(State or country) La.

17. INFORMANT Mrs. Minnie. C. Williams.
(Address) 322. Warm Springs Ave.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Mem Park. May 23. 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 5-24, 1938 A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 21 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938, to May 21, 1938.

That I last saw him alive on May 21 1938.: death is said to have occurred on the date stated above, at 10:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936
Other **contributory causes** of importance:	
none	

Name of operation none Date of

What test confirmed diagnosis? X ray. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) G. F. Brumbell M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

109186

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109186

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 15
JUN 9 1938
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elvie E. Butler

(a) Residence No. Route # 4. Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward E. Butler

6. DATE OF BIRTH (month, day, and year) Oct. 26. 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beloit
(State or country) Kansas

FATHER
13. NAME George Dawson Knox
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Amanda Knotts
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Edward E. Butler
(Address) Route # 4, Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/26/, 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 5-28, 193 8 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 24 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-28, 1938, to 5-24, 1938
I last saw her alive on 5-24 1938: death is said to have occurred on the date stated above, at 1:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	3-28-38

Other contributory causes of importance:

Old age
Possible tumor of lung

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Jos. M. Thomas M. D.
(Address) Emmendorf, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED
JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

109187
DO NOT WRITE IN THIS SPACE
State File No. 109187

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 23
(No.) 17
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pauline Butze Crockwell

(a) Residence. No. 915 McKinley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Earl M Crockwell

6. DATE OF BIRTH (month, day, and year) June 5. 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	11	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia City, Nev.

FATHER
13. NAME Edwin D Butze
14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER
15. MAIDEN NAME Nelva Maine Jenson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Earl M Crockwell Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date May 21, 1938

19. UNDERTAKER R. L. Ebert
(Address) Kellogg Ida

20. FILED June 7, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 19 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to May 19, 1938
I last saw her alive on May 19, 1938: death is said to have occurred on the date stated above, at 1130a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	April 1938
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Glenn McCaffery, M. D.
(Address) Kellogg, Idaho

109188

PLACE OF DEATH
County of Twin Falls
City of Twin Falls.

JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10918

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 109
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Leland Olson,

(a) Residence No. St. 2517 Alden Street, Salt Lake City, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Lois Olson

6. DATE OF BIRTH (month, day, and year) 7-2-1904

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	33	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewelry salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Decker Wholesale Jewelry Co.

10. Date deceased last worked at this occupation (mo. and yr.) 5-21-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Murray
(State or country) Utah

FATHER

13. NAME Charles D. Olson

14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Hiorn

16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Mrs. Williams
(Address) Salt Lake City Utah

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Cem. Date 5/25/38 193

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 5/25, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/21/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wound in neck	about May 21, 1938
Other **contributory causes** of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? Partial

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury about May 21, 1938
Where did injury occur? Not Known
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury Gunshot wound
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo C Talley, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109189

10 9189
10 9176

PLACE OF DEATH

County of Elmore
City of Mouth of Buck Creek on Middle Fork of Boise River 20 miles below Atlanta

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No.

JUN 8 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew L. Johnson

(a) Residence. No. c/o Mrs. W. K. Stearman Route 4 St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Ella C. Johnson

6. DATE OF BIRTH (month, day, and year) 9-10-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Hurrican Bridge (State or country) West Virginia

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME Sarah Jane Burford

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMENT (Address) William L. Johnson Route 4. Boise, Idaho

18. ~~BURIAL~~, ~~CREMATION~~, ~~OR~~ REMOVAL Place Berthoud, Colo. Date —, 1938

19. UNDERTAKER William McBratney (Address) Boise, Idaho

20. FILED 5-14, 1938 Glen M Wales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from — , 193 , to — , 193

I last saw h alive on — , 193 : death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
apparent heart failure of unknown cause	
Deceased died suddenly at mouth of Buck Creek on South bank of	

Other contributory causes of importance:

Middle Fork of Boise River from natural causes	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Glen M Wales, M. D.
(Address) Justice of Peace, Atlanta Precinct Elmore Co. State of Idaho acting as Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

107-72

PLACE OF DEATH
County of Ada
City of Boise

JUN 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109190

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 163
(No. 120)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theodore J. Smith
(a) Residence No. Idaho Soldiers Home St. State, Valley County
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 3-28-1871
7. AGE — Years: 67 — Months: 2 — Days: 8 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Columbus (State or country) Ohio

FATHER
13. NAME Don't know
14. BIRTHPLACE (city or town) Don't know (State or country)

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (city or town) Don't know (State or country)

17. INFORMANT W. E. Waldrip
(Address) Ada, Soldiers Home

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Morris Hill Cem. Date June 8, 1938

19. UNDERTAKER Schmitt & McCann
(Address) Boise Idaho

20. FILED 6-8, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 6 1938
22 I HEREBY CERTIFY, That I attended deceased from —, 193..., to —, 193...
I last saw him alive on May 26 1938: death is said to have occurred on the date stated above, at 6 A.M. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Disease	
Other **contributory causes** of importance:	
Chronic Colitis	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. L. Mourse, M. D.
(Address) Box 2177 Boise Idaho

109191

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109191

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leslie K Ashley

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia Ashley

6. DATE OF BIRTH (month, day, and year) 10/10/1877

7. AGE: Years 60 | Months 7 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 5/16/38
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Hannibal (State or country) Mo

FATHER

13. NAME James N. Ashley
14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER

15. MAIDEN NAME Harris
16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Sophia Ashley (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida. Date 5/19, 1938

19. UNDERTAKER C O Bruckman (Address) Emmett Idaho

20. FILED 5/17, 1938 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/16 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13th, 1938, to May 16, 1938.
I last saw him alive on May 16 1938: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric hemorrhage	5-13-38

Other **contributory causes** of importance:

Probably gastric cancer	(?)

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C O Bruckman M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109192

PLACE OF DEATH
County of Kootenai
City of C. D'A

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109192

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 78

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Harry Garrels

(a) Residence No. 608 Lincoln Way
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Myrtle Garrels
6. DATE OF BIRTH (month, day, and year): Nov. 14 1908
7. AGE: Years 29 | Months 5 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Surveyer
10. Date deceased last worked at this occupation (mo. and yr.): 5-16-38
11. Total time (years) spent in this occupation: 7 yrs

12. BIRTHPLACE (city or town) (State or country): Carlin Bay Coeur d'Alene

FATHER
13. NAME: Charles J. Garrels
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Florence E. Turner
16. BIRTHPLACE (city or town) (State or country): Colorado

17. INFORMANT (Address): Chas. J. Garrels 822-6th Street

18. BURIAL, CREMATION OR REMOVAL
Place: Forest-Dalen Date: May 19, 1938

19. UNDERTAKER (Address): Cassel Funeral Home Coeur d'Alene Idaho

20. FILED May 18, 1938 Lee Smith Registrar. Kootenai Co. Ida.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 5/16 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/16 1938 to 5/16 1938
I last saw him alive on 193 : death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull fracture	5/16/38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 5/16/38
193 .....
Where did injury occur? Worley-Rockford Road
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place On New Highway Bridge
Manner of injury Accidently struck by car driven by
Nature of injury Basal Skull fracture

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Engineer on Road Job

(Signed) W. F. Hoffman M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109193

Registration District No.

Primary Registration District No. 16 9 17

Local Registrar's No. 117

MAY 31 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Seth Way Wharton

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred: 40 yrs. mos. ds.

(If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March - 6 - 1866

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Sheepman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oskaloosa (State or country) Iowa

FATHER

13. NAME Andrew Jackson Wharton

14. BIRTHPLACE (city or town) Guernsey Co. (State or country) Ohio

MOTHER

15. MAIDEN NAME Leah Littler

16. BIRTHPLACE (city or town) ? (State or country) Indiana

17. INFORMANT Robert E. Wharton (Address) Mitchell S. D.

18. BURIAL, CREMATION OR REMOVAL Place Shoshone Date 5/24, 1938

19. UNDERTAKER Myrtle C. Burdett (Address)

20. FILED 5/24, 193... Myrtle C. Burdett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 20 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Killed by train -	
body found in U.P. yards	
Exact time - unknown	

Other **contributory causes** of importance:

presumably about 10:30 P.M.	

Name of operation ..... Date of ....

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 5/20 1938

Where did injury occur? Shoshone Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In U.P.R.R. yards

Manner of injury Body mangled - Decapitated

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ross B. Haddock, M. D.

(Address) Justice of the Peace

acting Coroner.

109194

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109194

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 28

(No. Platts Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles William Dunn

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian I. Dunn

6. DATE OF BIRTH (month, day, and year) Mar. 4, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (mo. and yr.) 4/38

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Bloomingburg
(State or country) N. Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Lillian I. Dunn
(Address) St. Maries, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ St. Maries
Place Woodlawn Date 5/24, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED June 8, 1938 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 21, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 5-9- 193 8, to 5-21 193 8

I last saw h— alive on 5-8 193 8: death is said to have occurred on the date stated above, at 4a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cebral Hemorrhage	5-9-38
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Owen D. Platt, M. D.

(Address) St Maries Ida

109195

PLACE OF DEATH
County of Lemhi
City of Salmon

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109195

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Neel Cleo Ankrum
(a) Residence No. Tendoy, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lea Ankrum

6. DATE OF BIRTH (month, day, and year) June 28, 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	10	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranching
10. Date deceased last worked at this occupation (mo. and yr.) May 25, 1938
11. Total time (years) spent in this occupation 2yrs.

12. BIRTHPLACE (city or town) Asbury, Missouri
(State or country)

FATHER
13. NAME David Ankrum
14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER
15. MAIDEN NAME Elliott
16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT David Ankrum
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Ida. Date 5/28/, 193 8

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED June 10, 193 8 Chas C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/25/1938

22 I HEREBY CERTIFY, That I attended deceased from 5/20, 193 5, to 5/25, 193 5
I last saw h[illegible] alive on 5/20 193 5: death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed chest	5/25/38

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 5/25/38, 193
Where did injury occur? Office Dean mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In Dwelling
Manner of injury Caught between car
Nature of injury Crushed Chest

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas F Hamner, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109196

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109196

JUN 13 1938

Registration District No. 73
Primary Registration District No. 7 1 7-0
Local Registrar's No. 112

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earnest Paasch

(a) Residence No. 1285 Sage St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grace Audrey Paasch

6. DATE OF BIRTH (month, day, and year) June 6, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Postmaster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Post Office
10. Date deceased last worked at this occupation (mo. and yr.) June 1938
11. Total time (years) spent in this occupation Yrs. 26

12. BIRTHPLACE (city or town) (State or country) S. Dakota

FATHER

13. NAME Charles Paasch
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Grace Paasch
(Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls Date June 8, 1938

19. UNDERTAKER O. Byer
(Address) Ida. Falls, Ida.

20. FILED June 8, 1938 Cynthia Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 6 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carbon Monoxid Gas.	
Self inflicted,	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, (suicide,) or homicide?..... Date of injury....., 193.....
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** At Home
Manner of injury Exhaust Gas Poisoning
Nature of injury Gas

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred S. Anderson M.D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109197

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 109197
Local Registrar's No. 138

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora B. Gillette

(a) Residence No. 716 East Jefferson St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward I. Gillette

6. DATE OF BIRTH (month, day, and year) Jan. 1. 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	4	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clayton Co:
(State or country) Missouri

FATHER
13. NAME John R. Craig
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mrs W.E. Stevens
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/9, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-10, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 7th. 1938

22 I HEREBY CERTIFY, That I attended deceased from Dead, 193..., to 5/7, 1938

I last saw her alive on 193..., death is said to have occurred on the date stated above, at About 1. P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide. Found Hanging By The Neck. In Garage At Her Home	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. McCann Coroner. M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Stites

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109198

MAY 16 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 445

(No. 8)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amelia Gorne (Ewing)

(a) Residence No. 46 St. Stites
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaiah Gorne

6. DATE OF BIRTH (month, day, and year) Dec. 1-1849

7. AGE Years 88 | Months 4 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1
11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (city or town) Wellersburg (State or country) Penn.

FATHER
13. NAME Lewis Fudk Zimmerman
14. BIRTHPLACE (city or town) Berlin (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Holdeadon
16. BIRTHPLACE (city or town) Berlin (State or country) Germany

17. INFORMANT Mrs Robt Hammaford (Address) Stites Idaho

18. BURIAL, CREMATION OR REMOVAL Place Rookies Date Apr 24, 1938

19. UNDERTAKER Geo Tumany (Address) Tookie Ida

20. FILED April 30, 1938 J M Robertsons Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938, to Apr 21, 1938.
I last saw h. SW alive on Apr 21 1938: death is said to have occurred on the date stated above, at 9 30 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Age -	
No further interest in living after husbands death	

Other **contributory causes of importance:**

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H W Wentworth M. D.
(Address) Stites Idaho

109-99

PLACE OF DEATH
County of Bear Lake
City of Wardboro (Montpelier Rural district)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 109199

RECEIVED
JUN 16 1938

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sampson William Nate

(a) Residence No. (Usual place of abode) St. Montpelier, Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Ella Stephens Nate
6. DATE OF BIRTH (month, day, and year): Nov 28, 1869
7. AGE: Years 57 | Months 6 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Dec - 1937
11. Total time (years) spent in this occupation: All life

12. BIRTHPLACE (city or town) (State or country): Paris Idaho

FATHER
13. NAME: Sampson Nate
14. BIRTHPLACE (city or town) (State or country): Not Known Utah

MOTHER
15. MAIDEN NAME: Alice Kelsey
16. BIRTHPLACE (city or town) (State or country): Not Known Utah

17. INFORMANT (Address): Chas. Nate Montpelier, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier, Date 6/9, 1938

19. UNDERTAKER (Address): Williams Montpelier Ida

20. FILED 6/9, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/6 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1938, to June 6, 1938
I last saw him alive on June 5, 1938; death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	May 28 1938

Other contributory causes of importance: Hypertensive Cardio-Vascular-Renal Disease

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reed Rich, M. D.
(Address) Montpelier Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109209

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John August Drager

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Drager

6. DATE OF BIRTH (month, day, and year) August 1-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 7 yrs
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Milford
(State or country) Wisconsin

FATHER
13. NAME Wm Drager
14. BIRTHPLACE (city or town) Stettin
(State or country) Germany

MOTHER
15. MAIDEN NAME Caroline Summer born
16. BIRTHPLACE (city or town) Stettin
(State or country) Germany

17. INFORMANT Dorothy Drager
(Address) Bellevue Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bellevue Date May 26 193 8

19. UNDERTAKER G. Harris
(Address) Hailey Idaho

20. FILED 6-8, 193 8 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH 5-24-38

21. DATE OF DEATH (month, day and year) May 24 193 8

22. I HEREBY CERTIFY, That I attended deceased from 5/23, 193 8, to 5/24, 193 8
I last saw h— alive on 5/24 193 8: death is said to have occurred on the date stated above, at 4.40 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a Myocarditis	5-23-38

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Jones M. D.
(Address) Hailey, Ida

109201

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109201

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 31

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Steve Bazo

(a) Residence No. 116 E. Brown St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Catherine Bazo

6. DATE OF BIRTH (month, day, and year) Aug. 17-1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dalmatia
(State or country) Jugo-Slavia

FATHER
13. NAME Joseph Bazo
14. BIRTHPLACE (city or town) Jugo Slavia
(State or country)

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town)
(State or country) Dont Know

17. INFORMANT Catherine Bazo
(Address) 116 E Brown

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date June 8, 1938

19. UNDERTAKER Ross L. Stout
(Address) Kellogg Idaho

20. FILED June 15, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 4 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-13, 1938, to June 4, 1938
I last saw him alive on June 4 1938: death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	11-13-37
Other contributory causes of importance:	
Pleurisy	Long Duration

Name of operation ——— Date of ———
What test confirmed diagnosis X-Ray Was there an autopsy? ———

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Mining
(Signed) Harold T Anderson M. D.
(Address Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109202

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109202

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 61

JUN 17 1938

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nathan M. Doke

(a) Residence No. State Soldiers' Home St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of) Luella Doke

6. DATE OF BIRTH (month, day, and year) Oct. 7, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	8	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Missouri

FATHER
13. NAME Nathan Doke
14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER
15. MAIDEN NAME Lottie House
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Morris Hill
Place Boise, Idaho Date June 15, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 6-14, 1938 A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-12 1938

22 I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to June 12, 1938
I last saw him alive on June 12 1938: death is said to have occurred on the date stated above, at 4:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Thrombosis, pulmonary artery, right	6-4-38
Other **contributory causes** of importance:	
Mural Thrombus, right auricle	Undet.

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. McCLELLAN, M. D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109203

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109203

JUN 6 1938

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 39

(No) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George H. Zumwalt

(a) Residence No. Rupert Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M
4. Color or Race W
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Zumwalt

6. DATE OF BIRTH (month, day, and year) Aug 23 1876

7. AGE Years 61 Months 8 Days 29 If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Denmark
(State or country) Ida

FATHER
13. NAME Wm Coffin
14. BIRTHPLACE (city or town) Penn
(State or country)

MOTHER
15. MAIDEN NAME Rebecca Lund
16. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

17. INFORMANT John A. Zumwalt
(Address) Rupert Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 6-7-38, 193

19. UNDERTAKER [illegible] Funeral Home
(Address) Rupert Ida

20. FILED 6-3, 193 E. E. Erickson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 21 193

22 I HEREBY CERTIFY, That I attended deceased from May 21, 193, to May 21, 193
I last saw h.er alive on May 21 193: death is said to have occurred on the date stated above, at 5:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease	1 year.

Other contributory causes of importance:

Bronchial asthma	4 years.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Hopkins M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City RECEIVED. JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109204

Local Registrar's No. 131

186

2. FULL NAME Sarah Frances Wood.

(a) Residence No. 405. Grove Street. St.

(Usual place of abode) 47 years. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 9, 1858.

7. AGE: Years 79 | Months 8 | Days 21. | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy County

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Recorder,

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winthrop Maine.

FATHER

13. NAME Thomas Camp Wood.

14. BIRTHPLACE (city or town) Winthrop (State or country) Maine.

MOTHER

15. MAIDEN NAME Emily Waugh.

16. BIRTHPLACE (city or town) Readfield (State or country) Maine.

17. INFORMANT Nellie. T. Wood. (Address) 405. Grove Street.

18. BURIAL, CREMATION OR REMOVAL Pioneer Cemetery. Date May 2, 1938.

19. UNDERTAKER Summers Funeral Home. (Address) Boise, Idaho.

20. FILED 5-2 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-28 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-27-, 1938, to 4-28, 1938

I last saw h[illegible] alive on 4-25 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Auricular fibrillation	1-24-38
Other contributory causes of importance:	
Fracture L. femur, neck	1-23-38
Senile psychosis	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 1-23-38

Where did injury occur? Boise, Ada, Idaho (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Side walk.

Manner of injury. Tripped on projection

Nature of injury. Fracture L. hip

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. B. Sharp, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109205

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 48

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Carmen

(a) Residence No. 17th and River Streets St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lizzie Carmen

6. DATE OF BIRTH (month, day, and year) 7-16,1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield
(State or country) Dakota

FATHER
13. NAME Hiram Carmen
14. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER
15. MAIDEN NAME Lucinda Schnell
16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Mrs. George Fields
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 5-2-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 5-2, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-29 1938

22 I HEREBY CERTIFY, That I attended deceased from April 22, 1938, to April 29, 1938
I last saw him alive on April 28 1938: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gilbert Pneumonia - Right Lung	April 26, 1938
Lobe Positive	

Other contributory causes of importance:

Influenza	April 15, 1938
Cardio Vascular Disease	

Name of operation — Date of —
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. J. M. Downey, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109206

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 132
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Jay Tam
(a) Residence No. 211½ South 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Yellow
5. Single, Married, Widowed or Divorced (write the word): Dont Know
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): About 1863
7. AGE: Years: About 75 | Months: — | Days: — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): China

FATHER
13. NAME: Not obtainable

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER
15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Henry Young Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/4/1938 193

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 5-4, 1938 R. S. Keep Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 2nd 193 8

22 I HEREBY CERTIFY, That I attended deceased from Dead 193 to , 193
I last saw him alive on 5/2 193 8: death is said to have occurred on the date stated above, at 10. P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot Wound in Head	
Self Inflicted	
Suicide	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. S. McCann Coroner Ada Co.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109207

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 133

(No. St: Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

*2. FULL NAME Fred Wayman Kincaid

(a) Residence No. Rt. 4 Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Hazel Kincaid

6. DATE OF BIRTH (month, day, and year): Aug 28 1886

7. AGE: Years 51 | Months 8 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Craigmount Idaho

FATHER
13. NAME: John Kincaid
14. BIRTHPLACE (city or town) (State or country): Eugene Ore:

MOTHER
15. MAIDEN NAME: Mary C. Wayman
16. BIRTHPLACE (city or town) (State or country): Cincinatti Ohio

17. INFORMANT (Address): Mrs F. W. Kincaid Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/5/ 193 8

19. UNDERTAKER: Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-5 193 8 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 2nd 193 8

22. I HEREBY CERTIFY, That I attended deceased from May 1 193 8 to Death 193
I last saw him alive on May 1 193 8: death is said to have occurred on the date stated above, at 5:00a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
c Auricular fibrillation	

Other **contributory causes** of importance:
Malnutrition.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No Phys. Findings

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. T. West, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109208

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 49

(No. 3/4 mile north west of Ada County Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Ella E. Woodward

(a) Residence No. Route # 2, Boise, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 28/1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green Bay
(State or country) Wisconsin

FATHER

13. NAME James C. Woodward

14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER

15. MAIDEN NAME Margaret M. Doty

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT James C. Woodward
(Address) Route # 2, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Green Bay, Wis. Date 5/8/, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 5-4, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. May

21. DATE OF DEATH (month, day and year) 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1937, to May 3, 1938

I last saw her alive on May 3 1938: death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
at least two years	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. M. Halverson, M. D.

(Address Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109209

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 135

(No. St. Alphonses Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Elton Edward Dunham

(a) Residence No. Glenn Ferry Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella J. Morrow

6. DATE OF BIRTH (month, day, and year) May 12, 1912

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	24	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P. Railroad

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) Roseworth
(State or country) Idaho

FATHER

13. NAME Sidney Dunham

14. BIRTHPLACE (city or town) Arkansas
(State or country)

MOTHER

15. MAIDEN NAME Beulah Robertson

16. BIRTHPLACE (city or town) Hot Springs
(State or country) Idaho

17. INFORMANT Mrs. Dunham
(Address) Glenn Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glenn Rest Date May 5, 193 8

19. UNDERTAKER Zacher Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED 5-6, 193 8 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-3 193 8

22 I HEREBY CERTIFY, That I attended deceased from April 14, 193 8, to May 3, 193 8

I last saw him alive on May 3 193 8: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicemia	
Empyema Left Chest with Drainage	
Other contributory causes of importance:	
Lobar Pneumonia	
Chest Drainage	4/4/38

Name of operation Chest Drainage Date of 4/20/38

What test confirmed diagnosis Clinical findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred A. Pettinger, M. D.

(Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109210

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 134
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

135C

2. FULL NAME Wesley Norwood

(a) Residence No. 1307 Grove St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sept 15th 1929

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arco
(State or country) Idaho

FATHER

13. NAME Ray Norwood
14. BIRTHPLACE (city or town) Ordrerville
(State or country) Utah

MOTHER

15. MAIDEN NAME Inez Guymon
16. BIRTHPLACE (city or town) Huntington
(State or country) Utah

17. INFORMANT Ray Norwood
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5-6, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-5, 1938 R. L. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/4 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept., 1936, to death, 193...
I last saw h... alive on 5/3 1938: death is said to have occurred on the date stated above, at 8:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bladder Neck Obstruction	Congenital
Uremia	8
Other **contributory causes** of importance:	
Pneumonia Broncho	5/3/38

Name of operation Resection of Bar Date of 3/12/37
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. B. Keppen, M. D.
(Address) Boise

Almond

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City Boise

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109211

Registration District No. 3
Primary Registration District No. 2004 Local Registrar's No. 53
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Elizabeth Wood

(a) Residence No. Route #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Milo Wood

6. DATE OF BIRTH (month, day, and year) 12-10-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	4 v	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Stevenson, (State or country) Washington

FATHER

13. NAME -------- Snook

14. BIRTHPLACE (city or town) ..... (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Rachael Maupin

16. BIRTHPLACE (city or town) ..... (State or country) Missouri

17. INFORMANT Mrs. Albert Ziegenhagen
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5-10-, 1938

19. UNDERTAKER William McGratney
(Address) Boise, Idaho

20. FILED 5-10, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-8-1938

22 I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to 5-8, 1938
I last saw h[illegible] alive on 5-8-1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2 yrs
Myocardial Degeneration	
Senile	
Other **contributory causes** of importance:	
Primary Cancer of Lung Hypertension	

Name of operation None Date of —
What test confirmed diagnosis? EKG Was there an autopsy? no Privy

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. W. Almond, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

Registered JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109212

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 136

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inez Mae Lemmon

(a) Residence No. Moreland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kenneth Briggs

6. DATE OF BIRTH (month, day, and year) May 1, 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parowan, (State or country) Utah

FATHER

13. NAME Thomas M. Lemmon

14. BIRTHPLACE (city or town) Parowan, (State or country) Utah

MOTHER

15. MAIDEN NAME M. Iretta Parker

16. BIRTHPLACE (city or town) Joseph, (State or country) Utah

17. INFORMANT Mrs. Ernest Anderson
(Address) Moreland, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland, Idaho Date May 9, 1938

19. UNDERTAKER William McPratney
(Address) Boise, Idaho

20. FILED 5-9, 1938 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-8-1938

22 I HEREBY CERTIFY, That I attended deceased from Aug, 1933, to May 8, 1938

I last saw her alive on May 7 1938: death is said to have occurred on the date stated above, at 6:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. Summers, M. D.

(Address) Boise Idaho

Stewart

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109213

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 137

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sidney S. Cruikshank

(a) Residence No. 1502 N. 13th street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertha Maud Cruikshank

6. DATE OF BIRTH (month, day, and year) 7- 7-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Industry

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sheet Harbor,
(State or country) Nova Scotia

FATHER

13. NAME J. W. Cruikshank

14. BIRTHPLACE (city or town)
(State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Gertude Fraser

16. BIRTHPLACE (city or town)
(State or country) Nova Scotia

17. INFORMANT Mrs. Harry Purcell
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5-10, 1938

19. UNDERTAKER William McGratney
(Address) Boise, Idaho

20. FILED 5-10, 1938 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-8-1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1938, to 5/8, 1938

I last saw him alive on 5/3 1938: death is said to have occurred on the date stated above, at 8:21 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach Pentonitis	1937

Other **contributory causes** of importance:

Cordys - Renal Insufficiency

Gastric Resection

Name of operation Date of 4/30/38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hannah Stewart M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

A. cond

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109214

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 139

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

42d

2. FULL NAME Rebecca C. Berry

(a) Residence No. 1701 N. 19th street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-20-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairfield,
(State or country) New Jersey

FATHER

13. NAME William Berry

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME J. A. Foster

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Mrs J. B. Thomas
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 5-11-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 5-10 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-9-1938

22 I HEREBY CERTIFY, That I attended deceased from 5-7, 1938, to 5-9, 1938

I last saw h[illegible] alive on 5-9 1938: death is said to have occurred on the date stated above, at 3:40 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemiplegia	2 wks
Hypertension	5 yrs.

Other **contributory causes** of importance:

Senile

Name of operation None Date of

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Willmard, M. D.

(Address Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109215

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 141

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME John W McBride
(a) Residence No. 11th; & Owyhee St: St. Rt: 4.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mae McBride

6. DATE OF BIRTH (month, day, and year): 5/3/1869

7. AGE: Years 69 | Months 0 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Garden Valley, Idaho

FATHER
13. NAME: Donald McBride
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Margaret McDonald
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Margaret Donald Melba Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Cloverdale Date: 5/16, 1938

19. UNDERTAKER: Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-16 1938 R. A. Lange
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937, to May 13, 1938
I last saw him alive on May 12 1938: death is said to have occurred on ~~the date stated above~~ May 13, at 3:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	3-4 years
Auricular fibrillation	"

Other **contributory causes** of importance:

Prostatic hypertrophy	

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Smith M. D.
(Address 1st Nat'l Bank Bldg, Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. 2203 N. 30)

DO NOT WRITE IN THIS SPACE

State File No. 109216

Local Registrar's No. 143

94

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse Lairwood Edwards

(a) Residence No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida Bybee Edwards

6. DATE OF BIRTH (month, day, and year) 6-29-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truckdriver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME William Edwards

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Nancy Jobb

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ida Edwards
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 5-16-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 5-16, 1938 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-14 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to May 14, 193.8
I last saw him alive on May 14 193.8: death is said to have occurred on the date stated above, at 11:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	May 14, 1938

Other **contributory causes** of importance:

Arteriosclerotic Heart Disease	?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109217

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 140
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A. Lockerby
(a) Residence No. Rt: 4: Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Lydia Lockerby
6. DATE OF BIRTH (month, day, and year): 1/8/1870
7. AGE: Years 68 | Months 4 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Coffeyville (State or country) Kansas

FATHER
13. NAME: Job McCay Lockerby
14. BIRTHPLACE (city or town): (State or country) Illionis

MOTHER
15. MAIDEN NAME: America Hires
16. BIRTHPLACE (city or town): (State or country) Tenn:

17. INFORMANT: Mrs. Ralph Lockerby (Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Morris Hill Date 5/18, 1938

19. UNDERTAKER: Schreiber & McCann (Address) Boise Idaho

20. FILED 5-16 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/15 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-10, 1938 to 5-15, 1938
I last saw him alive on 5-15 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Past many years
Endocarditis	

Other contributory causes of importance:
Cirrhosis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify.

(Signed) D. J. Forney, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City Boise

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109218

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 142
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Dale Lowe

(a) Residence No. Rt: 4. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/14/1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Dale Lowe
14. BIRTHPLACE (city or town) Wolbach
(State or country) Neb.

MOTHER
15. MAIDEN NAME Ethel Irene Sperry
16. BIRTHPLACE (city or town) Arcadia
(State or country) Neb.

17. INFORMANT Dale Lowe
(Address) Rt 4 - Boise

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 5/16, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-16, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/16 1938

22 I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to May 16, 1938
I last saw him alive on May 15 1938: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum from tho phorx umbilical hernia and	Birth
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Doelsch M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO... MARGIN RESERVED FOR BINDING

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importan... tion on back of certificate.

PLACE OF DEATH
County of Ada
City of Meridian

RECEIVED JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10921

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 9

(No.) 94a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Bruffey

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Susan Bruffey

6. DATE OF BIRTH (month, day, and year) Nov 13, 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield
(State or country) Illinois

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country) unknown

17. INFORMANT Susan Bruffey
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Date , 193

19. UNDERTAKER B. W. Robinson
(Address) Meridian Ida

20. FILED May 19 1938 W. H. Peer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 17 1938

22 I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to May 17, 1938
I last saw him alive on May 16, 1938: death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	May 16-38
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Jewell, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City REGISTERED Boise

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109220

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 144
(No. St. Lukes Hospital) 95

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy C. Johnson

(a) Residence No. Baker Ore St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James O Johnson

6. DATE OF BIRTH (month, day, and year) Dec 9 1884

7. AGE: Years 53 | Months 5 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Colon County
(State or country) Texas

MOTHER FATHER
13. NAME Wm G. Lunsford
14. BIRTHPLACE (city or town) unknown
(State or country) Tennessee
15. MAIDEN NAME Margaret Burns
16. BIRTHPLACE (city or town)
(State or country) Tennessee

17. INFORMANT Chas O Johnson
(Address) Meridian Ida R2

18. BURIAL, CREMATION OR REMOVAL
Place Baker Ore Date 5/20, 1938

19. UNDERTAKER Chas O Johnson
(Address) Meridian Ida

20. FILED 5-18, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-18 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-14-38, 193..., to 5-18, 1938
I last saw her alive on 5-17 1938: death is said to have occurred on the date stated above, at 7:15 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Decompensated mitral heart disease	
Other **contributory causes** of importance:	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Quintus mack M. D.
(Address) 620 Eastman Bldg Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise
RE[illegible]

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109221

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 146
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Angus T. Hill

(a) Residence No. ..... St. Meridian Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Clara T Hill

6. DATE OF BIRTH (month, day, and year) Dec 11, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	5	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer - Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) unknown
(State or country) Ohio

FATHER
13. NAME Joseph A. Hill
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME Sarah Cook
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mrs Clara T Hill
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 6/22 1938

19. UNDERTAKER D.A. Robson
(Address) Meridian Ida

20. FILED 6-20 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/18 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-11, 1938, to 5-18, 1938
I last saw him alive on 5-18 1938: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5-11-38
Old Age.	

Other **contributory causes** of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Exposure
(Signed) Jos. M. Stobbe M. D.
(Address) Meridian, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ADA

City of MERIDIAN

RECEIVED JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 11

Primary Registration District No. 2003

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109222

Local Registrar's No. 10

2. FULL NAME ALBERT PARKER WOLFE

(a) Residence No. R-2-MERIDIAN IDAHO St.

(Usual place of abode) MERIDIAN 29 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: WIDOWER

6. DATE OF BIRTH (month, day, and year) 3/14/1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 16 Months

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) HAYDENVILLE (State or country) OHIO

FATHER

13. NAME WILLIAM WOLFE

14. BIRTHPLACE (city or town) (State or country) OHIO

MOTHER

15. MAIDEN NAME MARY PARKER

16. BIRTHPLACE (city or town) (State or country) OHIO

17. INFORMANT ALBERT WOLFE (SON)
(Address) R 2 MERIDIAN IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place MERIDIAN ID Date MAY 20, 1938

19. UNDERTAKER W-S-MATEER W S Mateer
(Address) MERIDIAN IDAHO

20. FILED May 19, 1938 L W Rice Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/18/1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1936, to May 18, 1938

I last saw him alive on May 8 1938: death is said to have occurred on the date stated above, at 1 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	May 1 1938
Chronic Nephritis	Aug 1 1936
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T E Jewell, M. D.

(Address MERIDIAN-ID

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109223

Registration District No. 2

Primary Registration District No. 1204 Local Registrar's No. 147

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry H. Bryant

(a) Residence No. 1814 N. 12th street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie A. Bryant

6. DATE OF BIRTH (month, day, and year) 8-5-1871

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) Detroit,
(State or country) Michigan

FATHER

13. NAME Melvin Bryant

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER

15. MAIDEN NAME Martha Bench

16. BIRTHPLACE (city or town) Chestershire
(State or country) England

17. INFORMANT Harry J. Bryant
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 5-23-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 5-23 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-20 1938

22 I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to May 20, 1938

I last saw him alive on May 19 1938: death is said to have occurred on the date stated above, at 1:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	May 13, 1938
Other **contributory causes** of importance:	

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Redman M. D.

(Address Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109224

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 149

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

130

2. FULL NAME Sherman L. Work

(a) Residence No. 1116 Bannock Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertie Work

6. DATE OF BIRTH (month, day, and year) 3-22-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana County
(State or country) Pennsylvania

FATHER

13. NAME Ephraim E. Work

14. BIRTHPLACE (city or town) Indiana County
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Isabella Simpson

16. BIRTHPLACE (city or town) Indiana County
(State or country) Pennsylvania

17. INFORMANT S. A. Work
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5-25-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 5-24, 193 8 N. F. Karp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-22 1938

22 I HEREBY CERTIFY, That I attended deceased from May 20, 1937, to 5/22, 1938

I last saw h[illegible] alive on 5/16 1938: death is said to have occurred on the date stated above, at 1:25 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Parkinson's Disease	1921
Other contributory causes of importance:	
Acute Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Plunkett, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise
REC'D
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109225

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 150
(No. 1601 Harrison Blv.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fannie Howe Richards

(a) Residence No. 1601 Harrison Blv. St.
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 29. 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prairietown Ohio
(State or country) ~~Minnesota~~ Ohio

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT O.O.Haga
(Address) Boise, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Portland, Oreg. Date 5/26/ 1938
19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho
20. FILED 5-25 1938 W. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 22 1938
22. I HEREBY CERTIFY, That I attended deceased from Not seen 1938, to Doctor, 1938
I last saw h..... alive on ..... 1938. Death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer face	about 4 yrs ago

Other **contributory causes** of importance:
Unknown

Name of operation None Date of
What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) L.W. Tonney M. D.
(Address Boise

Stamped

PLACE OF DEATH
County of Ada
City of Boise

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109226

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 152

(No St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Alliene Leona Gilgen.

(a) Residence No. R.D. # 2. Eagle, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chris Gilgen.

6. DATE OF BIRTH (month, day, and year) June. 15. 1886.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51.	11.	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cherokee Okla.
(State or country)

FATHER

13. NAME Jarred Williams.
14. BIRTHPLACE (city or town) Ill.
(State or country)

MOTHER

15. MAIDEN NAME Parrish.
16. BIRTHPLACE (city or town) Wisconsin.
(State or country)

17. INFORMANT Chris Gilgen.
(Address) R.D. # 2. Eagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Memorial Park. Date May 26. 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 5-26, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 193..., to May 24, 1938
I last saw her alive May 24 1938; death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	
Generalized Mod.	4 years
Anemia	
Other **contributory causes** of importance:	

Name of operation Hysterectomy Date May 2-1938
What test confirmed diagnosis Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Raymond M. Chaboudy D.
(Address) 411 Eastman Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109227

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 151

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Morris Stanton Anderson

(a) Residence No. St. McCall Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15th. 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Morris Anderson

14. BIRTHPLACE (city or town) Nora
(State or country) Idaho

MOTHER

15. MAIDEN NAME Jessie Crabtree

16. BIRTHPLACE (city or town) Providence
(State or country) Utah

17. INFORMANT Morris Anderson
(Address) McCall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/26/1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-25 1938 R. L. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/25 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/15, 1938, to 5/25, 1938

I last saw him alive on 5-24 1938: death is said to have occurred on the date stated above, at 1.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	5/25/38
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. J. Barnett M. D.

(Address) 4/8 east Bdwy. Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109220

JUN 13 1938

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 183

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luther Loftin Burtenshaw

(a) Residence. No. Council, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Burtenshaw

6. DATE OF BIRTH (month, day, and year) Nov. 5. 1861

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	76	5	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Attorney

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 5-4-38

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Benard Burtenshaw

14. BIRTHPLACE (city or town) (State or country) London, England

MOTHER

15. MAIDEN NAME Mary J. Manley

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) J. M. Burtenshaw

18. BURIAL, CREMATION OR REMOVAL [redacted] Date 5 .., 193..

19. UNDERTAKER (Address) J. A. [redacted] Camb.

20. FILED JUN 10 1938 193.. .....
ALVIN S. THURSTON
COUNCIL, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5 | 4 | 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.4., to ...5.4.1....., 193.8..

I last saw him alive on ..5-4....., 193.8.; death is said to have occurred on the date stated above, at 8:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-4-38

Other **contributory causes** of importance:

Myocarditis	1934
Hypertension	1934

Name of operation — Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury — .....

Nature of injury — .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Alvin S. Thurston M. D.

(Address) Council Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Adams

City of Council

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109229

Registration District No. 71

Primary Registration District No. ____ Local Registrar's No. 184

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Allen

(a) Residence. No. Cottonwood Creek - Council Rfd St.

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie Mae Bond

6. DATE OF BIRTH (month, day, and year)
April 28 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	70	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Gold mining

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Helena, Montana

FATHER

13. NAME Levi Allen

14. BIRTHPLACE (city or town) (State or country) Boston, Mass.

MOTHER

15. MAIDEN NAME Olivia —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Nellie Allen

18. BURIAL, CREMATION OR REMOVAL
Place. [redacted] Date. 5/[redacted], 1938

19. UNDERTAKER (Address) J. A. Hudelson

20. FILED JUN 10 1938 193... DR. ALVIN S. THURSTON COUNCIL, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-9-1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1938, to May 9, 1938.
I last saw him alive on May 6, 1938.: death is said to have occurred on the date stated above, at 9:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-9-38.

Other **contributory causes** of importance:

Myocarditis	1 yr.
Otitis media	2 wk.
Pyorrhea	1 yr.

Name of operation — Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Alvin S. Thurston M.D., M. D.

(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109230

JUN 13 1938

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 185

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

940

2. FULL NAME Arthur Guy Hallett,

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Maried

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Hallett

6. DATE OF BIRTH (month, day, and year): June ~~Feb~~ 1881

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
56	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10 Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town). (State or country): Provo Utah

MOTHER/FATHER

13. NAME: Thather C Hallett

14. BIRTHPLACE (city or town). (State or country): Mo

15. MAIDEN NAME: Ermina E Haden

16. BIRTHPLACE (city or town). (State or country): Mo

17. INFORMANT: Mary E. Hallett, (Address) Council, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Council Date May 13, 193[illegible]

[illegible] (Address) Council Ida

20. FILED JUN 10 1938, 193... [illegible] Registrar.

DR. ALVIN S. THURSTON
COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/10 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to 5/10, 1938.

I last saw him alive on 5/10, 1938.: death is said to have occurred on the date stated above, at 9:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris	
& Coronary heart disease	5/10/38
Other **contributory causes** of importance:	
Arteriosclerosis	1935

Name of operation none Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Alvin S. Thurston M.D., M. D.

(Address) Council Ida

MARGIN RESERVED FOR BINDING

M. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Adams

City of Cuprum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109231

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 186

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie RAHNONA Race

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Walter Truman Race

6. DATE OF BIRTH (month, day, and year) ~~Dec 6~~ Dec 6th 1911

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	26	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wheatland Wyo

MOTHER/FATHER

13. NAME Rahn Petty

14. BIRTHPLACE (city or town) (State or country) Wyo

15. MAIDEN NAME Frances M. Farland

16. BIRTHPLACE (city or town) (State or country) Wyo

17. INFORMANT (Address) Walter Truman Race

18. BURIAL, CREMATION OR REMOVAL
Place [redacted] Date 6-3-1938

19. UNDERTAKER J. A. [redacted] Cambridge Idaho

20. FILED JUN 10 1938, 193... IRVIN S. THURSTON
COUNCIL, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/29 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-10-, 1938, to 5/29/, 1938

I last saw h~~e~~r alive on 5/29, 1938; death is said to have occurred on the date stated above, at 10:10 ~~p~~ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Hydro Pyelo-nephrosis	
& ureteral stricture +	
ureteritis - R side	5-10-38
Other **contributory causes** of importance:	
Ureteral Stricture	1934

Name of operation None Date of

What test confirmed diagnosis Cystoscopy + pyelogram Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No Specify
(Signed) Alvin Thurston M.D., M. D.
(Address) Cuprum Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109232

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 107
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary J. McClurg

(a) Residence No. [illegible] St. [illegible] Pocatello
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of James W.

6. DATE OF BIRTH (month, day, and year) Apr. 26, 1867

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
70	9	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Alexander Adams
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Minnie Ashbell
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs. John Johnson
(Address) R. 4 Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Feb. 12, 1938

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello Idaho

20. FILED 5-23, 1938 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1938, to Feb. 10, 1938.
I last saw her alive on Jan. 7 1938.: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	May 30, 1938.
Septic throat	Jan. 3, 1938.

Other contributory causes of importance:

Chronic Bronchitis	2 years

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Hunt, M. D.
(Address) Pocatello, Idaho.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 109233
Registered No. 93

1. PLACE OF DEATH
County of Bannock
City of Lava Hot Springs (No. Lava Hospital St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 28
Primary Registration District No. 2161
JUN 6 1938

2. FULL NAME Minnie Mildred Walker
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: April (Month) 7 (Day) 1911 (Year)

7. AGE: 27 Yrs. 0 Mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer): Own Home

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: Warren Troyer

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Mildred Griffith

13. BIRTHPLACE OF MOTHER (State or Country): Michigan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. B. Walker
(Address) Lava Hot Springs, Idaho

15. Filed 5/1/38 19 ..... D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 1 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 23 1938, to May 1 1938, that I last saw her alive on May 1 1938, and that death occurred on the date stated above, at 6:55 P.M.

The CAUSE OF DEATH* was as follows:
General Peritonitis
(Duration) ..... Yrs. ..... mos. 10 ds.
Contributory (Secondary) Ruptured appendix & tube
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. A. Rich M. D.
5-1 1938 (Address) Lava Hot Springs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. 8 days
Where was disease contracted if not at place of death?
Former or usual residence Lava Hot Springs

19. PLACE OF BURIAL OR REMOVAL: Pocatello, Idaho. DATE OF BURIAL: 5/3/38 19

20. UNDERTAKER: Arthur L. Hall ADDRESS: Pocatello Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109234

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 94

JUN 6 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie O Kamura.
(a) Residence No. Pocatello Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: Japanese
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul Okamura
6. DATE OF BIRTH (month, day and year): Aug 21, 1915
7. AGE: Years 22 | Months 8 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Payna Idaho.

MOTHER FATHER
13. NAME: Tom Nishioka
14. BIRTHPLACE (city or town) (State or country): Japan
15. MAIDEN NAME: Takino Takigawa
16. BIRTHPLACE (city or town) (State or country): Japan

17. INFORMANT (Address): Paul Okamura Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Pocatello Date: May 5, 1938
19. UNDERTAKER (Address): T. J. McCann Pocatello Idaho
20. FILED: May 2 1938 Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from July ..., 1937, to May 1, 1938.
I last saw h. her alive on May 1, 1938: death is said to have occurred on the date stated above, at 1:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Eclampsia	
convulsion-post	
delivery 2 hrs.	

Other **contributory causes** of importance:

Acute Nephritis &	
hyperthyroidism	

Name of operation: Delivery Date of: 5/1/38
What test confirmed diagnosis? ... Was there an autopsy? Yes Physical Exam

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193...
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No
Manner of injury ✓
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. F. Call, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of ~~Lava Pocatello~~

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 9 1938

DO NOT WRITE IN THIS SPACE
State File No. 109235

Registration District No. 83
Primary Registration District No. 2160 Local Registrar's No. 5
(No. Lava Hot Springs Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Ware

(a) Residence No. Downey, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1932

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
5	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. XXXXX
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home XXXXXX
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Downey
(State or country) Idaho

FATHER

13. NAME Alton O. Ware
14. BIRTHPLACE (city or town) Kaysville,
(State or country) Utah

MOTHER

15. MAIDEN NAME Emma Evans
16. BIRTHPLACE (city or town) Arimo
(State or country) Idaho

17. INFORMANT Alton O. Ware
(Address) Downey, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Downey, Idaho Date 5/7/38, 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED June 7, 193 Mary E. Coffin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/5/1938

22 I HEREBY CERTIFY, That I attended deceased from 5-3, 1938, to 5/5, 1938
I last saw her alive on 5/4 1938: death is said to have occurred on the date stated above, at 6 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Non-Specific)	5-3-38
Other contributory causes of importance:	
Pneumonia	4-29-38
Appendicitis	5-3-38

Name of operation Appendectomy Date of 5/3/38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dan Woodruff, M. D.
(Address Downey

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109236

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 97
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Walter M. Danke.

(a) Residence No. Unknown St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 9, 1911
7. AGE: Years 26. Months 7 Days 29 If LESS than 1 day ..... hrs. ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Prisoner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: Unknown Danke
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Julia Danke
16. BIRTHPLACE (city or town) (State or country): Heltor Mimy

17. INFORMANT (Address): Co. Phy. Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: May 10, 1938

19. UNDERTAKER (Address): Pocatello Idaho

20. FILED: May 9 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1938, to May 8, 1938.
I last saw h. alive on May 8 1938.: death is said to have occurred on the date stated above, at 10:30 m.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	Unknown.
(Perforated bowel)	

Other contributory causes of importance:
None.

Name of operation Laparotomy Date of 5/8/38.
What test confirmed diagnosis? Incl Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. M. Hughart M. D.
(Address) Pocatello, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

JUN 0 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109237

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 98

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

42a

2. FULL NAME Leocadia Avila

(a) Residence No. 100 N. 1st. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jose

6. DATE OF BIRTH (month, day, and year) Dec. 9, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	5		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelley (State or country) Idaho

FATHER
13. NAME Priscilliano Garcia
14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER
15. MAIDEN NAME Paris
16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT Jose Avila (Address) 100 N. 1 St. Ave

18. BURIAL, CREMATION OR REMOVAL Place Mountain View Date May, 18, 1938

19. UNDERTAKER Howard's Funeral Home (Address) Pocatello Idaho

20. FILED 5-10, 1938 C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 9 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937, to May 9, 1938

I last saw her alive on May 9, 1938: death is said to have occurred on the date stated above, at 3 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936 1937
Miliary Tuberculosis	May 1, 1938

Other **contributory causes** of importance:

Name of operation Pneumothorax Date of many
What test confirmed diagnosis? Sputum X-ray Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. P. Howard, M. D.
(Address Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109238

JUN 0 [illegible]

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 99
(No. Lynns Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Caroline Reynolds

(a) Residence No. 220 Randolph St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 16, 1932

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
5	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho
(State or country)

FATHER
13. NAME Marven Reynolds
14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER
15. MAIDEN NAME Mary Stoddard
16. BIRTHPLACE (city or town) Corine
(State or country) Utah

17. INFORMANT Marven Reynolds
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Date May 15, 1938.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 5-14, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/11/1938

22 I HEREBY CERTIFY, That I attended deceased from 5-9, 1938, to 5-11, 1938
I last saw h[illegible] alive on 5-11 1938: death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative Pneumonia	
Other contributory causes of importance: Appendicectomy	

Name of operation Appendicectomy Date of 5-9-38
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 193___
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. H. Lynn, M. D.
(Address) Pocatello Idaho

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of **Mary Caroline Reynolds**

now lying buried in **Mountainview** Cemetery, in the City or Town of **Pocatello**

County of **Bannock** State of Idaho, who died on the **11th** day of **May**, 19**38**, Aged **5** years **4** months **25** days, the cause of death being **Appendectomy** and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

J. H. Lynn attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by **private** private or railway conveyance

to **Family Plot in Mountainview** Cemetery in the City or Town of **Pocatello** County of **Bannock**

State of **Idaho** to take effect upon the approval by the local board of health of the City, Town, or County of **Bannock** it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this **11th** day of **June**, A.D. 19**59**.

Permit issued to:
Allen J. Manning
Manning Funeral Chapel
Pocatello, Idaho

W. W. Benson
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of_____ State of Idaho, this_____ day of_____, 19__.

Health Officer

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109239

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 100

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Miser Hurd

(a) Residence No. 1242 North Main St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Martin Van Hurd

6. DATE OF BIRTH (month, day and year): January 9, 1854.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania.

FATHER

13. NAME: John Miser

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Wm. B. Hurd
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: May 15., 1938.

19. UNDERTAKER: Arthur W. Hall Mortuary
(Address): Pocatello, Idaho

20. FILED: May 14, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 11, 1938.

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility Found dead in bed by her Grandson Burnett Hurd	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall Coroner, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109240

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 101

JUN 6 1938

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Esther Ballard Wootton

(a) Residence No. 753 West Benton St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Charles R. Wootton

6. DATE OF BIRTH (month, day, and year): August 14, 1852.

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	85	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At-Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kent County England.

FATHER

13. NAME: Richard Ballard

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Sarah Cogger

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Mrs. Grace B. Kellogg
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City, Ut. Date May 16, 1938.

19. UNDERTAKER: Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED May 14, 1938. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13, 1938.

22 I HEREBY CERTIFY, That I attended deceased from November, 193[illegible], to May 13, 1938.

I last saw h[illegible] alive on May 12 1938: death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile	
Other contributory causes of importance:	
Cerebro-Renal	
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. F. Cook, M. D.

(Address) Pocatello, Idaho.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109241

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 102

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46e

2. FULL NAME Marie Jense Pierpont

(a) Residence No. 344 North Grant St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of J. K. Pierpont

6. DATE OF BIRTH (month, day, and year): December 30, 1860.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

FATHER

13. NAME: James C. Jense

14. BIRTHPLACE (city or town) (State or country): Denmark.

MOTHER

15. MAIDEN NAME: Hannah Peterson

16. BIRTHPLACE (city or town) (State or country): Denmark.

17. INFORMANT: Harold Pierpont
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho Date: May, 17, 1938.

19. UNDERTAKER: Arthur V. Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: May 16, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 14, 1938.

22 I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 14, 1938

I last saw h.. alive on May 14, 1938: death is said to have occurred on the date stated above, at 9:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Doubtful
Other **contributory causes** of importance:	
Parotitis	

Name of operation None done Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Am Newton, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109242

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 104
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Teresa Petruzzi

(a) Residence No. 534 North Fifth Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) 1865.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	Unknown		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Falconara Alb.
(State or country) Cosenza, Italy.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Italy.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Italy.

17. INFORMANT
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date May 21, 1938.

19. UNDERTAKER Arthur V. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED May 20, 1938. D Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 18, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Saw patient once about 3 months ago. 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cardio-nephritis	unknown
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. N. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109243

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 103
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Ann Lish

(a) Residence No. 333 South 3rd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of -----
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/13 1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --------
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Elvin Lish
14. BIRTHPLACE (city or town) McCannon
(State or country) Idaho

MOTHER

15. MAIDEN NAME Clara C. Robinson
16. BIRTHPLACE (city or town) Dublin
(State or country) Old Mexico

17. INFORMANT Clara C. Lish
(Address) Pocatello Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~ burial
Place Mc Cannon Date May 20, 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED May 20 1938 L C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/18 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/17, 1938, to 5/18, 1938,
I last saw her alive on 5/18 1938: death is said to have occurred on the date stated above, at 6 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
cerebral concussion	
& multiple contusions	5/17/38.

Other **contributory causes** of importance: None

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/17/38
193.....
Where did injury occur? Pocatello
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home
Manner of injury Fell out of bed.
Nature of injury cerebral concussion

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Hughart M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109244

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 105

(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Elvoid Lowery

(a) Residence. No. McCammon, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 29, 1921

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	16	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McCammon, Idaho
(State or country)

FATHER

13. NAME Jess William Lowery

14. BIRTHPLACE (city or town) Sterling
(State or country) Utah

MOTHER

15. MAIDEN NAME Eliza Slutzenegger

16. BIRTHPLACE (city or town) Manti
(State or country) Utah

17. INFORMANT Jess William Lowery
(Address) McCammon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Manti, Utah Date 5/23/38, 193

19. UNDERTAKER Arthur J. Hall
(Address) Pocatello, Idaho

20. FILED 5-20, 193 8 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/20 38

22 I HEREBY CERTIFY, That I attended deceased from May 14, 193 8, to May 20, 193 8.

I last saw h... alive on May 20 193 8; death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	

Other contributory causes of importance:

P.P. Accident Cutting of Leg at Hip Cleaning of wound

Name of operation Cleaning of wound Date of 5/18/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Date of injury 5/14/38 193

Where did injury occur? P. P. Yards
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. P. P. Yards

Manner of injury Amputation of Left Leg at Hip

Nature of injury Amputation of Left Leg

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lepley Lemmon, M. D.

(Address) Pocatello Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109245
Local Registrar's No. 106

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Harry Raeon Hemmer

(a) Residence. No. 948 East Whitman St.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~: Carrie M. Turner

6 DATE OF BIRTH (month, day and year): March 28 1854

7 AGE: Years 84 | Months 1 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Attorney at Law
(b) General nature of industry, business, or establishment in which employed (or employer): Lawyer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Indiana Pennsylvania

PARENTS
10 NAME OF FATHER: William Turner
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Wife Mrs. Carrie Turner
(Address): Pocatello Idaho

15 Filed May 23 19 38 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 21 (Day) 1938 (Year)

17 I HEREBY CERTIFY, That I attended deceased from August, 19 37, to 5/21, 19 38,
that I last saw him alive on 5-21-, 19 38.
and that death occurred, on the date stated above, at 11:45 a m.

The CAUSE OF DEATH* was as follows: *
Myocarditis
(duration) 6 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) age
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of —
Was there an autopsy? no —
What test confirmed diagnosis? Clinical

(Signed) J. H. Young, M. D.
5/23, 19 38 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Mt. Moriah Pocatello | Date of Burial: May 23 19 38
20. Undertaker: W. L. McHan | Address: Pocatello Ida

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109247

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 108

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johanna Catharine Howard

(a) Residence No. 337 W. Hayden St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry H.

6. DATE OF BIRTH (month, day and year) Feb. 24, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	3	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Jamestown
(State or country) Missouri

FATHER
13. NAME John Philip Braden
14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER
15. MAIDEN NAME Anna Margret Baer
16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Mrs. Edna Pearsall
(Address) 337 W. Hayden

18. BURIAL, CREMATION OR REMOVAL
Place California, Date May 27, 1938

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 5-26, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 23 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-24, 1938, to ....., 193..

I last saw her alive on 5-23 1938; death is said to have occurred on the date stated above, at 6A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 years
Other **contributory causes** of importance:	

Name of operation ✓ Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D C Ray M. D.
(Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Bancroft

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 109248

Local Registrar's No. 16

JUN 3 1938

59

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John George Menhard

(a) Residence No. ..... Bancroft Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Addie J. Menhard

6. DATE OF BIRTH (month, day, and year) 6-19-1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store

10. Date deceased last worked at this occupation (month and year) March 1938

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) Madison, Wisc

FATHER

13. NAME Frederick Menhard

14. BIRTHPLACE (city or town) (State or country) Heidelberg Germany

MOTHER

15. MAIDEN NAME — Kirchner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Addie J. Menhard

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Bancroft Date May 27, 1938

19. UNDERTAKER (Address) G. A. Langenfeld Lewiston Idaho

20. FILED May 28, 1938 Mrs J G Fitch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/25 — 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to May 25, 1938.

I last saw him alive on May 23 1938; death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	about Jan 37

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Yes Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G G Fitch, M. D.

(Address) Bancroft Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109243

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 109

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Earl Batts

(a) Residence No. 438 E. Fremont St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: Black
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Mar. 18 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER
13. NAME Tennessee Batts
14. BIRTHPLACE (city or town)
(State or country) Texas

MOTHER
15. MAIDEN NAME Erline Hill
16. BIRTHPLACE (city or town) Calvert
(State or country) Texas

17. INFORMANT Mrs. Tena Batts
(Address) 438 E. Fremont

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date May 30, 1938

19. UNDERTAKER Howards Funeral Home
(Address) Pocatello Idaho

20. FILED May 28, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 27 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to May 27, 1938
I last saw him alive on May 26 1938: death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 6 mos.	Apr. 18.
Other contributory causes of importance:	
Exhaustion and Inanition	Same

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William F. Howard M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 109250

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward J. Eschler

(a) Residence No. Montpelier, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 12. 1860

7. AGE: Years 77 | Months 9 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER
13. NAME: John Eschler
14. BIRTHPLACE (city or town) (State or country): Switzerland.

MOTHER
15. MAIDEN NAME: Susanna Armenda.
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT: Mrs. Ed Bergner
(Address): Plano Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Montpelier Idaho Date: Apr 5, 1938

19. UNDERTAKER: J. D. Williams
(Address): Montpelier Idaho.

20. FILED Apr 5th, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Apr 2 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Died without medical attention. From natural causes incident to age.	

Other **contributory causes** of importance:

Name of operation ..... Date of.....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) J. D. Williams Coroner M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City or (Village) Georgetown
No. [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109251

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

JUN 7 1938

(No. 50)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Anceleen Rasmussen

(a) Residence No. (Usual place of abode) Georgetown Idaho St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Jos P. Rasmussen

6. DATE OF BIRTH (month, day, and year) Nov. 1 1888

7. AGE: Years 49 | Months 5 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown Idaho

FATHER
13. NAME Albert Dolf
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Mary Elizabeth Hayes
16. BIRTHPLACE (city or town) (State or country) Georgetown Idaho

17. INFORMANT Jos P. Rasmussen (Address) Georgetown Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Georgetown Ida. Date Apr 10, 1938

19. UNDERTAKER [illegible] (Address) Paris Idaho

20. FILED Apr 10th, 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 7, 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to April 7, 1938.
I last saw her alive on March 31 1938: death is said to have occurred on the date stated above, at 6 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Recurrent Metastatic Carcinoma of breast	

Other **contributory causes** of importance: Myocardial failure

Name of operation Amputation of breast Date of 1932
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. B. Lindsay, M. D.
(Address) Montpelier, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier
(If not in limits, write "Not")

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 5136

DO NOT WRITE IN THIS SPACE
State File No. 109252

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Ella Harriet Satterthwaite

(a) Residence No. Garden City, Utah. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Cecil H Satterthwaite

6. DATE OF BIRTH (month, day, and year) Apr 27 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sterna, Idaho

FATHER

13. NAME Thomas Cottle

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Cecil Satterthwaite
(Address) Garden City Utah.

18. BURIAL, CREMATION OR REMOVAL Garden City Utah Date April 10, 1938

19. UNDERTAKER [illegible]
(Address) Montpelier Idaho

20. FILED Apr 10 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1938, to Apr. 7, 1938.
I last saw her alive on Apr 7 1938: death is said to have occurred on the date stated above, at 4:15 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Embolism following Rheumatic Carditis.	Apr 3 1938

Other **contributory causes** of importance:
Rheumatic Carditis.

Was operation performed? None Was there autopsy? No Date of operation? At age? Diagnosis confirmed by operation? What test confirmed diagnosis? Was there any autopsy? No dilatation of other parts

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Spencer H Bird, M. D.
(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Georgetown

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109253

Registration District No. 52
Primary Registration District No. 1136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

109

2. FULL NAME Velma S Wyatt

(a) Residence No. Paris, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Albert E Wyatt

6. DATE OF BIRTH (month, day, and year) Jan 27 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	3	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garden City Utah

MOTHER FATHER
13. NAME Victor Satterthwaite
14. BIRTHPLACE (city or town) (State or country) Indiana
15. MAIDEN NAME Rosanna Hodges
16. BIRTHPLACE (city or town) Paris (State or country) Idaho
17. INFORMANT Albert E Wyatt
(Address) Paris, Utah
18. BURIAL, CREMATION, OR REMOVAL Place Garden City Utah Date April 10, 1938
19. UNDERTAKER [illegible]
(Address) Georgetown Idaho
20. FILED Apr 10th, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1938, to Apr 7, 1938
I last saw her alive on Apr 7 1938; death is said to have occurred on the date stated above, at 4:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (Bilateral)	Apr 2 1938
Other **contributory causes** of importance:	

Name of operation None Date of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Spencer Birch M. D.
(Address) Paris Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109254

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 1
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

104

2. FULL NAME Robert William Caldwell.

(a) Residence No. Paris Idaho. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ~~Married~~

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~: Margaret Williams

6. DATE OF BIRTH (month, day, and year): Sept 16 1869.

7. AGE: Years 68 | Months 7 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Brigham City
(State or country) Utah

FATHER
13. NAME Robt Caldwell
14. BIRTHPLACE (city or town) ____
(State or country) Scotland

MOTHER
15. MAIDEN NAME Hannah Thomas
16. BIRTHPLACE (city or town) ____
(State or country) ____

17. INFORMANT Thos Caldwell
(Address) Paris Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Paris Idaho Date Apl 23, 1938

19. UNDERTAKER H. E. Wilkinson
(Address) Montpelier Idaho

20. FILED Apr 2, 1938 Mrs. Beulah Hess
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 2/1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193__ to ____, 193__
I last saw ~~him~~ alive on Apr 21 193 8: death is said to have occurred on the date stated above, at 3A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar Lower left Lobe.	Apr 16 1938
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Spencer H Peck, M. D.
(Address) Paris Idaho.

PLACE OF DEATH
County of Bear Lake
City of Wardboro

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 109255

Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anne Matthews Parker

(a) Residence No. Ovid Idaho (Usual place of abode) (R.F.D. St. Lanark Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Oscar F. Parker

6. DATE OF BIRTH (month, day, and year) Aug 3-1863

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
74	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis Missouri

FATHER

13. NAME Thomas Walker
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Pierrecatt
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. O. F. Parker Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lanark Cem. Date April 29, 1938

19. UNDERTAKER F. D. McLean (Address) Montpelier Idaho

20. FILED Apr. 30th, 1938 H. H. Kenney Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 26 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1930, to April, 1938

I last saw her alive on April 25 1938: death is said to have occurred on the date stated above, at 6:45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Indefinite
Other **contributory causes** of importance:	
Senility	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. F. Ashley M. D.
(Address) Montpelier Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Georgetown

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109256

JUN 7 1938

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 4

(No. 17)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Venice Rebeccah Jensen

(a) Residence No. (Usual place of abode) St. Ovid, Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of: Asa Ray Jensen

6. DATE OF BIRTH (month, day, and year): March 9, 1894

7. AGE: Years 44 | Months 1 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ovid Idaho

FATHER

13. NAME: Andrew Johnson
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Christina Hansen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Asa R. Jensen Ovid Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Ovid Idaho Date: April 30, 1938

19. UNDERTAKER: [illegible]
(Address): Georgetown Idaho

20. FILED: Apr 30 1938, 193... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): April 28 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 193 8, to April 28, 193 8
I last saw h.e.r. alive on April 28 193 8: death is said to have occurred on the date stated above, at 10:45 A m.

The **principal cause** of death and related causes of importance were as follows:

	Date of onset
Cholecystitis & Cholelithiasis	Unknown

Other contributory causes of importance:

Cholecystitis	April 20 1938

Name of operation: Cholecystectomy Date of April 28 1938
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Montpelier Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 53
Primary Registration District No. 2-32

DO NOT WRITE IN THIS SPACE
State File No. 109257

Local Registrar's No. 820

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Fredrick Ashley

(a) Residence No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mary Pearl

6. DATE OF BIRTH (month, day, and year) Dec 15 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician and Surgeon
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Tewkesbury England

FATHER

13. NAME George Ashley
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Sarah Hate
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Jas. G. F. Ashley
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho May 18, 1938

19. UNDERTAKER W. Williams
(Address) Montpelier Idaho

20. FILED May 18th, 1938 W. H. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1937, to May 14 1938

I last saw h alive on May 14 1938: death is said to have occurred on the date stated above, at 8:11 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/14/38.

Other **contributory causes** of importance:

Arterio-Sclerosis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Young M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier
RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 2-1
Local Registrar's No. 4

DO NOT WRITE IN THIS SPACE
State File No. 109258

(No. Rae)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Rae Simpson

(a) Residence No. 2 St. Bedford, Wyo.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3, 1938

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
			16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

FATHER
13. NAME Royal Simpson
14. BIRTHPLACE (city or town) Bedford
(State or country) Wyo.

MOTHER
15. MAIDEN NAME Goldie Raymond
16. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

17. INFORMANT Royal Simpson
(Address) Bedford Wyo.

18. BURIAL, CREMATION OR REMOVAL
Place Bedford Wyo. Date May 21, 1938

19. UNDERTAKER [illegible]
(Address) Montpelier Idaho

20. FILED May 20th, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to May 19, 1938
I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at 7:50 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	May 16, 1938

Other **contributory causes of importance:**

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Montpelier Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 5-3
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 109259

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

44C

2. FULL NAME George S Spencer

(a) Residence. No. Dingle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lelly Ann North Spencer

6. DATE OF BIRTH (month, day, and year): Dec. 19-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Rancher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Utah Paysonville

FATHER
13. NAME: [illegible] Spencer
14. BIRTHPLACE (city or town) (State or country): Salverton England

MOTHER
15. MAIDEN NAME: Rachel Bennion
16. BIRTHPLACE (city or town) (State or country): Utah Paysonville

17. INFORMENT (Address): W. T. Spencer Mc Cammon Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place: Logan Utah Date: June 3, 1938

19. UNDERTAKER (Address): Evergreen Undertakers Logan Utah

20. FILED May 30, 1938 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 30 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938, to May 30, 1938
I last saw him alive on May 30, 1938; death is said to have occurred on the date stated above, at 9.35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mt Spotted Fever	May 19 1938

Other contributory causes of importance:

Name of operation: Clinical Date of:
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles O Moore, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Ovid

RECEIVED
JUN - 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 109260

Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Milton Norman Rebentisch

(a) Residence No. (Usual place of abode) Ovid Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Merinda Sorensen

6. DATE OF BIRTH (month, day, and year) Sept 18 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accountant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

FATHER

13. NAME H A Rebentisch

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Carrie A Kelsen

16. BIRTHPLACE (city or town) Denmark (State or country)

17. INFORMANT Mrs M N Rebentisch

(Address) Ovid Idaho

18. BURIAL, CREMATION OR REMOVAL Place Salt Lake City Date June 4, 1938

19. UNDERTAKER F D Wilkinson

(Address) Montpelier Idaho

20. FILED 6/31, 1938 A H Evans Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/31 1938

22 I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to May 31, 1938

I last saw him alive on May 31 1938: death is said to have occurred on the date stated above, at 10:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertrophic Cirrhosis of Liver	
Other **contributory causes** of importance:	
Myocarditis	

Name of operation Clysical Date of

What test confirmed diagnosis? Was there an autopsy? No. Findings

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. O. Moore, M. D.

(Address) Paris Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109261

Registration District No. 32

Primary Registration District No. 204/9 Local Registrar's No. 24

JUN 1 1938

(No. St. Maries Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marguerite Granberry Robins

(a) Residence. No. 245 Twelfth St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Charles A. Robins

6. DATE OF BIRTH (month, day, and year): April 3rd 1892

7. AGE: Years: 46; Months: ; Days: 28; If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own home

10. Date deceased last worked at this occupation (mo. and yr.): 1/1938

11. Total time (years) spent in this occupation: 18 3/12

12. BIRTHPLACE (city or town) (State or country): Hazlehurst Mississippi

FATHER

13. NAME: Joseph Dennis Granberry

14. BIRTHPLACE (city or town) (State or country): Jerry, Miss

MOTHER

15. MAIDEN NAME: Hattie Webb

16. BIRTHPLACE (city or town) (State or country): Crawford Miss.

17. INFORMANT (Address): C. A. Robins St. Maries Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Cremation Spokane Wn. Date: May 3., 1938

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED June 8., 1938 E. Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 1 1938

22. I HEREBY CERTIFY, That I attended deceased from —, 1938, to May 1, 1938.

I last saw h~~e~~r alive on Apr 30, 1938.; death is said to have occurred on the date stated above, at 12:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	1920
Arteriasclerosis	1925
Hypertensive heart disease	1930

Other **contributory causes** of importance:

Name

Name of operation ..... Date of ....

What test confirmed diagnosis? —. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Cornwall M. D.

(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109262

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 25
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN [illegible] 1938

1864

2. FULL NAME John Arvid Carlson

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29, 1882

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods Work
10. Date deceased last worked at this occupation (mo. and yr.) 5/38
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Umev
(State or country) Sweden

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Naturalization Papers
(Address)

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 5/12, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED May 8, 1938 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9, 1938

22 I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to May 9, 1938
I last saw him alive on May 9 1938: death is said to have occurred on the date stated above, at 3:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Traumatic Shock	May 9
Fracture Upr Femur	"
Fractures 2 Pelvis	"
Bruised Brain	"
Veil Contusion Pneumonia	"
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 9, 1938
Where did injury occur? Benewah County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Industry
Manner of injury Log rolled over body
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Direct

(Signed) H Boreman, M. D.
(Address St. Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109263

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 26
(No. Platt Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN

2. FULL NAME Gust Henning

(a) Residence No. St. Calder, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Platt Hospital
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 5/13, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED June 8, 1938 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 10, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 5-3, 1938, to 5-10, 1938

I last saw h— alive on 5-10 1938: death is said to have occurred on the date stated above, at 8:2 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance:	

Name of operation — Date of
What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) B. D. Platt, M. D.
(Address) St Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109264

PLACE OF DEATH
County of Benewah
City of De Smet
Registration District No. 31
Primary Registration District No. 31
Local Registrar's No. 4

JUN 6 1938

(No. At Home
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Skanen

(a) Residence. No. De Smet, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Skanen

6. DATE OF BIRTH (month, day, and year) Sept/29/1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk m... saw mill, bank, etc ... General Farm Work

10. Date deceased last worked at this occupation (month and year) April 1938

11. Total time (years) spent in this occupation 30 Yrs

12. BIRTHPLACE (city or town) (State or country) Medmont Idaho.

FATHER

13. NAME Joseph Skanen

14. BIRTHPLACE (city or town) (State or country) Washington.

MOTHER

15. MAIDEN NAME Mary Ceoile

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMENT (Address) Mary Skanen De Smet. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Idaho. Date May 14, 193 8

19. UNDERTAKER (Address) Kimball Funeral Home. Tekoa, Washington

20. FILED May 12, 193 8 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 193 8, to May 11, 193 8
I last saw him alive on May 11, 193 8: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	May 6-38
Influenza	May 30-38

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) J. A. Nelson, M. D.
(Address) Tekoa, Washington

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St.Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109265

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Fitzgerald

(a) Residence. No. Capitol Hill Add. St. St.Maries Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Fitzgerald

6. DATE OF BIRTH (month, day, and year) May 14, 1866

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	72	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Greenbay (State or country) Wis.

FATHER

13. NAME John Fitzgerald

14. BIRTHPLACE (city or town) ..... (State or country) Ireland

MOTHER

15. MAIDEN NAME Nancy Collins

16. BIRTHPLACE (city or town) ..... (State or country) Ireland

17. INFORMANT Mike Fitzgerald (Address) St.Maries Ida,

18. BURIAL, CREMATION OR REMOVAL
Burial Place St.Maries Ida. Date 5-23 193 8

19. UNDERTAKER STAPISH FUNERAL HOME (Address) ST. MARIES, IDAHO

20. FILED June 8, 193 8 Walter Roberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-20 193 8

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 193 7, to 5-19, 193 8.

I last saw him alive on 5-19, 193 8.; death is said to have occurred on the date stated above, at 3.50 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	

Other **contributory causes** of importance:

Jaundice	
Partial Delirium	

Name of operation none Date of clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury .., 193.

Where did injury occur? -
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** -

Manner of injury

Nature of injury -

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Partain, M. D.

(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of De Smet,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109266

Registration District No. 31
Primary Registration District No. ____ Local Registrar's No. ____

(No. At Home, De Smet, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Tresa Joseph

(a) Residence. No. De Smet, Idaho. St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 70 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Joseph Quilquilpo.

6. DATE OF BIRTH (month, day, and year) Sept 19, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own Home
10. Date deceased last worked at this occupation (month and year) Apr/1938
11. Total time (years) spent in this occupation 55 Yrs.

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER
13. NAME No Record (Vicent)
14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER
15. MAIDEN NAME No Record.
16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMENT (Address) Agatha Joseph. De Smet, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Idaho. Date May 23, 1938

19. UNDERTAKER Kimball Funeral Home (Address) Tekoa, Washington.

20. FILED May 31, 1938 John Fort Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 20 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1938, to May 21, 1938
I last saw h[illegible] alive on May 20, 1938; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,	
Labor,	

Other contributory causes of importance:

Cerebral Hemmorhage	

Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____
(Signed) J. A. Nelson, M. D.
(Address) Tekoa, Wn.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 10926

Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

5 1 C

2. FULL NAME Orlin Joshua Luce

(a) Residence No. St.
(Usual place of abode) 28 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Sarah T. Luce

6. DATE OF BIRTH (month, day, and year): Aug. 14, 1855

7. AGE: Years 82 | Months 9 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.): 1926

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fort Atkinson Wis.

FATHER

13. NAME: Timothy L. Luce

14. BIRTHPLACE (city or town) (State or country): Vermont

MOTHER

15. MAIDEN NAME: Cecelia Porter

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Jno. W. Johnson
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Missoula, Mont. Date: May 22, 193 8
Removal

19. UNDERTAKER: Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED June 8, 193 8 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 21, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from April 1st, 193 7, to May 21, 193 8

I last saw h— alive on 5-21 193 8: death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate gland and bladder	
Other contributory causes of importance:	
Gen Senility	

Name of operation 1937 Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Owen L Pratt M. D.

(Address) St Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of Tensed

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109268

Registration District No. 21
Primary Registration District No. ____ Local Registrar's No. 6

(No. ## Near Tensed, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Leo Isadore

(a) Residence. No. Near Tensed, Idaho, St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Basil Isadore

6. DATE OF BIRTH (month, day, and year) Mar/5/1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	81	2	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 62 Yrs

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME ######### No Record

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME Christine

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMENT (Address) Denny Isadore, De Smet, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Idaho Date May 28, 1938

19. UNDERTAKER (Address) Kimball Funeral Home, Tekoa, Washington

20. FILED May 26, 1938 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1938

22. I HEREBY CERTIFY, That I attended deceased from May 22-38, 193..., to May 25, 1938
I last saw her alive on May 24, 1938; death is said to have occurred on the date stated above, at 8:45 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Mach,	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. A. Nelson, M. D.
(Address) Tekoa, Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

JUN 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109269

Local Registrar's No. 30

1192

2. FULL NAME Margie Cavilyne Reid

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 3, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

FATHER

13. NAME Buron Reid

14. BIRTHPLACE (city or town) Spanishburg
(State or country) W. Va.

MOTHER

15. MAIDEN NAME Margaret Doverspike

16. BIRTHPLACE (city or town) Belton
(State or country) Mont.

17. INFORMANT Buron Reid
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 6/2, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED June 8, 1938 Walter Bohera
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 31, 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 3, 1938, to May 31, 1938

I last saw her alive on May 31 1938: death is said to have occurred on the date stated above, at 2:15 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Illi Colitis	
Other **contributory causes** of importance:	
Common cold	

Name of operation none Date of ....

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ...., 193✓

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓

Manner of injury ✓

Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) H. G. Patton, M. D.

(Address St Maries Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho

MAY 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109270

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 63
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Daymon

(a) Residence No. Owyhee, Nevada. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Piute 4/4	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75 Yrs Est	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Owyhee, Nevada
(State or country)

FATHER
13. NAME Soldier Bell. (Bill) Ecpl
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Joseph Paddy.
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cedars Date 4-16, 1938

19. UNDERTAKER Agency Carpenter.
(Address) Fort Hall, Idaho

20. FILED May 3, 1938 Emma Hansen Pierce
Registrar.

MEDICAL CERTIFICATE OF DEATH. 4-14-38

21. DATE OF DEATH (month, day and year) 4-14-38

22 I HEREBY CERTIFY, That I attended deceased from Unattended, 193..., to ..., 193...
I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at 4: A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown	
No Physician attending.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Herman M. Schweiger M. D.
(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109271

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 75
(No. State Hospital, South)
(If death occurred in a hospital or institution, give its name instead of street and number)

104

2. FULL NAME John Stralling

(a) Residence No. ..... St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/--/67

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Jasper S[illegible]rolling
14. BIRTHPLACE (city or town) (State or country) No data

MOTHER

15. MAIDEN NAME No data
16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Records, State Hospital, So.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Cem Date 6-9, 1938

19. UNDERTAKER Edwin Feder
(Address) Blackfoot Idaho

20. FILED May 24, 1938 W. McFarlane Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/28 1938

22 I HEREBY CERTIFY, That I attended deceased from April 27, 1938, to April 28, 1938
I last saw him alive on April 28 1938: death is said to have occurred on the date stated above, at 3:25 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	April 27

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury none
Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Adamwell, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109272

Local Registrar's No. 64

917

2. FULL NAME Paul Lewis

(a) Residence No. ____ St. Idaho Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negroid	

5a. If married, widowed, or divorced
HUSBAND of Mrs. Paul Lewis
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 12, 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Broken Bone
(State or country) Nebraska

FATHER

13. NAME George Lewis

14. BIRTHPLACE (city or town)
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Laverna Marks

16. BIRTHPLACE (city or town)
(State or country) Nebraska

17. INFORMANT Records State Hospital South
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place ~~State Hospital Cemetery~~ Date ~~5-8~~, 193~~8~~

19. UNDERTAKER ~~Blackfoot Undertaking~~
(Address) Blackfoot

20. FILED ~~5-10~~, 193~~8~~ Emma Hatch Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/7 193 8

22 I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1937, to May 7, 1938

I last saw him alive on May 7 193 8: death is said to have occurred on the date stated above, at 12:15 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Endocarditis, rheumatic	Childhood
Other contributory causes of importance:	
Dementia Praecox	Indefinite

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. E. Cornwell, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 8191

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109273

Local Registrar's No. 65

1220

2. FULL NAME Blanche O'Neill

(a) Residence No. ____ St. Mackay, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 6 11 23

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ralph O'Neill

6. DATE OF BIRTH (month, day, and year) Aug. 27, 1894

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	43	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dickey
(State or country) Idaho

FATHER

13. NAME W.P. Bascom

14. BIRTHPLACE (city or town) .....
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Alice E. Mildett

16. BIRTHPLACE (city or town) .....
(State or country) Ohio

17. INFORMANT Records State Hospital, South
(Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Mackay Date May 8, 1938

19. UNDERTAKER J. R. Lee
(Address) Mackay

20. FILED May 8, 1938 Mrs Nalin E. Hales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/7 1938

22 I HEREBY CERTIFY, That I attended deceased from August 22, 1937, to May 7, 1938

I last saw her alive on May 7 1938: death is said to have occurred on the date stated above, at 7:10 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Hernia, strangulated	5/4/38
2. Peritonitis	
Other **contributory causes** of importance:	
Dementia Praecox	1938

Name of operation Laperatomy Date of 5/6/38

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury none

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [signature], M. D.

(Address Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2192

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109274

Local Registrar's No. 68

97

2. FULL NAME Josephine Shoemaker

(a) Residence No. ____ St. Idaho Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) No data

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
apparently Unknown 61 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) (State or country) No data

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Records, State Hospital, South (Address)

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date May 12 1938

19. UNDERTAKER (Address) Pollard Hayes & Co

20. FILED May 10, 1938 Mrs. Viola V. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/8 1938

22 I HEREBY CERTIFY, That I attended deceased from August 22, 1937, to May 8, 1938

I last saw her alive on May 8 1938: death is said to have occurred on the date stated above, at 11:18 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Artereosclerosis	indefinite
Other **contributory causes** of importance:	
Paralysis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** none

Manner of injury none

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Cromwell, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot
RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109275

Registration District No. 181
Primary Registration District No. 2194
Local Registrar's No. 66
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin F. Groening

(a) Residence No. ..... St. Sioux Falls, S. Dak.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Cauc.
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 25 1899
7. AGE: Years 38 | Months 5 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Wrecker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): S. Dak

FATHER
13. NAME: Frank Groening
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Christe Hofta
16. BIRTHPLACE (city or town) (State or country): Minn.

17. INFORMANT: Julius Groening (Address) Grandt Co. Dak.
18. BURIAL, CREMATION OR REMOVAL: Place Toronto S. Dak. Date May 193 8
19. UNDERTAKER: John C. Sandbeg (Address) Blackfoot Ida.
20. FILED May 10, 193 8 Mrs Laura E. Faust Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): May 8 193 8
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
No physician in attendance.	
no indications of violence.	

Other contributory causes of importance:

Alcoholism	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no. (over)

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) John C. Sandbeg Coroner M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Sterling

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109276

JUN 10 1938

Registration District No. 116
Primary Registration District No. 2195 Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louisa Cowley Willey

(a) Residence No. ..... St. Sterling, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Parley Willey

6. DATE OF BIRTH (month, day, and year) June 20, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME James P. Heninger
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Catherine Groseclose
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Parley Willey
(Address) Sterling Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Ida. Date May 12 1938

19. UNDERTAKER John C. Langley.
(Address) Blackfoot, Ida.

20. FILED May 10, 1938 M. C. MacKinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 9 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to May 9, 1938
I last saw h.. alive on May 8 1938: death is said to have occurred on the date stated above, at 7:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Manic - Depressive Psychosis	1937
Depressive phase	

Other **contributory causes** of importance:

Cerebral apoplexy	1937

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. C. MacKinnon M. D.
(Address Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109277

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 69

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jefferson Davis Downing

(a) Residence No. 500 South Adams St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1861

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Texas County,
(State or country) Missouri.

FATHER

13. NAME William A. Downing

14. BIRTHPLACE (city or town)
(State or country) Tennessee.

MOTHER

15. MAIDEN NAME Susan Forhand

16. BIRTHPLACE (city or town)
(State or country) Tennessee.

17. INFORMANT Mrs. J. H. Burton
(Address) Pocatello, Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Grove City, Date May 16, 193 38.

19. UNDERTAKER E. J. Peck
(Address) Blackfoot Idaho

20. FILED May 14, 1938 Mrs. Grace Lewis
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 13 1938.

22 I HEREBY CERTIFY, That I attended deceased from 5-10 1938, to 5-13 1938

I last saw h— alive on 5-13 1938; death is said to have occurred on the date stated above, at 1 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Embolism	5-11-38
Other contributory causes of importance: Hypertension	2 yrs.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Hamilton M. D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE
State File No. 109278

Local Registrar's No. 70

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellis Leroy Bassett

(a) Residence No. Wigwam Cabins So Bdwy St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot, Idaho.
(State or country)

FATHER

13. NAME Ellis Bassett

14. BIRTHPLACE (city or town) Soda Springs Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Sinnea Helen Herlevi

16. BIRTHPLACE (city or town) Telluride, Colo.
(State or country)

17. INFORMANT Mrs. Ellis Bassett
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cem. Date May 20, 1938

19. UNDERTAKER E. J. Peck by Howard Packham
(Address) E F A-8 Blackfoot Ida

20. FILED May 20, 1938 Mo Hales Shamel
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-15 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-13- 1938 to 1938
I last saw h alive on 1938: death is said to have occurred on the date stated above, at 2:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probable suffocation at 2:30 A.M. attended at 6 A.M. stillborn dead. Seemed normal otherwise.	

Other **contributory causes of importance:**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. O. Stewart M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109279

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 72
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

930

2. FULL NAME Hattie F. White

(a) Residence No. 68 West Park St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of wife of George White

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wiscassett,
(State or country) Main.

FATHER
13. NAME William Greenleaf
14. BIRTHPLACE (city or town) No data
(State or country)

MOTHER
15. MAIDEN NAME No data.
16. BIRTHPLACE (city or town) No Data.
(State or country)

17. INFORMANT Mrs. H. W. Von Holt
(Address) 4205 N. Miss. Portland Ore

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Blft. Ida. Date May 31, 1938

19. UNDERTAKER E T Beck
(Address) Blackfoot Ida

20. FILED May 28, 1938 Mrs. Maude E. Lance
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-26 1938

22 I HEREBY CERTIFY, That I attended deceased from May 15th, 1938, to May 26, 1938
I last saw h er alive on 5-25 1938; death is said to have occurred on the date stated above, at 9:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown

Other contributory causes of importance:

arteriosclerosis + senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. Humphreys M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Basalt Ida

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109280

Registration District No. 121
Primary Registration District No. 2104
Local Registrar's No. 71

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Catherine Robinson

(a) Residence No. Basalt St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John A. Robinson

6. DATE OF BIRTH (month, day, and year) 12-24 1863

7. AGE: Years 74 | Months 4 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Camp Floyd
(State or country) Utah

FATHER
13. NAME John Williams
14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER
15. MAIDEN NAME Jane Armstrong
16. BIRTHPLACE (city or town) American Fork
(State or country) Utah

17. INFORMANT John A. Robinson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place American Fork Date 5-24, 1938

19. UNDERTAKER Shelley Mortuary
(Address) Shelley Idaho

20. FILED 5-21, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 19th 1938

22 I HEREBY CERTIFY, That I attended deceased from Not Seen alive, 193., to , 193.
I last saw her alive May 19-38; death is said to have occurred on the date stated above, at Morning

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	May 18
	May 19th

Other contributory causes of importance:

Partial Paralysis	1932

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. Corbett M. D.
(Address) Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot
RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109282

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 72.
(No. Beck Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Hage Bradshaw.

(a) Residence No. St. Shelley, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Annetta Dorthea Bradshaw

6. DATE OF BIRTH (month, day, and year) 7/14/1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 11/37
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Hyrum, Utah.
(State or country)

FATHER
13. NAME Robert Hage Bradshaw.
14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER
15 MAIDEN NAME Martha A. Smith.
16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMANT Martha Bradshaw
(Address) Shelley, Idaho.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Shelley, Ida. Date 5/28, 1938

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED May 28, 1938 Mrs. Stacie Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/25 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1938, to May 25, 1938
I last saw him alive on May 25, 1938: death is said to have occurred on the date stated above, at 10: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock following amputation of right leg at middle third of femur - Operation	May 23, 38
Other contributory causes of importance: Diabetes- Arterio-Sclerosis	five years

Name of operation Amputation Date of 5-23-38
What test confirmed diagnosis? Clinical & lab. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. O. Hansen M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. I2I-R
Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE
State File No. 109283
Local Registrar's No. 78

(No.) 200
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theodore Nagitsy.

(a) Residence No. Fort Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER

13. NAME Evans Nagitsy
14. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Mary Phelps
16. BIRTHPLACE (city or town)
(State or country) Fort Hall, Idaho

17. INFORMANT Joe Warren,
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cedars Date May 28, 1938

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall Idaho

20. FILED June 4, 1938 Mrs Helen E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-26 1938

22 I HEREBY CERTIFY, That I attended deceased from not attended, 193..., to ..., 193...
I last saw h... alive on ... 193...; death is said to have occurred on the date stated above, at not known m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown.	
No attending physician.	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herman W. Schweizer, M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot.

RECEIVED JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109284

Registration District No. 181

Primary Registration District No. 2194

Local Registrar's No. 94

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Pendlebury

(a) Residence No. East of Blackfoot St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hus. of Margaret Moss Pendlebury

6. DATE OF BIRTH (month, day, and year) Oct. 30, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce Wase.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Leigh, (State or country) Lancashire, England.

FATHER

13. NAME Robert Pendlebury

14. BIRTHPLACE (city or town) Leigh (State or country) England

MOTHER

15. MAIDEN NAME Alice Taylor

16. BIRTHPLACE (city or town) Leight (State or country) England.

17. INFORMANT Margaret M. Pendlebury (Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Iron City Cem. Date May 29, 1938

19. UNDERTAKER E. T. Pyke (Address) Blackfoot Ida

20. FILED May 28 1938 W. P. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 27 1938

22 I HEREBY CERTIFY, That I attended deceased from May 27, 1938, to May 27, 1938

I last saw him alive on [illegible]: death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary occlusion	May 7, 1938

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. W. Beck, M. D.

(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Ketchum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10925

JUN 10 1938

Registration District No. 57
Primary Registration District No. 5022
Local Registrar's No. 20

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93 C

2. FULL NAME ~~Ada Adelaide Flowers Burch~~

(a) Residence No. ADALAIDE FLOWERS BURCH Ketchum St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of: Peter Burch

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 77 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): April 1938
11. Total time (years) spent in this occupation: 59 yrs

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: James Obenchain
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Mary Shipp.
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Eugene Flowers Ketchum, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Hailey, Ida. Date: 4-23, 1938

19. UNDERTAKER (Address): Ray McGoldrick Hailey, Idaho

20. FILED 6-1, 1938 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 4/21/1938

22. I HEREBY CERTIFY, That I attended deceased from 4/21, 1938, to 4/21, 1938
I last saw her alive on 4/21 1938 death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	4/21/38
Chronic Myocarditis	Several years
Hypertension	"

Other contributory causes of importance:

Name of operation: No Date of: No
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 1938
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No
Manner of injury No
Nature of injury No

24 Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Ray W. McGoldrick M.D.
(Address) Hailey, Idaho

PLACE OF DEATH
County of Blaine
City of Hailey
JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109251

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Keto

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Rena L. Gover

6. DATE OF BIRTH (month, day, and year): Aug 10, 1890

7. AGE: Years 47 | Months 8 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 6 Weeks
11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER
13. NAME: James Keto
14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMANT (Address): Ralph H. Keto, Hailey, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Boise Date: May 9, 1938

19. UNDERTAKER (Address): Mary Jane Goldrick, Hailey, Idaho

20. FILED 6-8, 1938 Robert F. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 5-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1938, to 5/7, 1938
I last saw h— alive on 5/7 1938: death is said to have occurred on the date stated above, at 1115 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes	5 yrs —
Other **contributory causes** of importance:	
Pulmonary Hemorrhage	

Name of operation: None Date of
What test confirmed diagnosis: — Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify None.
(Signed) E. W. Jones M. D.
(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109288

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 22

(No.) 157 C
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Burdick

(a) Residence No. Hailey Clinical Hospital
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/17/38

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hailey, Ida.
(State or country)

FATHER

13. NAME Louis Lafayette Burdick
14. BIRTHPLACE (city or town) Jamestown
(State or country) New York

MOTHER

15. MAIDEN NAME Mary Margaret Dickens
16. BIRTHPLACE (city or town) Warrens
(State or country) Idaho

17. INFORMANT Louis L. Burdick
(Address) Hailey, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hailey Date 5/18, 1938

19. UNDERTAKER L. Harris
(Address) Hailey, Idaho

20. FILED 6-8, 1938 Robert A. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-17 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/17, 1938, to 5/17, 1938
I last saw h[illegible] alive on 5/17 1938. death is said to have occurred on the date stated above, at 7.45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital heart	
Blue Baby	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) L. W. [illegible], M. D.
(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109289
Local Registrar's No. 25

87a

2. FULL NAME Patrick Ivers

(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 87 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.): 1928
11. Total time (years) spent in this occupation: 50yrs

12. BIRTHPLACE (city or town) (State or country): Athlone Ireland

FATHER
13. NAME: John Ivers
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: York
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Alphonsus Bergin Bellevue Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bellevue Date 5-29, 1938

19. UNDERTAKER: L. Hanna
(Address) Hailey Ida

20. FILED 6-8, 1938 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-27-1938

22 I HEREBY CERTIFY, That I attended deceased from 5-10, 1938, to 5-27, 1938
I last saw him alive on 5-26 1938: death is said to have occurred on the date stated above, at 11:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-10-38
Other **contributory causes** of importance:	
Arteris Sclerosis	1 yr-

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109290

Registration District No. 57
Primary Registration District No. 20221
Local Registrar's No. 24
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

Fox 940

2. FULL NAME James Oscar Cline

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Martha

6. DATE OF BIRTH (month, day, and year): Sept 28 1869

7. AGE: Years 67 | Months 8 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bartender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): 5-31-38
11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): ____ Kansas

FATHER

13. NAME: John Cline

14. BIRTHPLACE (city or town) (State or country): ____ Kansas

MOTHER

15. MAIDEN NAME: Olive Justus

16. BIRTHPLACE (city or town) (State or country): ____ Kansas

17. INFORMANT (Address): Martha Cline Hailey Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Hailey Date 6-2-, 1938

19. UNDERTAKER (Address): Ray McGoldrick Hailey Idaho

20. FILED 6-8, 1938 Robert L. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-31 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/1, 1938, to 5/31, 1938
I last saw ~~him~~ alive on 5/31 1938: death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

JUN 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 5022
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109291
Local Registrar's No. 26

Form 97

2. FULL NAME Agnes E. Smith

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred W. Smith
6. DATE OF BIRTH (month, day, and year): May 6 - 1856
7. AGE: Years 81 | Months 0 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Leipzig (State or country) Germany

FATHER
13. NAME: John Lehmidt
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Teresa Burger
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Herman Dorberg (Address) Hailey - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Masonic Cem. Date June 2, 1938

19. UNDERTAKER: L. Hains (Address) Hailey, Idaho

20. FILED 6 - 8, 1938 Robert A. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1938, to 5/31, 1938
I last saw he alive on 5/31, 1938: death is said to have occurred on the date stated above, at 1240 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac	5/15 - 30

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Smith M. D.
(Address) Hailey, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109293

Registration District No. 12
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 13 1938

93C

2. FULL NAME John Lloyd Eaton

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Della Eaton

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Ft Wayne (State or country) Ind

FATHER

13. NAME John Eaton
14. BIRTHPLACE (city or town) Penn (State or country)

MOTHER

15. MAIDEN NAME Mary Axtel
16. BIRTHPLACE (city or town) Penn (State or country)

17. INFORMANT Ray Eaton (Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date June 2nd, 1938

19. UNDERTAKER W S Mather (Address) Meridian Idaho

20. FILED 6/9, 1938 Mrs Ed Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1938, to May 31st, 1938
I last saw h[illegible] alive on April 6th 1938: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cronic Myocarditis	
Progressive Muscular Atrophy	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible] Rockett, M. D.
(Address) .....

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

Lewis Williams,
Special Agent,
Boise, Idaho.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John L. Eaton Dec 4 1938

Who died at Twin Springs on May 30th 1938

Residence: No. ✓ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth ✓ 8/3/ - 1870 Age: Years _____ Months _____ Days _____

Occupation ✓ (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

(b) ✓ Industry or business in which work was done, as silk mill, saw mill, bank, etc.: _____

Date deceased last worked at this occupation: ✓ Month April Year 1938

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician ✓ W A Koelsch

Address of physician ✓ _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Special Agent.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of

JUN 17 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 12
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109293

93C

2. FULL NAME MaryAnn Elizabeth Faull

(a) Residence No. Jerusalem Valley--Gardena, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 51 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George H. Faull

6. DATE OF BIRTH (month, day, and year) 2-17-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (city or town) Cercy County, (State or country) Arkansas

FATHER
13. NAME Marion Woods
14. BIRTHPLACE (city or town) ____ (State or country) Alabama

MOTHER
15. MAIDEN NAME Elizabeth Harness
16. BIRTHPLACE (city or town) ____ (State or country) Unknown

17. INFORMANT Mrs. Howard Chester
(Address) Donnelly, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6-9-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 6/15, 193 8 Mrs E S Richey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-7-1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 7, 1938
I last saw her alive on June 5 1938: death is said to have occurred on the date stated above, at 6:00 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs.
with Chronic Valvular heart disease.	
Other **contributory causes** of importance:	

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C N Bell M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109295

Registration District No. 85
Primary Registration District No. 7185
Local Registrar's No. 10-38

Received JUN 7 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Reese Lee Perin

(a) Residence No. Church St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3, 1938

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Baby died,	gasped	once	and	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Priest River
(State or country) Idaho

FATHER

13. NAME Edwin Perin
14. BIRTHPLACE (city or town) Roselia
(State or country) Wash

MOTHER

15. MAIDEN NAME Minnie Fricke
16. BIRTHPLACE (city or town) Hamburg
(State or country) Germany

17. INFORMANT Edwin Perin
(Address) Priest River, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Priest River Date May 4, 1938

19. UNDERTAKER Laurence G. Moon
(Address) Sandpoint Idaho

20. FILED 5-17, 1938 O. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 3 1938

22 I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to just few minutes
I last saw him alive on May 3 1938: death is said to have occurred on the date stated above, at 2:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward D. Bond, M. D.
(Address Priest River, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109296

RECEIVED
JUN 7 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 159

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Claire Perrin

(a) Residence No. Church St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Baby died	gasped once	and	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Priest River Idaho.

FATHER

13. NAME Edwin Perrin
14. BIRTHPLACE (city or town) (State or country) Roselia Wash

MOTHER

15. MAIDEN NAME Minnie Dricke
16. BIRTHPLACE (city or town) (State or country) Hamburg Germany

17. INFORMANT Edwin Perrin
(Address) Priest River Ida

18. BURIAL, CREMATION OR REMOVAL
Place Priest River Date May 4, 1938

19. UNDERTAKER Lawrence J Moon
(Address) Sandpoint Idaho.

20. FILED 5-17, 1938 D E Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/3/1938

22 I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to few minutes, only

I last saw him alive on May 3 1938: death is said to have occurred on the date stated above, at 2:45 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward E. Berg, M. D.
(Address Priest River, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

(No. R.F.D. 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 10929

Local Registrar's No. 96

95C

2. FULL NAME Alexander Fobert

(a) Residence No. R.F.D. 1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Fobert

6. DATE OF BIRTH (month, day and year) Dec. 25, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) May 1938

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Toronto
(State or country) Canada

FATHER

13. NAME Alexander Fobert

14. BIRTHPLACE (city or town) Unknown
(State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Canada

17. INFORMANT Mrs. Clara Fobert
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint, Ida. Date 5-11-38, 193

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 5-11-38, 193 Virgie [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 8, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 7:30p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes.	
Probable Myocarditis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. G. Moon Coroner

(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109298

JUN 7 1938

Registration District No. 85

Primary Registration District No. 2185

Local Registrar's No. 12-38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Kenneth Leroy Rice

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day 8 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Priest River
(State or country) Idaho

FATHER

13. NAME William Manning Rice

14. BIRTHPLACE (city or town) Kansas
(State or country)

MOTHER

15. MAIDEN NAME Hazel Irene Callis

16. BIRTHPLACE (city or town) Fairbury
(State or country) Nebraska

17. INFORMANT Birth record in
(Address) State office

18. BURIAL, CREMATION OR REMOVAL
Place Priest River Date 5-16, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho

20. FILED 5-20, 1938 D. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/14 1938

22 I HEREBY CERTIFY, That I attended deceased from 11:30 A.M. May 14 1938, to 7:30 P.M. Same day
I last saw him alive on same as above death is said to have occurred on the date stated above, at 7:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth (5 months)	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward D. Boyd, M. D.
(Address) Priest River, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109299

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 41

(No. 623 N. Boyer Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward W. Bounds

(a) Residence No. 623 N. Boyer Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Etna Bounds
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 20, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Co.

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) Valley Falls
(State or country) Kansas

FATHER

13. NAME James Edward Bounds

14. BIRTHPLACE (city or town) Unknown
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Dickey

16. BIRTHPLACE (city or town) Unknown
(State or country) Maryland

17. INFORMANT Mrs. Etna Bounds
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem
Place Sandpoint, Ida Date 5-19-38 193

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 5-19-38 193 Ingil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 17, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to May 17, 1938

I last saw him alive on May 17 1938: death is said to have occurred on the date stated above, at 10:30am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E O Meade M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

JUN 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109300

Local Registrar's No. 37

46c

2. FULL NAME Christian Julius Jorgensen

(a) Residence No. R.F.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 30, 1866

7. AGE: Years 71 | Months 11 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) Apr 1938
11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) Unknown
(State or country) Denmark

FATHER

13. NAME Nels Jorgensen
14. BIRTHPLACE (city or town) Unknown
(State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Marie Hansen
16. BIRTHPLACE (city or town) Unknown
(State or country) Denmark

17. INFORMANT Mrs. C. W. Silvey,
(Address) Hillyard, Wash.

18. BURIAL, CREMATION OR REMOVAL Pinegrest Cem
Place Sandpoint, Ida. Date 5-29, 193 8

19. UNDERTAKER I. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 5-2-38, 193 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 17, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 17, 1938
I last saw h in alive on May 17, 1938: death is said to have occurred on the date stated above, at 10 A.P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal carcinoma	1937
Other **contributory causes** of importance:	

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. F. Tyler, M. D.
(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109301

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 38

(No. 338 S. 4th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willis A. Nason

(a) Residence No. 338 S. 4th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alvena B. Nason

6. DATE OF BIRTH (month, day, and year) Apr. 12, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cruiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timber

10. Date deceased last worked at this occupation (mo. and yr.) May 1938

11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) Minneapolis
(State or country) Minn

FATHER

13. NAME Hiram Nason

14. BIRTHPLACE (city or town)
(State or country) Maine

MOTHER

15. MAIDEN NAME Mathilda Booker

16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMANT E. E. Hunt
(Address) Sandpoint Idaho

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place Spokane Wash Date May 20, 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho

20. FILED June 8, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 18 193 8

22 I HEREBY CERTIFY, That I attended deceased from May 17, 193 8, to May 18, 193 8
I last saw him alive on May 17, 193 8: death is said to have occurred on the date stated above, at 12:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	May 16 38
Other **contributory causes** of importance:	

Name of operation No operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm F. Fyfer, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 39

(No. 312 S. Lavina Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109302

82

2. FULL NAME John Newton

(a) Residence No. 312 S. Lavina St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quartz Mining

10. Date deceased last worked at this occupation (mo. and yr.) 1937

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT W. M. Hollenbeck
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida Date May 24, 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 5-24-38 193 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 18, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to....., 193....

I last saw h... alive on..... 193....: death is said to have occurred on the date stated above, at 3:00p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes	
Cerebral Hemmorhage	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. G. Moon Coroner

(Address Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

JUN [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

78

Registration District No.

Primary Registration District No. 2155

(No. Graham Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109303

Local Registrar's No. 42

46

2. FULL NAME Mary Ann Summers

(a) Residence No. St. Sagle, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): [illegible]

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Summers

6. DATE OF BIRTH (month, day, and year) April 11, 1860

7. AGE: Years 78 | Months 1 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) May 1938

11. Total time (years) spent in this occupation 57 yrs

12. BIRTHPLACE (city or town) Unknown
(State or country) Kentucky

FATHER

13. NAME Thomas Turnbull

14. BIRTHPLACE (city or town) Unknown
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Deaton

16. BIRTHPLACE (city or town) Unknown
(State or country) Kentucky

17. INFORMANT L. P. Summers
(Address) Sagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Westmond, Ida. Date 5-28-38, 193

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 5-28-38, 193 8 Virgil C. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 25. 1938, 193

22. I HEREBY CERTIFY, That I attended deceased from April 30-38, 193 8, to May 25, 193 8

I last saw h[illegible] alive on May 23 193 8: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Apr. 17 38
Carcinoma Intestines	

Other **contributory causes** of importance: Senility

Name of operation Exploratory Date of 5/21/38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Floyd C. Wendle, M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 40

DO NOT WRITE IN THIS SPACE
State File No. 109304

(No. 402 S. Lavina Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Wismer

(a) Residence No. 402 S. Lavina Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Emma Wismer
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 12, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waterloo
(State or country) Ont. Canada

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Sallie Smith
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date 5-31-38 193

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 5-31-38 193 Virgil C. Cochran
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 27, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to May 27, 1938
I last saw him alive on May 26 1938; death is said to have occurred on the date stated above, at 4:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance:

Chronic Nephritis and Arteriosclerosis	1935

Name of operation None. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. F. Tyler, M. D.
(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109305

JUN 11 1938

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 1 13-38
(No. Big Creek District)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bert Mc Queen

(a) Residence No. ..... St. Spokane, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ? yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging
10. Date deceased last worked at this occupation (mo. and yr.) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Wash State Liquor Permit Card
(Address)

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Sandpoint, Ida Date June 2, 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 6-9, 1938 D. F. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) About June 1, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by Hanging	
Other **contributory causes** of importance:	
Probable Ill Health	

Name of operation..... Date of.....
What test confirmed diagnosis? none. Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide. Date of injury About 6-1-38 193 8.
Where did injury occur? Bonner County, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place
Manner of injury. Hanging
Nature of injury. Strangulation

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) D. E. Moon Coroner D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109307

Registration District No. 73
Primary Registration District No. 2-1-6 Local Registrar's No. 86
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 6 1938

2. FULL NAME Thomas Whittle

(a) Residence No. RFD #4 St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nettie Whittle

6. DATE OF BIRTH (month, day, and year) April 29, 1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	61	0	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed
10. Date deceased last worked at this occupation (mo. and yr.) May 1938
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Clifton
(State or country) Illinois

FATHER
13. NAME Ben Whittle
14. BIRTHPLACE (city or town) _____
(State or country) England

MOTHER
15. MAIDEN NAME Ester Peel
16. BIRTHPLACE (city or town) _____
(State or country) England

17. INFORMANT Joseph Whittle
(Address) Idaho Falls, Idaho

18. [illegible] REMOVAL
Place Halstead, Kan. Date May 14, 1938

19. UNDERTAKER McHan's Funeral Home
(Address) Idaho Falls, Idaho

20. FILED May 11, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) May 7, 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193..., to _____, 193...
I last saw h... alive on _____ 193...: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown	
Probable Heart Attack from acidosis	
Other contributory causes of importance:	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193...
Where did injury occur? Idaho Falls
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place on the street
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) Fred Dana Owen, M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109308

Registration District No. 73
Primary Registration District No. 21 V-D
Local Registrar's No. 85

(No.) 161
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. L D S Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	BABE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME LLOYD G. SIDLE
14. BIRTHPLACE (city or town)
(State or country) IOWA

MOTHER
15. MAIDEN NAME GWEN KILLIAN
16. BIRTHPLACE (city or town) SHELLEY
(State or country) IDAHO

17. INFORMANT L G Sidle
(Address) Shelley

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Ida. Date May 10, 1938

19. UNDERTAKER Gyrnalden
(Address) Shelley Idaho

20. FILED May 12, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-9-1938

22 I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 8, 1938
I last saw him alive on May 8 1938: death is said to have occurred on the date stated above, at 6:20 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 8/38
Other **contributory causes** of importance:	
Long hard labor	April 30/38

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. Lloyd Johnson, M. D.
(Address Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonniville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10930

MAY 16 1938

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 89

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Brent Rock

(a) Residence No. St. Rexburg, R.F.D. #3
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hibbard,
(State or country) Idaho

FATHER

13. NAME Harry Rock

14. BIRTHPLACE (city or town) Morgan
(State or country) Utah

MOTHER

15. MAIDEN NAME Ella Jensen

16. BIRTHPLACE (city or town) Hyrum
(State or country) Utah

17. INFORMANT Harry Rock
(Address) Rexburg, R. F. D. #3

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg. Date 5/11, 1938

19. UNDERTAKER Russell A. Cannon
(Address) Rexburg, Idaho

20. FILED May 13, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 8 1938

22 I HEREBY CERTIFY, That I attended deceased from May 8, 1938, to May 8, 1938.

I last saw him alive on May 8 1938: death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull fracture & hemorrhage	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury May 193
Where did injury occur? Jefferson County.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public highway.
Manner of injury Car run off highway
Nature of injury Skull fracture

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Watt, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109310

JUN 8 1938

Registration District No. 13
Primary Registration District No. 2140
Local Registrar's No. 88

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Joseph Wipperman

(a) Residence No. St.
(Usual place of abode) 35 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie O'Donnell

6. DATE OF BIRTH (month, day, and year) October 27, 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	6	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate
10. Date deceased last worked at this occupation (mo. and yr.) May 1936
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) St Louis
(State or country) Missouri

FATHER
13. NAME Antone Wipperman
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. Nellie Wipperman
(Address) Idaho Falls, Idaho

18. BURIAL, [redacted]
Place Ida. Falls Date May 12, 1938

19. UNDERTAKER McHan Funeral Home
(Address) Idaho Falls, Idaho

20. FILED May 12, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 9, 1938
I last saw him alive on May 9 1938: death is said to have occurred on the date stated above, at 8:55A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
with Cardiac infarction	
Lejiona Pulcis.	10 yrs.

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109311

JUN 8 1938

Registration District No. 13
Primary Registration District No. 7-4-7
Local Registrar's No. 87

(No. 140 So. D. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Beale

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/9/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Ida. Falls
(State or country) Idaho

FATHER

13. NAME George Beale
14. BIRTHPLACE (city or town) Ida. Falls
(State or country) Ida.

MOTHER

15. MAIDEN NAME Wonda Croney
16. BIRTHPLACE (city or town) Ida. Falls
(State or country) Ida.

17. INFORMANT George Beale
(Address) Idaho Falls.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls. Date 5/12, 1938

19. UNDERTAKER O. C. Buck
(Address) Idaho Falls

20. FILED May 12, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 9 1938

22 I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to May 11, 1938
I last saw him alive on May 11 1938: death is said to have occurred on the date stated above, at 4:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day.
Other **contributory causes** of importance:	

Name of operation None: Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K. Abbott M. D.
(Address Ida Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109312

JUN 8 1938

Registration District No. 13
Primary Registration District No. 2102 Local Registrar's No. 94
(No. Spencer Shop)
(If death occurred in a hospital or institution, give its name instead of street and number) 54

2. FULL NAME Geich Yasua

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or race White
5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None
6. DATE OF BIRTH (month, day, and year) Unk.
7. AGE Years About 54 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1937
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Unk.
(State or country) Japan

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Japan

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Japan

17. INFORMANT Frank Taniyama
(Address) Idaho Falls
18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls Date May 15, 1938
19. UNDERTAKER O. C. Buck
(Address) Idaho Falls, Ida
20. FILED May 14, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 13 1938
22 I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 13, 1938
I last saw him alive on May 13 1938: death is said to have occurred on the date stated above, at 11:03 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	D K
Other contributory causes of importance:	
Cardiac failure	

Biopsy done by Dr. Eberle

Name of operation Biopsy Date of May 13, 1938
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) C. C. Erickson, M. D.
(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109313

JUN 8 1938

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 93
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vaunda Eduarda

(a) Residence No. North Bld. & Elva St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Virgil J. Eduarda
14. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

MOTHER
15. MAIDEN NAME Elva Neeley
16. BIRTHPLACE (city or town) Franklin
(State or country) Idaho

17. INFORMANT Mrs. Vi J. Eduarda
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rose Hill Date ....., 193..

19. UNDERTAKER Jack A. Hood
(Address) 273 No. Ridge

20. FILED May 18, 1938 Wm Richmond Registrar.
I.C.B.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1938, to 5/15/38, 193..
I last saw her alive on 5/15/38 193..: death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia - Staphylococcus Aureus	5/13/38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) O. B. Woolley, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109314

JUN 6 1938

Registration District No. 73
Primary Registration District No. 2107
Local Registrar's No. 95
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Ronald Rhodes.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant. #1.
6. DATE OF BIRTH (month, day, and year):
7. AGE: Years | Months | Days | If LESS than 1 day 3½ hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho.

FATHER
13. NAME Basil Alonzo Rhodes.
14. BIRTHPLACE (city or town) Rigby
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Alice Freida Reese
16. BIRTHPLACE (city or town) Ames
(State or country) Nebraska

17. INFORMANT Mrs. Basil A. Rhodes
(Address) Rigby Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby Date May, 1938

19. UNDERTAKER C.B. Emmons
(Address) Rigby Ida.

20. FILED May 17, 1938 C.B. Emmons Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-16-1938

22 I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to May 16, 1938
I last saw him alive on May 16 1938: death is said to have occurred on the date stated above, at 11 30 PM m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	May 16

Other **contributory causes** of importance:

Congenital Malformation	
Mother — Placenta Previa	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M.D.
(Address Idaho Falls, Ida.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JUN 0 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109315

Registration District No. 13
Primary Registration District No. 2 1 0
Local Registrar's No. 96
(No. L D S Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

159

2. FULL NAME Reynold Rhodes

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant #2
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years | Months | Days | If LESS than 1 day 2 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

FATHER
13. NAME Basil Alonzo Rhodes
14. BIRTHPLACE (city or town) Rigby (State or country) Idaho

MOTHER
15. MAIDEN NAME Alice Frieda Rhodes
16. BIRTHPLACE (city or town) Ames (State or country) Nebraska

17. INFORMANT Mr. Basil A. Rhodes (Address) Rigby Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Rigby Ida. Date May 2, 1938
19. UNDERTAKER C. B. Redmond (Address) Rigby Idaho
20. FILED May 2, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 1, 1938
I last saw h[illegible] alive on May 1, 1938: death is said to have occurred on the date stated above, at 1 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Premature birth	May 1
Other contributory causes of importance:	
Placenta [illegible] Mother	
Cesarean section	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JUN 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109316

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 98
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Burke
(a) Residence No. Iona, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lee Burke
6. DATE OF BIRTH (month, day, and year): Dec 20, 1882
7. AGE: Years 55 | Months 4 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fountain Green Utah

FATHER
13. NAME: Chris Hansen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Isabelle Sorensen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): George A. Burke Iona Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Iona, Idaho Date: May 22, 193 8
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls Idaho
20. FILED: May 23, 193 8 Compliance
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 19 193 8
22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 193 7, to May 19, 193 8
I last saw her alive on May 18 193 8: death is said to have occurred on the date stated above, at 6-30 p m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic nephritis	
Cystitis	
Other **contributory causes** of importance:	
Adiposity	

Name of operation: None Date of:
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Erickson, M. D.
(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109317

JUN 8 1938

Registration District No. 13
Primary Registration District No. 21-2
Local Registrar's No. 97

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Linton

(a) Residence No. 370 Ridge Avenue St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Linton

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail meats

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1918

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) London
(State or country) Ont., Canada

FATHER

13. NAME Richard Linton

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Mary Voden

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Lillie Linton
(Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls Idaho Date May 22, 1938

19. UNDERTAKER O. C. Buck
(Address) Idaho Falls Ida

20. FILED May 22, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 20 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to May 20, 1938
I last saw h.... alive on May 20 1938.: death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pyelonephritis with uremia	Apr 8-38
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. K. Cobb M. D.
(Address) Idaho Falls Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

JUN 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109315

Registration District No. 73

Primary Registration District No. 2147-D

Local Registrar's No. 99

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise M. Thornton

(a) Residence. No. ..... St. Monteview, Idaho,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1/6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Thornton

6. DATE OF BIRTH (month, day, and year): March 2 - 1880

7. AGE — Years: 58 | Months: 2 | Days: 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ranching

10. Date deceased last worked at this occupation (mo. and yr.): May 17-38

11. Total time (years) spent in this occupation: 21

12. BIRTHPLACE (city or town) (State or country): Clear Creek Co, Colorado

FATHER

13. NAME: Tony Garbarino

14. BIRTHPLACE (city or town) (State or country): Genoa Italy

MOTHER

15. MAIDEN NAME: Mary Barbere

16. BIRTHPLACE (city or town) (State or country): Genoa Italy

17. INFORMANT (Address): Mrs Marie Mischo Monteview, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Denver Colorado Date: May 25 1938

19. UNDERTAKER (Address): Cliff Huggins Idaho Falls,

20. FILED May 27, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 20 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17 1938 to May 20 1938

I last saw her alive on May 20 1938; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gas gangrene following	May 17-38
injury to left leg received	
May 17 1938	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury May 17, 1938
Where did injury occur? Ranch, Monteview, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home ranch
Manner of injury Gored by enraged bull
Nature of injury Fracture of left leg

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Handling stock
(Signed) W. C. Chaney M. D.
(Address) Rogers Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109319

JUN 8 1938

Registration District No. 73
Primary Registration District No. 2107 Local Registrar's No. 100
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Davis

(a) Residence No. Park ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nov. 24

6. DATE OF BIRTH (month, day, and year) 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surveyor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME Levin Davis
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Catharine Saltzman
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Mrs Bula Ashbing
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date May 27 193 8

19. UNDERTAKER Shoffstall
(Address) Idaho Falls.

20. FILED May 27, 193 8 C. C. Emerson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 20. 193 8

22 I HEREBY CERTIFY, That I attended deceased from May 2, 193 8, to May 20, 193 8
I last saw him alive on May 20 193 8: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	D. K.
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. C. Emerson, M. D.
(Address Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2 # 9

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109320

JUN 8 1938

Registration District No. 73
Primary Registration District No. 21-4
Local Registrar's No. 107

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elnore Susan Campbell

(a) Residence No. 12½a St. Victor, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathan Campbell

6. DATE OF BIRTH (month, day, and year) July 28 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Huntington
(State or country) Utah

FATHER

13. NAME George Anthony Heumble
14. BIRTHPLACE (city or town)
(State or country) U.S.

MOTHER

15. MAIDEN NAME Lethea Chenney
16. BIRTHPLACE (city or town)
(State or country) U.S.

17. INFORMANT Nathan M. Campbell
(Address) Bonsey, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Victor, Idaho Date May 28, 1938

19. UNDERTAKER Jack Wood
(Address) Idaho Falls Idaho

20. FILED May 27, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/23 1938

22 I HEREBY CERTIFY, That I attended deceased from May 22, 1938, to May 23, 1938

I last saw her alive on May 23 1938: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute ileus	
Obstruction of ileum	May 18
& Abscess Appendix	
Peritonitis Generalized	May 22

Other contributory causes of importance:

Pneumonia Lobar	May 8-
acute appendicitis	May 18

Name of operation Laparotomy Date of May 23
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Idaho Falls

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED JUN 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109321

Registration District No. 13
Primary Registration District No. 2 1 3 0
Local Registrar's No. 108
(No. l.d.s. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Findley Park

(a) Residence No. Ririe, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Park

6. DATE OF BIRTH (month, day, and year) Nov 8, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Little Cottonwood
(State or country) Utah

FATHER
13. NAME James P. Park
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER
15. MAIDEN NAME Agnes Findlay
16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT Loren Park
(Address) Rigby 2 Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Ririe, Ida. Date May 25, 1938

19. UNDERTAKER Ballard & Ferrin
(Address) Rigby, Ida.

20. FILED May 26, 1938 Guy Dunn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 23 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1938, to May 23, 1938
I last saw h.im alive on May 22, 1938: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Prior
Chronic endocarditis	
Other **contributory causes** of importance: Chronic nephritis and Edema.	July

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Miller M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JUN 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109322

Registration District No. 13
Primary Registration District No. 2-10-0 Local Registrar's No. 104
(No County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME John Bordwell

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ~

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	90			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME ~
14. BIRTHPLACE (city or town) (State or country) ~

MOTHER
15. MAIDEN NAME ~
16. BIRTHPLACE (city or town) (State or country) ~

17. INFORMANT Mrs Oscar Lundstrum
(Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date May 27 193 8

19. UNDERTAKER Cliff Thayer
(Address) Idaho Falls Ida

20. FILED May 27, 193 8 Geo Tennant Registrar.
by Dickson

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 24 193 8

22 I HEREBY CERTIFY, That I attended deceased from Feb 10, 193 7, to May 24, 193 8
I last saw him alive on May 19 193 8.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	D K.
Senility	
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Emerson, M. D.
(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10932

Registration District No. 13
Primary Registration District No. 2170
Local Registrar's No. 105

JUN 8 1938

(No. LDS Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helga Clark Brewer

(a) Residence No. Teton, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of J. Herald Brewer

6. DATE OF BIRTH (month, day, and year) Dec. 10-1916

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	21	5	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pelon Idaho
(State or country)

FATHER
13. NAME James Clark
14. BIRTHPLACE (city or town) Benson Utah
(State or country)

MOTHER
15. MAIDEN NAME Julia Stewart
16. BIRTHPLACE (city or town) Charleston Utah
(State or country)

17. INFORMANT James E. Clark
(Address) Pelon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pelon Ida. Date May 27, 1938

19. UNDERTAKER W. W. Hansen
(Address) St. Anthony Idaho

20. FILED May 27, 1938 Jeff Jensen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1938, to May 24, 1938
I last saw h. alive on May 24 1938: death is said to have occurred on the date stated above, at 7:05 P m. 5:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion from Suppuration Pelvis Peritonitis	Jan 1938
Other contributory causes of importance:	
Hydatidiform mole	Dec. 1937

Name of operation Pelvic Drainage Date of 5, 2, 38
What test confirmed diagnosis? ~~op~~ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H Ray Hatch, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn
City of Idaho Falls

JUN 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109324

Registration District No. 13
Primary Registration District No. 2147-D
Local Registrar's No. 106
(No. I. D. H. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

186a

2. FULL NAME Agnes Fanning
(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Fanning
6. DATE OF BIRTH (month, day, and year): April 7 1857
7. AGE: Years 81 | Months 1 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (mo. and yr.): May 29/1938
11. Total time (years) spent in this occupation: 44

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: James Nolan
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Ed. Fanning
(Address): Ida. Falls Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Idaho Falls Date: May 28, 1938

19. UNDERTAKER: O. Beck
(Address): Idaho Falls, Ida.

20. FILED: May 27, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): May 28 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to May 28, 1938
I last saw h[illegible] alive on May 27 1938: death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7
	1
Other contributory causes of importance:	
Fractures Neck Left Femur	May 16

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury May 16, 1938
Where did injury occur? Home in City
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell
Nature of injury Fractures neck Left Femur

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) [illegible], M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Swan Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109325

JUN 8 1938

Registration District No. 73

Primary Registration District No. 1-b

Local Registrar's No. 101

(No. 163)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Calderwood

(a) Residence No. (Usual place of abode) St. Irwin, Ida.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: Wh.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Martha Calderwood

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 62 | Months 4 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self employed

10. Date deceased last worked at this occupation (mo. and yr.): Oct. 1937

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town): Evanston
(State or country): Wyoming

FATHER

13. NAME: John Calderwood

14. BIRTHPLACE (city or town): /
(State or country): Scotland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town): /
(State or country): Scotland

17. INFORMANT: Martha Calderwood
(Address): Irwin, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place: Irwin, Idaho Date: May 29, 1938

19. UNDERTAKER: O. Bruce
(Address): Idaho Falls, Ida.

20. FILED: May 7, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (~~month~~, day and year): 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 11 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death self inflicted Shooting	
Other contributory causes of importance: Poor Health for 30 years	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury May 26, 193 8

Where did injury occur? Swan Valley
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place: Main street

Manner of injury: Gunshot

Nature of injury: Gunshot wound

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred Potts, Coroner, M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JUN 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109327

Registration District No. 73
Primary Registration District No. 11-0
Local Registrar's No. 102

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Aaron Walter Nelson

(a) Residence No. R. F. D. # 2 St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1938
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Long Island
(State or country) New York

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Andrew Stevens
(Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls, Ida. Date May 28, 1938

19. UNDERTAKER O. L. Bucy
(Address) Idaho Falls Ida

20. FILED May 31, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) May 26 1938

22 I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to May 26, 1938
I last saw him alive on May 15 1938: death is said to have occurred on the date stated above, at 8:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 1, 1938
Other contributory causes of importance:	
Hypertension	

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Erickson, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
JUN 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 109

DO NOT WRITE IN THIS SPACE
State File No. 109328

159

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Dutson (Twin)

(a) Residence No. Rigby Route 2 St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Infant
7. AGE: Years | Months | Days | If LESS than 1 day 4 hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Herman Glenn Dutson
14. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

MOTHER
15. MAIDEN NAME Alverta Porter
16. BIRTHPLACE (city or town) Alpine (State or country) Wyo.

17. INFORMANT (Address) Richard J. Dutson

18. BURIAL, CREMATION OR REMOVAL
Place Sheton Ida. Date May 29, 193 8

19. UNDERTAKER None
(Address)

20. FILED May 20, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/27/193 8

22. I HEREBY CERTIFY, That I attended deceased from May 27, 193 8 to May 27, 193 8
I last saw him alive on May 27, 193 8; death is said to have occurred on the date stated above, at 5:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity 6½ months	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Ray Hatch, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109329

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

JUN 8 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME George W. Nutt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 17, 1866

7. AGE: Years 72 | Months 2 | Days 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME J.R. Nutt

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Watson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Paul Nutt
(Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date May 6, 1938

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho

20. FILED 5-8, 1938. R.M. Dowrel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden death	
Myocardial degeneration	
	1936

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?...

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Clayton M. Symonds M.D.
(Address) Coroner Boundary Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109339

Registration District No. 19

Primary Registration District No. 2154 Local Registrar's No. 1618

JUN 8 1938

(No. Bonners Ferry Hospital (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joyce Lee Jantz.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20 1938

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

FATHER

13. NAME Jesse B. Jantz Jr.

14. BIRTHPLACE (city or town) (State or country) Marion Co Kansas

MOTHER

15. MAIDEN NAME Lena Harris

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Jesse B. Jantz Bonners Ferry

18. BURIAL, CREMATION OR REMOVAL Bonners Ferry Date May 22 1938

19. UNDERTAKER (Address) H. H. Church Bonners Ferry

20. FILED J-3-38, 1938 Lee Bonner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 21 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20, 193 8, to May 21, 193 8.

I last saw her alive on May 21, 193 8; death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
following aspiration	
of amniotic fluid	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) H. H. Church, M. D.

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109331

JUN 8 1938

Registration District No. 79
Primary Registration District No. 2156 · Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93 21

2. FULL NAME Barbara Riley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. Riley

6. DATE OF BIRTH (month, day, and year): Mar. 12 - 1859

7. AGE: Years 79 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Ct. home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER/FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Joseph Riley, Bonners Ferry, Ida.
18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry, Ida. May 27, 1938
19. UNDERTAKER (Address): W. P. Andrews, Bonners Ferry Ida.
20. FILED May 26, 1938 Ruth Bowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12 ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden Death	?
Arteriosclerosis	1
Hypostasis	
Myocardial failure	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?. No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109332

RECEIVED MAY 18 1938

PLACE OF DEATH
County of BUTTE
City of ARCO

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 4

(No.) 50
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME DASIY BELL LINDEMAN

(a) Residence. No. DARLINGTON St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred #30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of AUGUST LINDEMAN

6. DATE OF BIRTH (month, day, and year) Oct. I4, I9[illegible]

7. AGE: Years 49 | Months 6 | Days I0 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Independence, Ark.

FATHER
13. NAME: W.D. JENINGS
14. BIRTHPLACE (city or town) (State or country): HEDICK? ILL.

MOTHER
15. MAIDEN NAME: CASINA CARL
16. BIRTHPLACE (city or town) (State or country): HEDICK? ILL.

17. INFORMENT (Address): AUGUST LINDEMAN DARLINGTON IDA.

18. BURIAL, CREMATION, OR REMOVAL Place: ARCO Date: 4/26, 1938

19. UNDERTAKER: W.S. MARVEL (Address): ARCO

20. FILED May 3, 1938 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 24 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to April 24, 1938
I last saw her alive on April 1, 1938; death is said to have occurred on the date stated above, at 2 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with generalized metastis	May 1937
Other contributory causes of importance:	
Secondary Anemia	July 1937

Name of operation None Date of
What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. P. Corbett, M. D.
(Address) Arco Ida.

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Daisy Belle Lindenman now lying buried in Hillcrest Cemetery, in the City or Town of Arco County of Butte State of Idaho, who died on the 24 day of April, 1938, aged 49 years 6 months 10 days, the cause of death being Carcinoma of the breast and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

I. R. Egbert attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance to Sunset Memorial cemetery in the City or Town of Twin Falls County of Twin Falls State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Butte it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho, this 12th day of Nov., A.D. 1954.

Permit issued to:

W. W. Benson
Director, Division of Vital Statistics
By- Mabel Weldon Deputy

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Arco, Butte State of Idaho, this 13th day of November 1954.

J. C. Lewis MD
Health Officer

Form DPH-48019

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BUTTE
City of ARCO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAY 18 1938

DO NOT WRITE IN THIS SPACE
State File No. 109333

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ELVA LOIS BELMAP KEELE

(a) Residence. No. GROUSE? St. IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
f	W	married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of RANDOLPH KEELE

6. DATE OF BIRTH (month, day, and year) April 25/1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) ARCO IDAHO

FATHER

13. NAME A. BELMAP

14. BIRTHPLACE (city or town) (State or country) SALEM IDAHO

MOTHER

15. MAIDEN NAME ALMA M BAKER

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMENT (Address) RANDOLPH KEELE GROUSE IDA.

18. BURIAL, CREMATION, OR REMOVAL Place ARCO Date 4/27, 1938

19. UNDERTAKER W. S. MARVEL (Address) ARCO

20. FILED May 3rd, 1938 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1935, to Apr. 25, 1938

I last saw her alive on April 24, 1938; death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1935
Other contributory causes of importance:	
Chronic interstitial Nephritis	Mar 1935

Name of operation — Date of
What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. P. Egbert, M. D.
(Address) Arco Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109334

PLACE OF DEATH
County of BUTTE
City of ARCO

MAY 18 1938

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

124C

2. FULL NAME FREDRICK ST. CLAIR BENT

(a) Residence. No. ARCO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) MARCH 26 / 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) PUGWASH? NOVA SCOTIA CANADA

FATHER
13. NAME EDGAR ST CLAIR BENT
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. A. Kidman Arco

18. BURIAL, CREMATION, OR REMOVAL Place ARCO Date 4/29, 1938

19. UNDERTAKER W.S. MARVEL (Address) ARCO

20. FILED May 3, 1938 Mary S. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1938, to April 27, 1938
I last saw h/m alive on April 16, 1938, death is said to have occurred on the date stated above, at 6-15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1934
Other contributory causes of importance: Myocarditis	1936

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. H. Egbert, M. D.
(Address) Arco Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell 5th & Denver

STATE OF IDAHO
DEPARTMENT OF PUBLIC WE
BUREAU OF VITAL STATIST.

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109335

JUN 10 1938

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 45

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Beulah Wilson

(a) Residence No. Parma St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Mr Ingalen Wilson

6. DATE OF BIRTH (month, day and year) Sept 27-1909

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colfax Washington

FATHER
13. NAME Thos M Upshaw
14. BIRTHPLACE (city or town) (State or country) Mountain Grove Missouri

MOTHER
15. MAIDEN NAME Margaret K Webster
16. BIRTHPLACE (city or town) (State or country) Parma Missouri

17. INFORMANT L P Upshaw
(Address) Parma Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Valley Date 6-12 1938

19. UNDERTAKER L Peckham
(Address) Caldwell Ida

20. FILED 6/10, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 12 1938

22 I HEREBY CERTIFY, That I attended deceased from June 3, 1938, to June 12, 1938
I last saw h[illegible] alive on April 11 1938: death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1934	
Pulmonary T.B.	1934
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? X Ray & Lab. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Melba

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109336

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 59

MAY 9 - 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augustus Perry Cline

(a) Residence. No. NE Melba Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/9-1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7th grade in School
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fountain Grove Mo.

FATHER
13. NAME P. B. Cline
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Vivian Nesrich
16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMANT P. B. Cline
(Address) Melba Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Cem Date 4/25 1938

19. UNDERTAKER W. D. Gallus
(Address) Nampa Ida

20. FILED May 3 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/23 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 1938
I last saw h[illegible] alive on ....., 1938.: death is said to have occurred on the date stated above, at 11:30-P m.
The principal cause of death and related causes of importance were as follows:

Falling from running board cab hitting rear wheel of C. B. oil Truck & Running over Abdomen — Date of onset

Other contributory causes of importance:
Emi S. W. of Melba on private road 3 days going fishing thrashed a ride, struck in stomach

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 4/27 1938
Where did injury occur? above Stated
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Prospect road
Manner of injury above Stated
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) W. D. Gallus M. D. Coroner
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109338

Registration District No. 1
Primary Registration District No. 2 0 0 5
Local Registrar's No. 46

JUN 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Lea Hull

(a) Residence No. Wilder Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 13 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilder Idaho

FATHER
13. NAME Frank W. Hull
14. BIRTHPLACE (city or town) (State or country) Grand Springs Alexander

MOTHER
15. MAIDEN NAME Anna Kate Benson
16. BIRTHPLACE (city or town) (State or country) Omaha Georgia

17. INFORMANT Frank W. Hull
(Address) Wilder #1

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Date Apr 28, 1938

19. UNDERTAKER C. V. Blackburn
(Address) Caldwell Idaho

20. FILED 6/9, 1938 Thomas Summary
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 27 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 19, 1938, to Apr 27, 1938
I last saw her alive on Apr 27 1938: death is said to have occurred on the date stated above, at 9-A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Apr 11/38
Influenza	Apr 15/38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hubert O. Sellers, M. D.
(Address) Wilder Idaho

74 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109339

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 47

JUN 10 1938

(No. Caldwell Sanitarium
(If death occurred in a hospital or institution, give its name instead of street and number)

46c

2. FULL NAME Edward Marion Saplin

(a) Residence No. Parma, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Beryle Saplin

6. DATE OF BIRTH (month, day, and year) 8/18/72

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Saplin

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Bowdren

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Beryl Saplin
(Address) Parma Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 5-1, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED 5/9, 1938 F. K. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/28 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1938, to April 28, 1938

I last saw h— alive on April 28 1938; death is said to have occurred on the date stated above, at 1:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Caecum	first symptom April 15 '38
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Call M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109340

Registration District No. 7
Primary Registration District No. 1106
Local Registrar's No. 72

JUN 10

(No. 97)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry McHose

(a) Residence No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER FATHER

13. NAME Edwin McHose
14. BIRTHPLACE (city or town) (State or country) Pa.
15. MAIDEN NAME Mary Yoder
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Grace McHose
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 5-1, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED June 1, 1938 Lydia Rodgers Registrar.

Ross

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-29 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-1-, 1938, to 4-29-, 1938

I last saw him alive on 4-29-1938: death is said to have occurred on the date stated above, at 8:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary embolism.	4-29-'38
Arteriosclerotic gangrene of Lt. Leg & foot.	
Other contributory causes of importance: Sentinel arteriosclerosis. Surgical amputation of leg mid thigh.	

Name of operation Amputation Date of 4/8
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. A. McKinney, M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109341

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 87
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

464

2. FULL NAME Ida Theresa Samuel Craft
(a) Residence. No. 2 Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Lela Craft

6. DATE OF BIRTH (month, day, and year) July 15 187

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jefferson Kansas

FATHER
13. NAME Jesse M. Craft
14. BIRTHPLACE (city or town) (State or country) Lawrenceburg Ind.

MOTHER
15. MAIDEN NAME Anna R. Richards
16. BIRTHPLACE (city or town) (State or country) Madison Wis.

17. INFORMANT (Address) Russel R. Craft Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Nampa Date 6/30, 1938

19. UNDERTAKER (Address) Keith Talley Nampa Ida

20. FILED June 2 1938 Lydia R. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/29 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-15-, 1937, to 4-29-, 1938.
I last saw h[illegible] alive on 4-23-, 1938.; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary involvement of bones & Tuberculosis	about 4-1-38
Other contributory causes of importance: Primary carcinoma of Rt. Breast - Supposed Oregon. Inoperable.	1937.

Name of operation Colostomy Date of 1-11-38
What test confirmed diagnosis? Cytology Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Geo. W. McKillop, M. D.
(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Parma

RECEIVED JUN 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109342

Registration District No. 1007
Primary Registration District No. 3
Local Registrar's No. 110

(No) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Scuttle Campbell

(a) Residence No. Parma # 3 St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 19 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kuna Idaho
(State or country)

FATHER
13. NAME William T. Campbell
14. BIRTHPLACE (city or town) Mary Prelia Idaho
(State or country)

MOTHER
15. MAIDEN NAME Bertha Tuttle
16. BIRTHPLACE (city or town) Decatur Illinois
(State or country)

17. INFORMANT W. E. Campbell Parma Ida
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Parma Date 6-5, 1938

19. UNDERTAKER C. V. Pickham Caldwell Ida
(Address)

20. FILED 6-2, 1938 Mrs. Alice Rose Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 1 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
History: Subject to epileptic spells. was found lying in ditch head under water. Probably drowned.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~Homicide~~ or ~~Suicide~~? ..... Date of injury 5/1, 1938
Where did injury occur? 5 mi. N.W. Parma
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Drowned
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify above

(Signed) Wm D. Tally M. D. Coroner
(Address) Parma, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109343

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 75

JUN 10 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93 d 1

2. FULL NAME Lucy L. Hubbard

(a) Residence No. Nampa, Ida R. 7 P. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Ky.

FATHER

13. NAME John Hays

14. BIRTHPLACE (city or town) .....
(State or country) Va.

MOTHER

15 MAIDEN NAME Herring

16. BIRTHPLACE (city or town) .....
(State or country) Va.

17. INFORMANT Tom Hubbard
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 5-5, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED June 1, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/1 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-30, 1938, to 5-1, 1938

I last saw her alive on 5-1 1938; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis.	1928
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Horton M. D.
(Address) Nampa Idaho.

4

Typed

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109344

JUN 10 1938

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 48

(No. Caldwell Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Calvin Elsworth Ward

(a) Residence No. Middleton St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): May 1 1938

7. AGE — Years | Months | Days: 1 day 16 hrs. or ... min. (If LESS than)

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

FATHER

13. NAME: Guy M. Ward

14. BIRTHPLACE (city or town) (State or country): Salt City Wyoming

MOTHER

15. MAIDEN NAME: Lola J. Montgomery

16. BIRTHPLACE (city or town) (State or country): Western Oregon

17. INFORMANT (Address): Guy M. Ward Middleton Ida.

18. BURIAL, CREMATION OR REMOVAL: Canyon Hill Cem. Date May 2 1938

19. UNDERTAKER (Address): V. Peckham Caldwell Ida.

20. FILED June 7, 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 1 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 1, 1938

I last saw h[illegible] alive on May 1, 1938; death is said to have occurred on the date stated above, at 10:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	
with Premature Detachment of Placenta	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... (Specify)

(Signed) [signature] M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Oregon State Board of Health — Certificate of Death

109345 2017 3

1. PLACE OF DEATH — State Registered No. 82a

County Canyon — State Idaho — Local Registered No. 111

Township ... or Village Parma or

City ..., ... St., ... Ward

REC'D JUN 3 1938

(If death occurred in a hospital or institution, give its name instead of street number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Mary Stockton

(a) Residence: No. Parma St., Idaho RD #2

(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (Write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 28 1875

7. AGE	Years	Months	Days	If less than 1 day, ... hrs. or ... min.
	63	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garden Valley Idaho

FATHER

13. NAME Patrick Clemmons

14. BIRTHPLACE (city or town) (State or country) Boone Co Kentucky

MOTHER

15. MAIDEN NAME Mary Naylor

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Missouri

17. INFORMANT Pat Stockton (Address) Parma, Ida

18. BURIAL, CREMATION OR REMOVAL Place Caldwell Cem Date 6-6-1938

19. UNDERTAKER Pearsons (Address) Caldwell Ida

20. Filed 6-2-1938 Mrs. Alice Ross Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938 to May 4, 1938 that I last saw h... alive on ... 19..; death is said to have occurred on the date stated above, at 6 1/2 a m.

The principal cause of death and related causes of importance in order or onset were as follows:

	Date of onset
a Apoplexy	

Contributory causes of importance not related to principal cause: no

Name of operation no Date of no

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no 19..

Where did injury occur? no (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J W Mitchell, M.D.

(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109346

JUN 10 1938

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 82

(No. 1074)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Less A. Vernon

(a) Residence No. 2½ Miles East of Nampa R#2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 17-1872
7. AGE: Years 65 | Months 5 | Days 18 | If LESS than 1 day — hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Unknown (State or country) Oregon

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) " (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Ole Priest (Address) Twin Falls Co Idaho

18. BURIAL, CREMATION OR REMOVAL: Place Nampa Date June 7, 1938

19. UNDERTAKER Wm. D. Tallis (Address) Nampa Ida.

20. FILED June 2, 1938 Hyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/5-1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to May 5, 1938.
I last saw h— alive on 5-4-1938: death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Bronchopneumonia	

Other contributory causes of importance: Pleurisy and Empyaema

Name of operation Rib Resection Date of 1/20/38
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace M. Gilbreath M. D.
(Address) Nampa, Ida.

Idaho
Oregon State Board of Health — Certificate of Death

Registration Dist No 1 Registration Dis No 2005 — 49

JUN 10 1938

State Registered No. 10934

1. PLACE OF DEATH
County Canyon State Idaho Local Registered No. 2005
Township Caldwell or Village ..... or
City ..... No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its name instead of street number)
Length of residence in city or town where death occurred ..... yrs. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Patterson
(a) Residence: No. R-3 Caldwell St., ...
(Usual place of abode) (If nonresident, give city or town and state)

Ida Wilson Toomey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of)

6. DATE OF BIRTH (month, day, and year) Jan 28 1904

7. AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	34	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Apr 27-38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Harper Utah

FATHER

13. NAME Myron Patterson
14. BIRTHPLACE (city or town) (State or country) Harper Utah

MOTHER

15. MAIDEN NAME Elizabeth Haynes
16. BIRTHPLACE (city or town) (State or country) Harper Utah

17. INFORMANT Verna Patterson
(Address) R-3 Caldwell

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date May 7, 1938

19. UNDERTAKER C. W. Peckham
(Address) Caldwell Idaho

20. Filed 6/11, 1938 M. Toomey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 5, 1938, that I last saw h— alive on May 5, 1938; death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance in order or onset were as follows:

	Date of onset
Bronchial Pneumonia	May 2d/38

Contributory causes of importance not related to principal cause:
Appendicitis chronic

Name of operation ..... Date of Apr 28/38
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Toomey M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Wilder-RD #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109348

JUN 10 1938

Registration District No. /

Primary Registration District No. 2005

Local Registrar's No. 50

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Lesley Irving Puckett

(a) Residence No. Wilder, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Clara Roberts Puckett

6. DATE OF BIRTH (month, day, and year) June 2 - 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem
(State or country) Iowa

FATHER

13. NAME Richard Puckett

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME Phoebe Frazier

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Clara L. Puckett
(Address) Wilder, Ida RFD #1

18. BURIAL, CREMATION, OR REMOVAL
Place Riverview Cem. Date 5-9-, 1938

19. UNDERTAKER C. V. Packham
(Address) Caldwell, Idaho

20. FILED 5/14, 1938 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-5 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw him alive on Feb. 1938.: death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prob. Heart block	
Sudden death dead when I arrived	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Robt. E. Sellers, M. D.

(Address Wilder, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109349

JUN 10 1938

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 76

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Franklin Dorsey

(a) Residence No. 224-10 ave N / St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) 11-6-60

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	6	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calif

FATHER
13. NAME None Married

14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Mary Dorsey
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 5-10, 1938

19. UNDERTAKER F. W. Robinson
(Address) Nampa Ida

20. FILED June 1, 1938 Lydia Rodgers
Registrar.

Swayne

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 7 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-7-, 1938, to 5-7-, 1938
I last saw h.wm. alive on 5-7- 1938: death is said to have occurred on the date stated above, at 2-0 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Myocarditis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Samuel G. Swayne M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon.
City of Caldwell.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109350

JUN 10 1938

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 57
(No. Caldwell Sanitarium.)
(If death occurred in a hospital or institution, give its name instead of street and number)

11a

2. FULL NAME Elizabeth Lovejoy.

(a) Residence No. Wilder, Idaho. R.D. # 1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 10. 1862.

7. AGE — Years: 77 — Months: 5 — Days: 9. — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Perry. Iowa.
(State or country)

MOTHER FATHER

13. NAME John Lawler.
14. BIRTHPLACE (city or town) England.
(State or country)
15. MAIDEN NAME Mary Graney.
16. BIRTHPLACE (city or town) Ireland.
(State or country)

17. INFORMANT Owen Lovejoy.
(Address) Meridian, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. May. 11, 193 8.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7/11, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 7 193 8

22 I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to May 7, 193 8
I last saw h dr alive on May 7 193 8: death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	May 4/38
Other contributory causes of importance:	
Influenza	May 21/38
Chronic Nephritis	" 21/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? Nil If so, specify .....

(Signed) Harold E. Talbot M. D.
(Address) Wilder Idaho

Jal

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Wilder

JUN 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109351

Registration District No.

Primary Registration District No. 2005 Local Registrar's No. 52

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Nannie Jane Paul

(a) Residence No. Wilder Idaho St. #2

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 18-1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perryville Ohio

FATHER

13. NAME Putnam

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Peter Paul
(Address) Wilder #2

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cemetery Date June 15-10, 1938

19. UNDERTAKER V. Pentecost
(Address) Caldwell Ida

20. FILED June 14, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 8 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 4, 1938, to June 8, 1938

I last saw her alive on Apr 30 1938: death is said to have occurred on the date stated above, at 3:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetis Gangrene feet & legs	Apr 4/38
Other **contributory causes** of importance:	
Chronic nephritis	
Valvular Heart	Apr 4

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert E Collett, M. D.

(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109352

RECEIVED JUN 3 1938

Registration District No. 2007

Primary Registration District No. 3

Local Registrar's No. 112

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Viola Clarence Hulett

(a) Residence No. Parma St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Audrey J. Hulett

6. DATE OF BIRTH (month, day, and year) Dec 2 1863

7. AGE: Years 74 | Months 9 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Baird

14. BIRTHPLACE (city or town) (State or country) — —

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) — —

17. INFORMANT Frank W. Hulett
(Address) Roswell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Roswell Cem. Date 6-1-, 1938

19. UNDERTAKER E. V. Chesham
(Address) Caldwell Ida

20. FILED 6-2-, 1938 Mrs. Alice Rood
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 31 1938

22. I HEREBY CERTIFY, That I attended deceased from November, 1937, to May, 1938

I last saw h[illegible] alive on May 4 1938; death is said to have occurred on the date stated above, at 9:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	about 1934

Other **contributory causes of importance:**

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. V. Heinsburger M.D.

(Address) Parma, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 10 1938

DO NOT WRITE IN THIS SPACE
State File No. 109353

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 58

(No. 157 Dearborn)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacqueline Vaughan Stolzenburg

(a) Residence No. 0 Middleton St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9 38

7. AGE — Years | — Months | 1 Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middleton Ida
(State or country)

FATHER
13. NAME Vaughan Stolzenburg
14. BIRTHPLACE (city or town) Lafayette Idaho
(State or country)

MOTHER
15. MAIDEN NAME Lois Bennett
16. BIRTHPLACE (city or town) Mitchell Nebraska
(State or country)

17. INFORMANT Vaughan Stolzenburg Middleton Idaho
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Cem. Date May 5, 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED June 7, 1938 Mrs. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 9 1938

22 I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to May 9, 1938
I last saw h[illegible] alive on May 9, 1938: death is said to have occurred on the date stated above, at 4.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Opening of the foramen ovale and failure of oxygenation	May 9 38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Earl V. Vaughan, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109354

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 83
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Bronice Fay Lighty
(a) Residence No. 712 - 9th Ave So St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Orlie J. Lighty
6. DATE OF BIRTH (month, day, and year): 1899
7. AGE: Years 37 | Months 5 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fenton Iowa

FATHER
13. NAME: Charles Cushing
14. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER
15. MAIDEN NAME: Stella La Velle
16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT: Orlie J. Lighty
(Address): Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Riverside Cem. Date: 5/11, 1938

19. UNDERTAKER: Keith Talley
(Address): Nampa, Idaho

20. FILED June 2, 1938
Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 5-9 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-8-, 1938, to 5-9-, 1938
I last saw ~~him~~ alive on 5-9- 1938: death is said to have occurred on the date stated above, at 7:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured tubal pregnancy	5-5-38 8 P.M.
Other **contributory causes** of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. C. Bellows, M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10935.

JUN 10 1938

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 54

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lois Elaine Search

(a) Residence No. Caldwell Idaho R#2 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 5-1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Logan
(State or country) Kansas

FATHER

13. NAME Lee Search
14. BIRTHPLACE (city or town) Logan
(State or country) Kansas

MOTHER

15. MAIDEN NAME Vivian Davis
16. BIRTHPLACE (city or town) Norton
(State or country) Kansas

17. INFORMANT Mrs Search
(Address) Caldwell Ida R#2

18. BURIAL, CREMATION OR REMOVAL
Place Tucker Date 5-13, 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 5/19, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-10 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept, 193 7, to May 10, 193 8
I last saw h.er alive on May 10 1938: death is said to have occurred on the date stated above, at 11:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Surgical Shock	5/9 38

Other **contributory causes** of importance:

Adeno-Carcinoma Ulcerating glands	10 Months

Name of operation Pelvic removal Date of 5/9 38
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109357

Registration District No. 7
Primary Registration District No. 1066 Local Registrar's No. 78
(No. Samaritan Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loretta Powell

(a) Residence No. Holly St Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. M. Powell

6. DATE OF BIRTH (month, day, and year) 5-7-96

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER FATHER

13. NAME E. C. Oliver

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Lovette N. C.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT E. C. Oliver
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 5-16, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED June 1, 1938 Lyda [illegible] Tyers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/14 1938

22 I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 14, 1938
I last saw her alive on May 14 1938: death is said to have occurred on the date stated above, at 11 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strangulated umbilical hernia.	
(Operation Therefor)	
Other **contributory causes** of importance:	
Hemorrhagic Cyst of left	
Fibroid of uterus	

Name of operation for umbilical hernia Date of 5/14/38
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos E Mangum, M. D.
(Address) Nampa, Idaho

M

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 10 1938

DO NOT WRITE IN THIS SPACE
State File No. 10935

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 55

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Forrest Augustus Sealscott

(a) Residence No. Caldwell (Usual place of abode) St. Idaho R.D. #1 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 19 1913

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
24	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockford Ohio

MOTHER FATHER
13. NAME Charles Sealscott
14. BIRTHPLACE (city or town) (State or country) Celina Ohio
15. MAIDEN NAME Kathryn Sapsock
16. BIRTHPLACE (city or town) (State or country) Rockford Ohio

17. INFORMANT Ethel Sealscott (Address) 823 Albany St

18. BURIAL, CREMATION, OR REMOVAL
Place Caldwell Cem Date 193

19. UNDERTAKER V. E. Chaney (Address) Caldwell Ida

20. FILED 6/16, 1938 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) May 15 1938

22 I HEREBY CERTIFY, That I attended deceased from May 5, 193 8, to May 15, 1938

I last saw him alive on May 15 1938: death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	May 1 1938
Other contributory causes of importance:	
Appendicitis	May 5 1938

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) E. Montgomery, M. D.
(Address Caldwell Ida

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109359

JUN 10 1938

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 56

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Dora Randolph Ellis

(a) Residence No. Caldwell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma M Ellis

6. DATE OF BIRTH (month, day and year) 11-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrollton Indiana

FATHER

13. NAME Joseph Ellis

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs Emma M Ellis
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Parke Cty Ind Date , 193

19. UNDERTAKER E. V. Sechrist
(Address) Caldwell Ida

20. FILED 5/18, 1938 M. Nelson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938, to May 16, 1938

I last saw h[illegible] alive on May 16 1938: death is said to have occurred on the date stated above, at 3:15 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive - Cardio - Vascular Renal Disease	?
Cerebral Hemorrhage	May 16 - 1938

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Newberry M. D.

(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109360

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 73

JUN 10 1938

(No. Mercy Hospital
If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Rutherford Burtch

(a) Residence. No. Notus - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): May 11 - 1909

7. AGE: Years 29 | Months 0 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** U P Ry

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hagerman Idaho

FATHER

13. NAME: Ford M. Burtch

14. BIRTHPLACE (city or town) (State or country): Morley Michigan

MOTHER

15. MAIDEN NAME: Bessie L. Jones

16. BIRTHPLACE (city or town) (State or country): Hardington Nebraska

17. INFORMANT (Address): Ford M. Burtch Notus - Ida.

18. BURIAL, CREMATION OR REMOVAL

Place: Ten Davis Cemetery Date: 5-20-38

19. UNDERTAKER (Address): Paul D. Cook Caldwell Idaho

20. FILED June 1, 1938. Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5-17-38

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1938, to May 17, 1938.

I last saw him alive on May 17, 1938; death is said to have occurred on the date stated above, at 8.40 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Immediate cause-peritonitis	May 15
Perforating typhoid ulcer of ileum.	
Other **contributory causes** of importance:	
Typhoid fever of about 2 wks duration	
Repair of perforation	

Name of operation Resection of ileum Date of May 15

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. H. Proctor M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109361

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 86

JUN 10 1938

(No. State School, Nampa, Idaho
If death occurred in a hospital or institution, give its name instead of street and number)

23a

2. FULL NAME Guy Pyeatt

(a) Residence No. State School for the Feeble Minded
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

8

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1920

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	18	2	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate of State School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ----
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tendoy.
(State or country) Lemhi Co., Idaho.

FATHER
13. NAME Guy Pyeatt
14. BIRTHPLACE (city or town)
(State or country) Lemhi Co., Idaho.

MOTHER
15. MAIDEN NAME Minnie Jolley
16. BIRTHPLACE (city or town) May
(State or country) Lemhi Co. Idaho.

17. INFORMANT Records of State School
(Address) Nampa, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Nampa Cem. Date June 18, 1938

19. UNDERTAKER W. E. Callaway
(Address) Nampa Idaho.

20. FILED June 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH. 17-193

21. DATE OF DEATH (month, day and year) 5-18-38

22 I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to May 17-, 1938.
I last saw him alive on May 16 1938: death is said to have occurred on the date stated above, at 5:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ----, 193.....
Where did injury occur? No injury
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No injury
Manner of injury ----
Nature of injury ----

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ----------

(Signed) W. Callaway, M. D.
(Address State School, Nampa, Idaho)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006

DO NOT WRITE IN THIS SPACE
State File No. 109362

Local Registrar's No. 80

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

46 C

2. FULL NAME Mary Elizabeth Pottle

(a) Residence No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-14-65

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Eli Moore Iowa
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Mull
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry Pottle (Address) Nampa Ida.
18. BURIAL, CREMATION OR REMOVAL Place Nampa Ida Date 6-22, 1938
19. UNDERTAKER F. C. Robinson (Address) Nampa Idaho
20. FILED June 1, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-18 1938

22 I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to May 16, 1938
I last saw her alive on May 16 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Liver	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W C Wolfe M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109364

Registration District No.
Primary Registration District No. 1005
Local Registrar's No. 57

JUN 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Erma Robertson Wade

(a) Residence No. Caldwell St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 3 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	8	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brownstown
(State or country) Indiana

FATHER
13. NAME L. L. Robertson
14. BIRTHPLACE (city or town) Brownstown
(State or country) Indiana

MOTHER
15. MAIDEN NAME Elvira Bultman
16. BIRTHPLACE (city or town) Brownstown
(State or country) Indiana

17. INFORMANT Dale Robertson
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 6-9, 1938

19. UNDERTAKER
(Address) Caldwell Idaho

20. FILED 6/7, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 18 1938

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1938, to May 18, 1938
I last saw her alive on May 18, 1938; death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4/28/38
Chronic Nephritis	not known

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Cox M.D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109365

JUN 10 1938

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 79

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Catherine E. McRoberts

(a) Residence No. 604-20 Acres So, Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 6/17/82

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Ader

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Potter

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT A. L. McRoberts
(Address) Nampa Ida 604-20 Acres

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 5-21, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED June 1, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-18 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to 5/18, 1938

I last saw her alive on 5/18 1938: death is said to have occurred on the date stated above, at 9:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with Uremia	
Hypostatic Pneumonia	5/17/38
Staphylococcus Heart Disease	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Buy. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Floyd H. Gorman, M. D.

(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of R F D #3

JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109366

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 81
(No. R F D #3)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Palmer Jacobs

(a) Residence No. R F D #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 11/14/21

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3d yr Hi
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Ida

MOTHER FATHER

13. NAME A. P. Jacobs
14. BIRTHPLACE (city or town) Boise
(State or country) Ida
15. MAIDEN NAME Lola Witt
16. BIRTHPLACE (city or town) Wyo.
(State or country)

17. INFORMANT Lola Jacobs
(Address) Nampa Rt #3

18. BURIAL, CREMATION OR REMOVAL
Place Fairview Date 5-23, 1938

19. UNDERTAKER E. K. Robinson
(Address) Nampa Ida

20. FILED June 1, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-19 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-2, 1938, to 5-19, 1938
I last saw her alive on 5-19-1938: death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Staph. Pyococcic Pneumonia	5-15-38
Other contributory causes of importance: Mastoid Infection	4-1-38

Name of operation Mastoid Date of 5-2-38
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also, the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.
(Address) Nampa Ida

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109367

JUN 10 1938

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Druesiler Lyda.

(a) Residence No. 2 Miles East of Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Isaac Lyda.
6. DATE OF BIRTH (month, day, and year) June 15-1856
7. AGE: Years 81 | Months 11 | Days 25 | If LESS than 1 day .... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Henderson County North Carolina

FATHER
13. NAME John R. Hill.
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Nancy Gilbert
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT J. N. Lyda. (Address) Nampa Ida
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Nampa Date May 24, 1938 Kaufman
19. UNDERTAKER Wm. D. Talley (Address) Nampa Idaho
20. FILED June 7, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/20/1938
22 I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to May 21, 1938
I last saw her alive on May 17, 1938: death is said to have occurred on the date stated above, at 8:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Right Hemiplegia	May 15-1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. A. Cook, M. D.
(Address) Nampa, Idaho

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10936

JUN 10 1938

Registration District No. 7
Primary Registration District No. 2906 Local Registrar's No. 91
(No. Mercy Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guy Edward Robinson
(a) Residence No. Wheatland Wyoming St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Wheatland Wyo.
(State or country)

FATHER

13. NAME Edward A. Robinson
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Dora B. Wyman
16. BIRTHPLACE (city or town) Colorado
(State or country)

17. INFORMANT Edward A Robinson
(Address) Wheatland Wyo.

18. BURIAL, CREMATION OR REMOVAL
Place Ridgelawn Date 3/25, 1938

19. UNDERTAKER Wm. D. Talley
(Address) Nampa Ida.

20. FILED June 7, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/22 1938

22. I HEREBY CERTIFY, That I attended deceased from 2 PM 3/22, 1938, to 5 PM 3/22, 1938
I last saw him alive on 3/22 1938: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of pubes related	3/22
Traumatic Rupture of Bladder	3/22
Rupt. left inf epigastric artery.	3/22

Other contributory causes of importance:

Name of operation Exploratory Lap Date of 3/22 1938
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide Accident injury 3/22 1938
Where did injury occur? Meridian Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public highway
Manner of injury Automobile accident
Nature of injury Crushing of pelvis

24 Was disease or injury in any way related to occupation of deceased? — If so, specify —
(Signed) W. B. Keen, M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING
should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruc-
tion on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

JUN 1 '38

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109369

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 74

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Cegnar

(a) Residence. No. Homedale, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Mrs Frank Cegnar

6. DATE OF BIRTH (month, day, and year): Dec-3-1877

7. AGE: Years 61 | Months 5 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner and

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Yugoslavia

FATHER

13. NAME: Blaz Cegnar

14. BIRTHPLACE (city or town) (State or country): Yugoslavia

MOTHER

15. MAIDEN NAME: Mary ——

16. BIRTHPLACE (city or town) (State or country): Yugoslavia

17. INFORMANT (Address): Mrs Frank Cegnar Homedale Ida

18. BURIAL, CREMATION OR REMOVAL

Cath Cemetery, Nampa, Ida Date 5-24-38

19. UNDERTAKER (Address): Paul L. Case Caldwell Ida

20. FILED June 1, 1938. Lyda Rostrevers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 21st 38

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4th, 1936, to May 21st, 1938.

I last saw him alive on May 21st, 1938.; death is said to have occurred on the date stated above, at 1.40 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma ? pyloric	Probably
and ? stomach,	early in
involving liver and	1936
pancreas.	

Other **contributory causes** of importance:

Name of operation. Exploratory Date of 1936.

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. A. Kellogg, M. D.

(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109370

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 88
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 10 1938

2. FULL NAME James Walter Marker
(a) Residence No. Melba, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 7-15-70
7. AGE: Years 67 | Months 10 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) .....

MOTHER FATHER
13. NAME
14. BIRTHPLACE (city or town) ..... (State or country) .....
15. MAIDEN NAME
16. BIRTHPLACE (city or town) ..... (State or country) .....

No information available

17. INFORMANT Mrs. Claude Albion (Address) Melba, Idaho
18. BURIAL, CREMATION OR REMOVAL Place Nampa Ida. Date 6-3-, 1938
19. UNDERTAKER F. P. Edwardsen (Address) Nampa, Idaho
20. FILED June 3, 1938 Myda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-28-1938
22 I HEREBY CERTIFY, That I attended deceased from 5-28, 1938, to 5-28, 1938
I last saw h~~im~~ alive on 5-28 1938: death is said to have occurred on the date stated above, at 9P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Heart.	

Other **contributory causes** of importance:

Flu and myocarditis	

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Horace A Bellamy M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109371

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 93

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lazelle Lyda Smith

(a) Residence No. 320 - 16 Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Mar 8. 1916
7. AGE: Years 21 | Months 6 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Beloit Kansas

FATHER
13. NAME: John L. Smith
14. BIRTHPLACE (city or town) (State or country): Soldier Spring Mo.

MOTHER
15. MAIDEN NAME: Myrtle Belles
16. BIRTHPLACE (city or town) (State or country): Beloit Kansas

17. INFORMANT (Address): John L. Smith Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Cloverdale Date: June 2, 1918
19. UNDERTAKER (Address): W. C. Talley Nampa, Ida.
20. FILED June 7, 1918 Lydia Rudgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 5/29 1918
22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 6:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidently Killed 3 miles North of Nampa by Auto Collision on Car Driven by Compton.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 5/29, 193...
Where did injury occur? 3 mi N. of Nampa (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** County Road.
Manner of injury as above. Fractured
Nature of injury Punctured lung & Fract. Skull.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm. C. Talley M.D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109372

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 94

JUN 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leong Deon Ying - (Leong Gan)

(a) Residence No. Wall Street - Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Yellow
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Unknown
7. AGE: Years: About 70 | Months: — | Days: | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundry Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): China

FATHER
13. NAME: Leong
14. BIRTHPLACE (city or town) (State or country): China

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Dr. Chong (Address) Boise Idaho.
18. BURIAL, CREMATION OR REMOVAL: Place Dr Morrison Date 6/2, 1938
19. UNDERTAKER: Smith Valley (Address) Nampa, Ida.
20. FILED June 6, 1938 Hyda Rogers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Probably 5/30 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to....., 193.....
I last saw h..... alive on..... 193... death is said to have occurred on the date stated above, at Probably 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found by Police about 6:30 P M May 31st. Dying Carbon Monoxide and Steel & Hanged himself by a Cord on Gas range Ltd. Months. Filled with flour.	
Other contributory causes of importance:	
History: - was not able to make a Success.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, suicide, or ~~homicide~~? ..... Date of injury Probably 5/30, 1938
Where did injury occur? on Wall Street, Laundry
(Specify city or town, county, and state) Nampa
Specify whether injury occurred in industry, in home, or in public place Home and Laundry.
Manner of injury Hanged by Cord.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno D Talley M. D. Coroner
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109373

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 89
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 1 0 1938

2. FULL NAME Frank Jennings Sloneker

(a) Residence No. Melba, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 4-17-98
7. AGE: Years: 40 Months: 1 Days: 13 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Labor
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER
13. NAME: John J. Sloneker
14. BIRTHPLACE (city or town) (State or country): Neb.

MOTHER
15. MAIDEN NAME: Tarpen
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: John J. Sloneker (Address) Melba Idaho
18. BURIAL, CREMATION OR REMOVAL Place Melba Idaho Date 6-, 193 8
19. UNDERTAKER F. K. Bateman (Address) Nampa Idaho
20. FILED June 3, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 5-30 1938
22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to May 30, 1938
I last saw him alive on 5-30 1938: death is said to have occurred on the date stated above, at 10 AM m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abscess Lung	
following Pneumonia	
Bronchial Obstruction	

Other **contributory causes** of importance: Hernia operation

Name of operation Hernia Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Belknap, M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109374

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 95

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glen or Elmer Carpenter

(a) Residence No. 7 Kaweah - Nampa Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.F.E.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Menan (State or country) Idaho

FATHER
13. NAME O. Elmer Carpenter
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Stella Constant
16. BIRTHPLACE (city or town) ..... (State or country) Iowa

17. INFORMANT O. Elmer Carpenter (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Place Doncaster Iowa Date 6/13, 1938

19. UNDERTAKER Hall & Callen (Address) Nampa Idaho

20. FILED June 7, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/1 1938

22 I HEREBY CERTIFY, That I attended deceased from April, 1938, to May 1, 1938
I last saw him alive on May 1, 1938: death is said to have occurred on the date stated above, at 10-A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	March 1938
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Howell, M. D.
(Address) Nampa Idaho

Registration Dist. No. 7
Primary " " No. 2006

109375

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Canyon State IDAHO Registered No. 96

Township ____ or Village ____ or

City Nampa No. Samaritan Hospital St., ____ Ward

(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 5 mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

JUN 10 1938

2. FULL NAME George W. Anderson

34

(a) Residence: No. McCall Idaho St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) [redacted] 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	56	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Pioneerville
(State or country) Idaho

FATHER

13. NAME George W. Anderson

14. BIRTHPLACE (city or town) ____
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Pauline Doolittle

16. BIRTHPLACE (city or town) Webbfoot
(State or country) Oregon.

17. INFORMANT Mrs. Roy Relyea
(Address) New Plymouth Idaho

18. ~~BURIAL, CREMATION, OR REMOVAL~~
Place McCall Idaho Date June 4, 1938

19. UNDERTAKER ____
(Address) Caldwell Ida.

20. FILED June 7, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to June 4, 1938

I last saw h[illegible] alive on June 3, 1938; death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia (hypostatic)	

Other contributory causes of importance:

Uremia, urinary tract infection, Neglected, advanced Syphilis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Stephen E. McKenna M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

8—2001
V. S. No. 96

cit—3184

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BARIBOU

City of Soda Springs, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109376

Registration District No. 12

Primary Registration District No. 259 Local Registrar's No. 7

JUN 1 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MORRIS PETERSON

(a) Residence. No. SODA SPRINGS, IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug. 1St 1890

7. AGE: Years 47 | Months 7 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): NORWAY

FATHER

13. NAME: AADEN PETERSON

14. BIRTHPLACE (city or town) (State or country): NORWAY

MOTHER

15. MAIDEN NAME: ELETTE ELIASON

16. BIRTHPLACE (city or town) (State or country): NORWAY

17. INFORMANT: Peter Peterson (Address) EDEN, IDAHO.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL

Place SALT LAKE CITY UTAH Date 3/5/ 1938

19. UNDERTAKER E. D. Whitman (Address) Soda Springs, Idaho.

20. FILED 3/5/38 1938 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/1/38

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 3/1/38, 193...

I last saw him alive on 3/1/38 193...: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circumstances & conditions under which Carbon Monoxide gas poisoning in close Cabin & Cold Storm	

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis? 0. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? 3/1 1938

Where did injury occur? In Ranch Cabin
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In Cabin

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Russell Tigert M. D.

(Address) Soda Springs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109377

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 8

JUN 1 1938

(No. Caribou Hotel)

(If death occurred in a hospital or institution, give its name instead of street and number)

127

2. FULL NAME William Henry Ross

(a) Residence. No. Jerome, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Sarah Alice Ross

6. DATE OF BIRTH (month, day, and year): March 18, 1858

7. AGE — Years: 79 | Months: 11 | Days: 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lebnon Indiana

FATHER

13. NAME: John Philip Ross

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: D. W. Ross
(Address) Jerome, Idho.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place: Jerome Idaho. Date: 3/8/38 193

19. UNDERTAKER: Wm. B. McCulloch
(Address) Jerome, Idaho.

20. FILED 3/4/38, 193. By Russell Figuet
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/4/38 193

22. I HEREBY CERTIFY, That I attended deceased from 3/2/17/38 im, 193... to 3/4/38, 193... I last saw h... alive on 3/4/38, 193...: death is said to have occurred on the date stated above, at 3.30m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection of Bladder and Kidneys due to Hypertrophy of Prostrate Gland.	

Other contributory causes of importance:

0	

0

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

Cystoscopic Ex.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify .....

(Signed) Ellis Kackley M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs
Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10937

Registration District No. 87
Primary Registration District No. 7159
Local Registrar's No. 9-10

JUN 1 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Gagon

(a) Residence. No. Soda Springs Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4b C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Stone Gagon
6. DATE OF BIRTH (month, day, and year): Aug 10-1865
7. AGE: Years 72 | Months 7 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Lee [illegible]

MOTHER FATHER
13. NAME: George F. Gagon
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Wm. L. Gagon Soda Springs Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Soda Springs Date: 3-14 1938

19. UNDERTAKER (Address): E. B. Pittman Soda Springs Ida

20. FILED 3-14-1938 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-12 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to 3-12-....., 1938.
I last saw h.m alive on 3-12, 1938.; death is said to have occurred on the date stated above, at 10 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Immediate-	
Probably Coronary	1936 or 37
No operation	
Other **contributory causes** of importance:	
arthritis	

Name of operation: None Date of:
What test confirmed diagnosis?: 0. Was there an autopsy?:

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?: No. If so, specify
(Signed) Russell Tigert M. D.
(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribu
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109373

JUN 1 1938

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 9
(No. Soda Springs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Thomas Nelson
P.O address 210 E
(a) Residence No. St. Freedom Wyo (& Idaho)
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Imogene Iva Nelson

6. DATE OF BIRTH (month, day, and year) June 3, 1875

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	9	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bloomington, Ida
(State or country)

FATHER
13. NAME Nels Nelson
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME Inger Peterson
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Imogene Nelson
(Address) Freedom, Wyo. In Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Freedom, Wyo Date Mar. 23, 1938

19. UNDERTAKER O.S. Webb
(Address) Preston, Idaho

20. FILED 3-21, 1938 Dr Russell Tingey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) March 16 1938

22 I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to March 18, 1938
I last saw him alive on March 16 1938: death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident — Fracture of ribs on right side Punctured Lung	March 16 1938
Other contributory causes of importance: Pneumonia on rt side	March 16 1938 March 17 1938

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Acc Date of injury March 16 1938
Where did injury occur? Grace, Bannock Co., Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public highway
Manner of injury Automobile accident
Nature of injury Fracture of ribs & Punctured Lung

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Bowerman M. D.
(Address) Grace Idaho

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Soda Springs, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109380

Registration District No. 82
Primary Registration District No. 7159 Local Registrar's No. 12
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 1 1938

1. FULL NAME Clara Eggleston Berg

(a) Residence. No. Afton, Wyoming St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fe	Wh	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Charles Berg

6. DATE OF BIRTH (month, day, and year) April, 10, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Afton, Wyoming

MOTHER FATHER

13. NAME O.H. Eggleston

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Marriet Farley

16. BIRTHPLACE (city or town) (State or country) Ogden, Utah

17. INFORMANT (Address) Edna Thurman, niece

18. ~~BURIAL,~~ ~~CREMATION~~ OR REMOVAL
Place Afton Wyo. Date 4/29/1938

19. UNDERTAKER Hubert Schwab
(Address) Afton Wyo.

20. FILED 4-29, 1938. D. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/28/38

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 9:45 mP
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	
Toxic goiter	

Name of operation thyroidectomy Date of 4/28/38
What test confirmed diagnosis? Was there an autopsy? physical examination

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ellis Kackley, M.D. M. D.
(Address) Soda Springs, Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Border of Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109381

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 11

JUN 1 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME JOHN BARTLOME

(a) Residence. No. GRACE, IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ MARGARET HOPKINS BARTLOME

6. DATE OF BIRTH (month, day, and year) NOV. 18TH, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BLACKSMITH

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 4/13/38

11. Total time (years) spent in this occupation 40yrs.

12. BIRTHPLACE (city or town) (State or country) SWITZERLAND

FATHER

13. NAME JOHN BARTLOME

14. BIRTHPLACE (city or town) (State or country) SWITZERLAND

MOTHER

15. MAIDEN NAME ELIZABETH SUTZ

16. BIRTHPLACE (city or town) (State or country) SWITZERLAND

17. INFORMANT D. O. Bartlome
(Address) GRACE, IDAHO.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place. PRESTON, IDAHO. Date. 4/16/38 193..

19. UNDERTAKER G. S. Whitman
(Address) SODA SPRINGS, IDAHO.

20. FILED 4/15/38 193.. Dr. Russell Tingey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/13 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/13/38 ..., 193.... to 4/13/38 ....., 193....
I last saw him alive on 4/13/38 193...: death is said to have occurred on the date stated above, at 2.45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Kicked over the heart by a horse in Nov. 1937, complained of pain since, saw him the next day, he was expectorating blood. In my opinion death was due to the injury.	
Other contributory causes of importance: None	

Name of operation ..0.. Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following: See above
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? Nov. 1937
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. His shop
Manner of injury Kicked by horse
Nature of injury Kick

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Shoeing horse

(Signed) Ellis Kackley Exam. M. D.
(Address) Soda Springs, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs

JUN 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109382

Registration District No.

Primary Registration District No. Local Registrar's No. 14

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

199

2. FULL NAME John William Robertson

(a) Residence. No. Soda Springs St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Robertson

6. DATE OF BIRTH (month, day, and year) Oct. 23 - 1882

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chickasaw Bluff Oklahoma

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs L. T. Robertson (Address) Soda Springs Ida

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Place Soda Springs Ida Date 5-6, 1938

19. UNDERTAKER E. S. Hartman (Address) Soda Springs, Idaho

20. FILED 5-6-, 1938 D. Russell Tyler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/3 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 1, 1935, to 5-3-, 1938.

I last saw him alive on 5-3, 1938. Death is said to have occurred on the date stated above, at 8:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
He dropped dead while at his work, he was seemingly in good health. So far as I know he he had not been sick	
Other **contributory causes** of importance:	

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Kackley Coroner M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs

JUN 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109385

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 13

(No. Caribou County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Clifford Hedstrom

(a) Residence. No. Daniels (Usual place of abode) Idaho St.
Length of residence in city or town where death occurred. 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or~~ ~~WIFE of~~) Kate Burrie

6. DATE OF BIRTH (month, day, and year) March 8 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) April 1938

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) ~~Kansas~~ Penna

FATHER

13. NAME John Hedstrom

14. BIRTHPLACE (city or town) (State or country) Kans Penna

MOTHER

15. MAIDEN NAME Margaret Berg

16. BIRTHPLACE (city or town) (State or country) Jamestown N.Y.

17. INFORMENT (Address) Kate Hedstrom Daniels Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Ida Rt Date May 12, 1938

19. UNDERTAKER (Address) J. Guy Rees Malad Idaho

20. FILED May 12, 1938 Dr Russell Ingram Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... , 193 .... , to 5/9/38 , 193 ....
I last saw him alive on 5/9/38 , 193 ....: death is said to have occurred on the date stated above, at 9:25 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Pneumonia, Right Pyelits	
Strangulated Ventral Hernia	
Other contributory causes of importance:	
0	

Name of operation Herneotomy Date of 4/30/38
What test confirmed diagnosis? Physical Ex. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Ellis Kackley, M.D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Albion

RECEIVED

MAY 24 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109384

Registration District No.

Primary Registration District No. Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) (No.)

2. FULL NAME Robert Thomas Moseley

(a) Residence. No. Albion St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) July 7th 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Albion Idaho

FATHER

13. NAME Thomas Moseley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jessie Mary Daniels

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Arthur Moseley
(Address) Albion

18. BURIAL, CREMATION OR REMOVAL
Place Albion Date 5-27-1938

19. UNDERTAKER Geo. L. Payne
(Address) Burley

20. FILED May 1, 1938 E. L. Slater
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/28/1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1938, to Mar 28, 1938

I last saw him alive on Mar 27 1938; death is said to have occurred on the date stated above, at 12:00 A m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis — Date of onset 1937

Other contributory causes of importance: Valvular heart disease — 9/1/37

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Slater M. D.
(Address) Albion Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109385

JUN 9 1938

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 25
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernice Merlyn Flowers (Vernice Marilyn)
(a) Residence. No. Burley - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 3 - 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER
13. NAME James L. Flowers
14. BIRTHPLACE (city or town) (State or country) Blue Eye Missouri

MOTHER
15. MAIDEN NAME Delora May McEwen
16. BIRTHPLACE (city or town) (State or country) Oakley Idaho

17. INFORMANT James L. Flowers
(Address) Burley - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley - Ida. Date 6 - 4, 1938

19. UNDERTAKER Tom B. McCulloch
(Address) Burley - Idaho

20. FILED 6/4, 1938 Laura G. Smoot
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4 - 3 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-2-, 193 8, to 4-3, 193 8
I last saw her alive on 4-3, 193 8: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature delivery	
6 mo. gestation	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) J. M. Kelly, M. D.
(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

MAY 24 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109386

Registration District No. 119

Primary Registration District No. 3198

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

104

2. FULL NAME Henry Perry Jones

(a) Residence. No. 1 Eldo, Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta C. Jones

6. DATE OF BIRTH (month, day, and year) Jan. 5, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) 3/10/38

11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Steven Jones

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Hannah Emmaline Arbon

16. BIRTHPLACE (city or town) (State or country) Millard Utah

17. INFORMANT Etta C. Jones
(Address) Eldo Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Elmwood Cem. Date 4-8, 1938

19. UNDERTAKER Pierce Funeral Home
(Address) Boise Ida

20. FILED May 7, 1938 C. P. Slater
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1938 to April 5, 1938

I last saw him alive on April 5, 1938; death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/24/38
Other contributory causes of importance:	
Valvular heart disease	5 yrs

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. P. Slater, M. D.

(Address) Albion Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109387

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 31
(No.)

JUN 9 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Burley Anderson

(a) Residence No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

157

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Infant's

6. DATE OF BIRTH (month, day, and year) Apr 25 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

MOTHER FATHER
13. NAME Clarence P Anderson
14. BIRTHPLACE (city or town) Big Buy
(State or country) Iowa
15. MAIDEN NAME Echo Luties
16. BIRTHPLACE (city or town) Burley
(State or country) Ida

17. INFORMANT Clarence P Anderson
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 4-26, 1938

19. UNDERTAKER Leo F Tompkins
(Address) Burley Idaho

20. FILED April 27, 1938 Laura D Spencer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-25 1938

22 I HEREBY CERTIFY, That I attended deceased from 4 25, 193 8, to 4-25, 193 8.
I last saw h im alive on 4-25 193 8: death is said to have occurred on the date stated above, at 2 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	Birth
Heart -	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Echo P. Tobias, M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109388

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 32
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 9 1938

2. FULL NAME Eula Romana Muguerza
(a) Residence. No. South Side of Town St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 28 - 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — — — —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — — —
10. Date deceased last worked at this occupation (mo. and yr.) March
11. Total time (years) spent in this occupation — —

12. BIRTHPLACE (city or town) Burley Idaho
(State or country)

MOTHER FATHER

13. NAME Raymon Muguerza
14. BIRTHPLACE (city or town) Spain
(State or country)
15. MAIDEN NAME Evelyn Guthrie
16. BIRTHPLACE (city or town) Decker Idaho
(State or country)

17. INFORMANT Raymon Muguerza
(Address) Burley Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem. Date 6-1-, 1938
19. UNDERTAKER Terry B. McCulloch
(Address) Burley Funeral Home
20. FILED 4-29, 1938 Laura I. Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-28 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 28, 1938
I last saw her alive on April 27, 1938; death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	
Idiopathic	4-10-38

Other contributory causes of importance:

History of Bronchitis	4-10-38
by Herald C. Bagley	(about)
Chronic Tonsil Infection	1yr.

Name of operation Spinal Fluid Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. B. Parkinson, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Marion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109389

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 37

JUN 4 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Whitby

(a) Residence. No. Marion Ida St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jones Whitby

6. DATE OF BIRTH (month, day, and year): Nov 30 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (mo. and yr.): May
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: Winward W Whitby
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Annie Jane McCowan
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mary Jones W Whitby Marion Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Marion Ida. Date: 5-2-, 1938

19. UNDERTAKER (Address): Kerr B. McClinch Burial & Funeral Home

20. FILED 4-30, 1938 Laura D. Sprocher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/30/1938

22. I HEREBY CERTIFY, That I attended deceased from 2/30/38, 193..., to 4/30/, 193.8
I last saw him alive on 4/29/38, 193...: death is said to have occurred on the date stated above, at 1 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemoplegia	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) Parkline Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109300

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 35
(No. Jones Maternity Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 2 1938

159

2. FULL NAME Floyd Wilkinson

(a) Residence No. Burley Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Inf

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inf
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Inf

12. BIRTHPLACE (city or town) Burley Ida
(State or country)

FATHER
13. NAME Floyd Wilkinson
14. BIRTHPLACE (city or town) Pierre Co
(State or country)

MOTHER
15. MAIDEN NAME Magdalene McGregor
16. BIRTHPLACE (city or town) Pierre Co
(State or country)

17. INFORMANT Floyd Wilkinson
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 6-3, 1938

19. UNDERTAKER [illegible]
(Address)

20. FILED May 3, 1938 Laura D Thrasher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-2 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-2-, 1938, to 5-2, 1938
I last saw him alive on 5-2- 1938: death is said to have occurred on the date stated above, at 4.10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature delivery	5-2-38
6 mo. gestation	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible], M. D.
(Address) Burley

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109391

Registration District No. 117
Primary Registration District No. 2496 Local Registrar's No. 37
(No. Jones Maternity Home)
(If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME Jack Wilkinson

(a) Residence No. Burley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Inf.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Inf

6. DATE OF BIRTH (month, day, and year) 8-2-38

7. AGE Years	Months	Days	If LESS than 1 day 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inf
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley Ida
(State or country)

MOTHER FATHER

13. NAME Ray D. Wilkinson
14. BIRTHPLACE (city or town) Provo Utah
(State or country)
15. MAIDEN NAME Jacqueline Loggan
16. BIRTHPLACE (city or town) Preston Ida
(State or country)

17. INFORMANT Ray D. Wilkinson
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 5-3, 1938

19. UNDERTAKER F. A. Powers
(Address) Burley

20. FILED May 3, 1938 Laura B. Pincher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 2 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-2-, 1938, to 5-2., 1938
I last saw h[illegible] alive on 5-2. 1938: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature delivery 6 mo gestation	5-2-38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23: If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Kelly, M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10939

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 47

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Gillespie Martin.
(a) Residence No. Oakley Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W.
5. ~~Single~~, Married, ~~Widowed or Divorced (write the word)~~
5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Elizabeth Rochue Rust
6. DATE OF BIRTH (month, day, and year) Apr 26. 1858
7. AGE: Years 80 | Months 0 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER
13. NAME Moses B Martin
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Ibabel Gillispi
16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT (Address) Mrs Ralph Bungle Los Angeles Cal.
18. BURIAL, CREMATION OR REMOVAL Place Oakley. Date May 10, 1938
19. UNDERTAKER (Address) Goodyear Mortuary
20. FILED May 26 1938 Rupert Idaho Lauper E Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-6 1938
22. I HEREBY CERTIFY, That I attended deceased from 3/20/ 193 7, to 5-6- 193 8
I last saw him alive on 5-4 193 8; death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. C. Sutton M. D.
(Address) Oakley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109393

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 38

JUN 3 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Cottage Hospital)

930

2. FULL NAME Merlin Leon Catmull

(a) Residence. No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bonnie Skyles Catmull

6. DATE OF BIRTH (month, day, and year) April 17 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25		20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Confection Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student Lunch
10. Date deceased last worked at this occupation (mo. and yr.) May
11. Total time (years) spent in this occupation Five yrs.

12. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

FATHER
13. NAME Albert Henry Catmull
14. BIRTHPLACE (city or town) Ida. Falls
(State or country) Ida.

MOTHER
15. MAIDEN NAME Grace Beatrice Keath
16. BIRTHPLACE (city or town) Ida. Falls
(State or country) Ida.

17. INFORMANT Bonnie Skyles Catmull
(Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 5-15-, 1938

19. UNDERTAKER Percy B. McCulloch
(Address) Burley Idaho

20. FILED 5-9-, 1938 Laura F. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-8-1938

22. I HEREBY CERTIFY, That I attended deceased from May 7, 193 8, to May 8, 193 8, I last saw him alive on May 8, 193 8: death is said to have occurred on the date stated above, at 7:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebro Myocardial Degen	Unknown
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank E. Deeg, M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109395

JUN 9 1938

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 36*
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leo Sheehan

(a) Residence. No. Burley c.l.d.a. R. F. D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Merle Sheehan

6. DATE OF BIRTH (month, day, and year) Nov. 18 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (mo. and yr.) May 1-38
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Babylon Maine
(State or country)

FATHER
13. NAME Timothy John Sheehan
14. BIRTHPLACE (city or town) —
(State or country) Mass.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Merle Sheehan
(Address) Burley c.l.d.a.

18. BURIAL, CREMATION OR REMOVAL
Place Provo Utah Date 6-12-, 1938

19. UNDERTAKER Vern B. McCulloch
(Address) Burley c.l.d.a. Idaho

20. FILED 6-10-, 1938 Laura G. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1938, to 5-9, 1938
I last saw him alive on 5-9, 1938; death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Peptic Ulcer.	5-4-38
General Peritonitis	5-4-38
Hypostatic Pneumonia	5-7-38

Other contributory causes of importance:

Myocardial weakness (Myocarditis)	1 Month

Name of operation Exploratory Laparotomy Date of ~~operation~~ 5-5-38
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. B. Jackson, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

JUN 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109397

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 41

(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

144

2. FULL NAME Eva Morehead Leigh

(a) Residence No. Burley Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced (write~~ the word): wife

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Garnett Leigh. 1904

6. DATE OF BIRTH (month, day, and year) Sept 4 ~~11~~

7. AGE: Years 31 | Months 6 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Pendardy
(State or country)

FATHER

13. NAME Buck Rogers

14. BIRTHPLACE (city or town) Dist. Texas
(State or country)

MOTHER

15. MAIDEN NAME Susan Nelson

16. BIRTHPLACE (city or town) Dist known
(State or country)

17. INFORMANT Garnett Leigh
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 5-19, 1938

19. UNDERTAKER Jesse Sprague
(Address) Burley

20. FILED 5-17, 1938 Laura D. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1938, to 5-15-, 1938

I last saw her alive on 5-15- 1938: death is said to have occurred on the date stated above, at 12 30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature delivery 7 mo.	
placenta previa - partial	
Version - Extraction	
Tympanites after 2 days	
Hemorrhage (uterine)	
Other contributory causes of importance:	
Secondary Anemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. M. Kelly, M. D.

(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Jackson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10933

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 44

(No. 121)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laurence Orr

(a) Residence No. Jackson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 12, 1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Jackson Ida
(State or country)

FATHER

13. NAME Robt. B. Orr

14. BIRTHPLACE (city or town) Smithfield Utah
(State or country)

MOTHER

15. MAIDEN NAME Agnes Wright

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Robt. B. Orr
(Address) Jackson Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date 5-20, 1938

19. UNDERTAKER Jos P Payne
(Address)

20. FILED May 21, 1938 Laura G Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-16 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-16, 193 8, to 5-16, 193 8

I last saw her alive on 5-16 193 8 death is said to have occurred on the date stated above, at 11:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis	5-13-38
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E C Jensen M. D.

(Address) Rupert Idaho

EARL C. JENSEN, M. D.
RUPERT, IDAHO

June 15, 1938.

Bureau of Vital Statistics
Department of Public Welfare,
State House,
Boise, Idaho.

JUN 16 1938

Dear Sirs:-

I saw Florence Orr for the first time during the early forenoon of May 16th, 1938. She was suffering from a generalized peritonitis, and was in a dying condition. Her general condition prohibited the obtaining of any history of her illness from herself; and her family could give no intelligible history, other than that she had been sick off and on "just like this" ever since she was operated on for acute appendicitis several years ago. She died about three hours after I saw her. No autopsy was obtained. She died of Peritonitis. Whether it was streptococcic, staphlococcic, bacillary, or gonococcic is not known. Whether the primary pathology was in an appendix which was supposed to have been removed but was not removed, in the pelvis, in a diverticulum, in the gall bladder or pancreas, or in the form of a peptic ulcer is not known. As is true of all deaths, her heart failed, and she died.

Knowing these facts, you can probably guess the primary cause of death as well as I can.

Very Truly Yours,

Earl C. Jensen

Earl C. Jensen, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

JUN 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10939

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 43

(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elva Fay Thomson

(a) Residence. No. Burley-Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1150'

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April-12-1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) May

11. Total time (years) spent in this occupation Seven

12. BIRTHPLACE (city or town) (State or country) Granite Utah

FATHER

13. NAME William Thomson

14. BIRTHPLACE (city or town) (State or country) Granite Utah

MOTHER

15. MAIDEN NAME Elva Thompson

16. BIRTHPLACE (city or town) (State or country) Orangeville Utah

17. INFORMANT (Address) William Thomson Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 5-20-, 1938

19. UNDERTAKER Verne D. McClellock
(Address) Burley Idaho

20. FILED 5-18, 1938 Laura G. Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-17 1938

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1938, to May 17, 1938

I last saw her alive on May 16, 1938: death is said to have occurred on the date stated above, at 2:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchial Pneumonia	5-11-38
/	

Other contributory causes of importance:

Pulm. Tuberculosis	5-8-38

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vern D. McClellock, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10940

JUN 9 1938

Registration District No. 117
Primary Registration District No. 2 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1358

2. FULL NAME James Ingamells.
(a) Residence No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of April 1st 1871

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London
(State or country) England.

FATHER
13. NAME Dont Know

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Leslie Ingamells.
(Address) Burley Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley Date May 22, 193 8

19. UNDERTAKER Jas. E. Callaye
(Address) Burley Ida by Bob Getaway

20. FILED May 21, 193 8 Laura E. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-20 193 8

22 I HEREBY CERTIFY, That I attended deceased from 5-15-, 193 8, to 5-20, 193 8
I last saw him alive on 5-20 193 8: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection Bladder	
Kidneys	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FILE OF DE... WELFARE

County of Cass

City of Burley

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109401

JUN 4 1938

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 46

(No.) 168

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis [illegible]

(a) Residence No. Burley Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Burton

6. DATE OF BIRTH (month, day, and year) Sept. 12 - 1879

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Smithfield Utah

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT [illegible] (Address) Burley

18. BURIAL, CREMATION OR REMOVAL Place [illegible] Date 5-21-, 1938

19. UNDERTAKER [illegible] (Address)

20. FILED May 26, 1938 Laura E. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-20-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
I. Acute Dilatation	
Angina Pectoris	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

~~Accident~~, suicide, or ~~homicide~~? Date of injury 5-20-38 193.8

Where did injury occur? at home (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Burley Idaho

Manner of injury [illegible]

Nature of injury [illegible]

24 ~~Was~~ disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ....., M. D.

(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109402

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 49

JUN 9 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME John A. Larson

(a) Residence. No. Marion - District - Cassia Co.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hannah Larson Larson

6. DATE OF BIRTH (month, day, and year) Aug-17-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.) 5/18/38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Cedar Fort
(State or country) Utah

FATHER
13. NAME John A. Larson Sr.
14. BIRTHPLACE (city or town) ---
(State or country) Ill

MOTHER
15. MAIDEN NAME Catherine Quail
16. BIRTHPLACE (city or town) ---
(State or country) England

17. INFORMANT Hannah L. Larson
(Address) Marion Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem. Ida. Date 5/20-, 1938

19. UNDERTAKER Fern B. McCulloch
(Address) Burley - Idaho

20. FILED 5-21-, 1938 Laura L. Sheehan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/20/1938

22. I HEREBY CERTIFY, That I attended deceased from 5-1-, 1938, to 5-20-, 1938
Last saw him alive on 5-20-, 1938: death is said to have occurred on the date stated above, at 12 00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	7
Chr. Bronchitis	1
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109405

JUN 3 1938

Registration District No. 90
Primary Registration District No. 2457
Local Registrar's No. 41
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

930

2. FULL NAME Mittie H. Molloy

(a) Residence No. ..... St. Orofino - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph M. Molloy

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1874

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	4	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tacoma, Washington
(State or country)

FATHER
13. NAME Lott Wiggin
14. BIRTHPLACE (city or town) Augusta
(State or country) Maine

MOTHER
15. MAIDEN NAME Mary Newell
16. BIRTHPLACE (city or town) .....
(State or country) Oregon

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date 6/5, 1938

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 6/3, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933, to May 7, 1938
I last saw her alive on May 7 1938: death is said to have occurred on the date stated above, at 8.50 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other **contributory causes** of importance:	
Involutional melancholia	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McElwain M. D.
(Address) Orofino - Idaho

PLACE OF DEATH
County of Clearwater
City of Orofino
JUN 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109404

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 43
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 72a

2. FULL NAME JOHN VERRIER
(a) Residence No. PENROSE ~~ber~~ Colo. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) about 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30 yrs.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, ~~packer~~ E R A sawyer, bookkeeper, etc. electrician
9. Industry or business in which work was done, as silk mill, woods area saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 5/3/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) not obtainable
(State or country) " " " "

FATHER
13. NAME NOT OBTAINABLE
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not obtainalb e
16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMANT Orofino Hospital
(Address) same

18. BURIAL, CREMATION OR REMOVAL
Place Florence, Colo. Date 6, 1938

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Idaho

20. FILED 6/21, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/19 1938

22 I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to May 19, 1938
I last saw him alive on May 18 1938: death is said to have occurred on the date stated above, at 4:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Leucaemia	June 1938

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. J. Hopkins, M. D.
(Address Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109405

JUN 3 1938

Registration District No. 96
Primary Registration District No. 2157 Local Registrar's No. 42
(No. Orofino Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ledger La Rausch

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 16 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draysman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ida

FATHER
13. NAME Ratliff Roark
14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER
15. MAIDEN NAME Sea Heaton
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) Effie Caldwell Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Pierce Date 6/22, 193 5

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 6/24, 193 5 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/20 193 5

22. I HEREBY CERTIFY, That I attended deceased from May 15, 193 8, to May 20, 193 8
I last saw h[illegible] alive on May 20, 193 8; death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	5/9/38
Other contributory causes of importance: Acute peritonitis	5/13/38

Name of operation Appendectomy Date of 5/15/38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) R. C. Hopkins, M. D.
(Address) Orofino, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109406

JUN 3 1938

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 45
(No. Burns Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME Baby Knight - Burns Hosp
(a) Residence No. Kamiah St. Kamiah Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-21-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino
(State or country) Idaho

FATHER
13. NAME Robert Guy Knight
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Dorothy Stuart
16. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

17. INFORMANT Guy Knight
(Address) Kamiah

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 6/23, 1938

19. UNDERTAKER Fairbanks Guy Knight
(Address) Kamiah Idaho

20. FILED 6/31, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-22 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-21, 1938, to 5-22, 1938
I last saw him alive on 5-22 1938; death is said to have occurred on the date stated above, at about 5:30 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 2 1/4 #	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Gustason, M. D.
(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10940

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 44

JUN 3 1938

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Justus Kerr

(a) Residence No. 10 St. Murray, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unascertained

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME Matthew Kerr

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Anna Bigelow

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date May 27, 1938

19. UNDERTAKER T. A. Billberg, Hosp. Attd.
(Address) Orofino - Idaho

20. FILED 6/2, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 27 1938

22 I HEREBY CERTIFY, That I attended deceased from May 11, 1937, to May 27, 1938

I last saw him alive on May 26 1938: death is said to have occurred on the date stated above, at 3:45 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	
Senile psychosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McElwain, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Salli
RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109408

Registration District No. 104
Primary Registration District No. 2186 Local Registrar's No. 205
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME James Lowery Beaverland.
(a) Residence. No. Mackay St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Diana

6. DATE OF BIRTH (month, day, and year) Nov 20 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 yrs.
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER
13. NAME James Beverland
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Joanna McNeal.
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Harvey Beaverland Mackay.

18. BURIAL, CREMATION OR REMOVAL
Place Moore (Butt Ranch) Date May 19, 1938

19. UNDERTAKER (Address) John N. Lee Mackay.

20. FILED May 17, 1938 Edna McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/17 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1938, to 5/17, 1938
I last saw her alive on 5/17, 1938: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Not Known
Other contributory causes of importance:	

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Not
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) C. E. Whitney, M. D.
(Address) Salmon, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109405

JUN 10 1938

Registration District No. 27
Primary Registration District No. 219
Local Registrar's No. 36

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jervis Mansfield

(a) Residence No. Preston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Devorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2 1879

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	58	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher and Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Portage Utah

FATHER

13. NAME Brigham Y Mansfield

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Henrietta Douglas

16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMANT Mrs Henrietta Dives
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Idaho Date Apr 7, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED June 8, 1938 G. W. Stoker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-4-1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193__, to _____, 193__

I last saw h__ alive on _____ 193__: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance:	
Bronchial Asthma	1920

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193__
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) S. L. Holmes M.D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109419

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 37

JUN 10 1938

(No. 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Samuel [redacted]

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 19, 1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paradise
(State or country) Utah

FATHER

13. NAME Arthur Reed [redacted]

14. BIRTHPLACE (city or town) Hyrum
(State or country) Utah

MOTHER

15. MAIDEN NAME Vera Olsen

16. BIRTHPLACE (city or town) Hyrum
(State or country) Utah

17. INFORMANT Vera Nielson
(Address) Weston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weston Date 6-5, 1938

19. UNDERTAKER Funeral Dir. Johnson
(Address)

20. FILED June 8, 1938 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-2 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-9-37, 193..., to 5-1, 1938
I last saw him alive on 5-1 1938: death is said to have occurred on the date stated above, at 12:40 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis	6-1-37
Other **contributory causes** of importance:	
Secondary Anemia	1937

Name of operation ____ Date of ____
What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Barnes, M. D.
(Address) Preston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston R#1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10941?

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 36

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlo Joseph Porter

(a) Residence. No. R#1, Preston, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 29, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Preston (State or country) Idaho

FATHER

13. NAME George R. Porter

14. BIRTHPLACE (city or town) Preston R# (State or country) Idaho

MOTHER

15. MAIDEN NAME LaVerna Warner

16. BIRTHPLACE (city or town) Preston R# (State or country) Idaho

17. INFORMANT George R. Porter (Address) Preston, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Franklin Idaho Date May 7, 1938

19. UNDERTAKER Willis Hendricks (Address) Preston Idaho

20. FILED June 8, 193 8 G. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 5 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 193 8 to May 5, 193 8

I last saw him alive on May 5, 193 8; death is said to have occurred on the date stated above, at 5:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	5-2-38
Other **contributory causes** of importance: Whooping Cough	April 15, 38

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) O. B. Cutler M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109413

PLACE OF DEATH
County of Franklin
City of Preston

JUN 1 0 1938

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 39

(No.) 230
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Mathilda Erickson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John W. Erickson

6. DATE OF BIRTH (month, day, and year) July 27, 1874.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home
10. Date deceased last worked at this occupation (month and year) May 1 1938
11. Total time (years) spent in this occupation 35 years

12. BIRTHPLACE (city or town) Eskilstuna
(State or country) Sweden

FATHER

13. NAME Eskel Hulphers
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Gustafa Anderson
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMENT (Address) Mrs. Ruth Merrill Preston Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Idaho Date 5-19, 1938

19. UNDERTAKER Reese L. Johnson
(Address) Preston Idaho

20. FILED June 8, 1938 G. W. Stalker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-19- 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-8-, 1938, to 5-19-, 1938
I last saw her alive on 5-15-, 1938: death is said to have occurred on the date stated above, at 8:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930?
Pulmonary Hemorrhage	1937

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. B. Barnes, M. D.
(Address) Preston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109414

Registration District No. 27
Primary Registration District No. 219 Local Registrar's No. 40
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

9.

2. FULL NAME Reese William Rasmussen
(a) Residence No. _____ Minkcreek Idaho St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 25 1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minkcreek Id.
(State or country)

FATHER
13. NAME Weldon Wm Rasmussen
14. BIRTHPLACE (city or town) Minkcreek Idaho
(State or country)

MOTHER
15. MAIDEN NAME Edna Olsen
16. BIRTHPLACE (city or town) Scipio Utah
(State or country)

17. INFORMANT Weldon W Rasmussen
(Address) Minkcreek Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Minkcreek Date May 20 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED June 8, 1938 C. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 18 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193_____, to May 18, 1938

I last saw her alive on May 18 1938: death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4-30-38

Other contributory causes of importance: Whooping Cough April 1938

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_____
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) O. F. Ayles M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109415

JUN 10 1938

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Melissa Elizabeth Sharp

(a) Residence No. Preston St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. C. Sharp

6. DATE OF BIRTH (month, day, and year) Mar 12 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mammoth Mo.
(State or country) Franklin Idaho

FATHER
13. NAME Epheriam Elsworth
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth R. Edwards
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT J. C. Sharp
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Id. Date May 25, 1938

19. UNDERTAKER M. Hendricks
(Address) Preston Idaho

20. FILED June 7, 1938 G. W. Stales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-22-1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 19, 1938 to May 22, 1938
I last saw her alive on May 21 1938: death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	1937

Other contributory causes of importance:

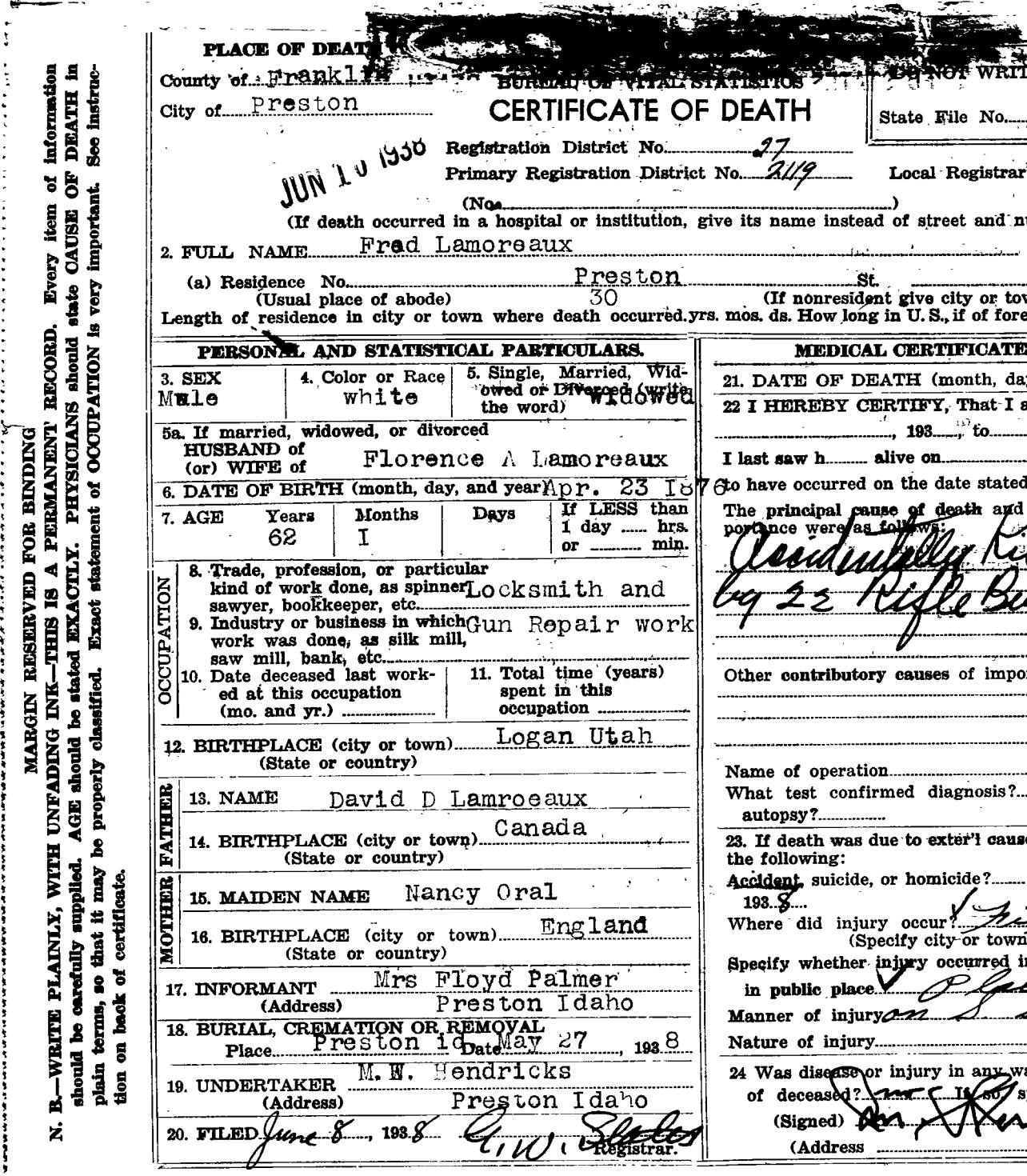
Infirmities old age	

Name of operation No Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Davis M.D.
(Address) Preston Idaho



PLACE OF DEATH

County of Franklin — BUREAU OF VITAL STATISTICS — DO NOT WRITE IN THIS SPACE

City of Preston

CERTIFICATE OF DEATH

State File No. 109416

JUN 10 1938

Registration District No. 27

Primary Registration District No. 2119 — Local Registrar's No. 42

(No.) 184

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Lamoreaux

(a) Residence No. Preston St.

(Usual place of abode) 30 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence A Lamoreaux

6. DATE OF BIRTH (month, day, and year) Apr. 23 18[illegible]6

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	I		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locksmith and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gun Repair work

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan Utah
(State or country)

FATHER

13. NAME David D Lamroeaux

14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER

15. MAIDEN NAME Nancy Oral

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs Floyd Palmer
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston id Date May 27, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED June 8, 1938 C. W. Shelton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-23-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Killed by 22 Rifle Bullet	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.8...

Where did injury occur? Fright above
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓ Open Space Preserve

Manner of injury on S. state st

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) Dan [illegible] Jackson

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

JUN 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10941

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 3 x 4 144

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vone Jensen Merrick

(a) Residence No. Drummond Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Frank J. Merrick

6. DATE OF BIRTH (month, day, and year) Dec-4-1906

7. AGE: Years 31 | Months 5 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mancos Colo.
(State or country)

FATHER
13. NAME Daniel C. Jensen
14. BIRTHPLACE (city or town) Salt Lake City Utah
(State or country)

MOTHER
15. MAIDEN NAME Emma Adella Deckes
16. BIRTHPLACE (city or town) Bluff City Utah
(State or country)

17. INFORMANT Mrs. Leo. Stimpson
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pinecrest Date 6/1, 1938

19. UNDERTAKER W. McClennen
(Address) St. Anthony Idaho

20. FILED 5-29, 1938 Sarah B Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/29/1938

22 I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to May 29, 1938
I last saw her alive on May 29 1938: death is said to have occurred on the date stated above, at 3 p m.

The **principal cause of death** and related causes of importance were as follows:

Post partum Hemorrhage due to absolute failure of clotting.

Date of onset

Other **contributory causes** of importance:

Uterine inertia post partum

Name of operation Date of
What test confirmed diagnosis? clotting Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury None
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) , M. D.
(Address St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10941

JUN 13 1938

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 345

184

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Busby Howard

(a) Residence No. Wilson Calif St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22-1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Lawrence Lavel Howard
14. BIRTHPLACE (city or town) (State or country) Chester Idaho

MOTHER

15. MAIDEN NAME Vera Busby
16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT Mrs. Elsie Nelson
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filmore Calif Date 6/11, 1938

19. UNDERTAKER H. M. Hansen
(Address) St. Anthony Idaho

20. FILED 6/7, 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/6 1938

22 I HEREBY CERTIFY, That I attended deceased from ..., 193... to ..., 193...
I last saw him ~~alive~~ Dead on 6/7 1938: death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidentally Shot-	
in right shoulder	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 6/5/38 193...
Where did injury occur? St. Anthony Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public
Manner of injury Pulled from Pedal
Nature of injury Right shoulder from gun.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. M. Hansen Co. Coroner
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. ..

DO NOT WRITE IN THIS SPACE
State File No. 10941

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Holiday Hicks Cochran

(a) Residence No. Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucina Cochran

6. DATE OF BIRTH (month, day, and year) Aug 14 1839

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cattleman
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Williamsburg
(State or country) Md

FATHER
13. NAME Thomas Cochran
14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER
15. MAIDEN NAME Lovey Lewis
16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Ashley K Cochran
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 5/12, 1938

19. UNDERTAKER C Buckendorf
(Address) Emmett Ida

20. FILED 6/11, 1938 J. R. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/9 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-9-38, 193..., to 5-9-38, 193...
I last saw him alive on 5-9 1938: death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	
Other contributory causes of importance:	
Arteriosclerosis General Old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Bullock, M. D.
(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109420

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alberta Ormsby Oberlin
(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Oberlin
6. DATE OF BIRTH (month, day, and year): May 30 1891
7. AGE: Years 46 | Months 11 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sawmill
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: worker
10. Date deceased last worked at this occupation (mo. and yr.): 5/1/38
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Boone Iowa

FATHER
13. NAME: Albert Oberlin
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Mrs. Myrtle Oberlin
18. BURIAL, CREMATION OR REMOVAL Place Emmett Idaho Date 5/15, 1938
19. UNDERTAKER (Address): C. A. Buckmaster Emmett Idaho
20. FILED 5/14, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/10 1938
22 I HEREBY CERTIFY, That I attended deceased from 9-10-37, 193..., to 5-10, 1938
I last saw h[illegible] alive on 5-10 1938; death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Acute Left Coronary	5.10.38

Other contributory causes of importance:

Chronic Enteritis	years
Hypertension	?
Arteriosclerosis Acute Coronary Artery	?

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? Yes

22. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) M. K. Bullock, M. D.
(Address) Emmett, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109421

Registration District No. 9
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George C. Hall

(a) Residence No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/15-185[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	9	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 5/2/38
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Mass

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) ____ (State or country) "

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) ____ (State or country) "

17. INFORMANT Mrs. O. F. Kinnaird
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 5/18, 1938

19. UNDERTAKER E. Buckheim
(Address) Emmett Idaho

20. FILED 5/18, 1938 J. C. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/15 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 15, 1938
I last saw him alive on May 6 1938.: death is said to have occurred on the date stated above, at 11 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other **contributory causes** of importance:	

Name of operation none Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? at home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? age If so, specify ____

(Signed) J. C. Reynolds, M. D.
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 460

DO NOT WRITE IN THIS SPACE
State File No. 109422

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Whitaker

(a) Residence No. ..... Emmett St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Whitaker

6. DATE OF BIRTH (month, day, and year) 9/11/1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Madison (State or country) Iowa

FATHER

13. NAME John Whitaker
14. BIRTHPLACE (city or town) ..... (State or country) Not Known

MOTHER

15. MAIDEN NAME Mary Dricker
16. BIRTHPLACE (city or town) ..... (State or country) Not Known

17. INFORMANT Mrs. T. O. Despain (Address) Emmett Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Emmett Ida Date 5/25, 1938

19. UNDERTAKER O. Buckmaster (Address) Emmett Ida

20. FILED 5/23, 1938 J. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/21 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 193.., to May 21, 193.8
I last saw him alive on 5/21 193.8.: death is said to have occurred on the date stated above, at 6.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset.
Carcinoma of stomach	May 1938
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. Buckmaster M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10923

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Allard

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Not Known

7. AGE: Years 80 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER

13. NAME: "

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: C W Buckner
(Address): Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Emmett Ida Date: 5/28, 1938

19. UNDERTAKER: C W Buckner
(Address): Emmett Idaho

20. FILED: 5/28, 1938 J. A. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 5/25 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to 5-25, 1938
I last saw h— alive on 5-25 1938 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Years

Other contributory causes of importance:

Arteriosclerotic Heart Dis	1 year

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K Bullock, M. D.
(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109425

Registration District No. 106
MAY 12 1938
Primary Registration District No. 2184 Local Registrar's No. 443

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida L. Wheatcroft

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wesley Wheatcroft

6. DATE OF BIRTH (month, day, and year) Oct 15 - 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which **work was done, as silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Clearwater Ida
(State or country)

MOTHER FATHER

13. NAME Cowin A. Pell

14. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

15. MAIDEN NAME Dora E. Murphy

16. BIRTHPLACE (city or town) Eureka
(State or country) Kansas

17. INFORMANT Cowin A. Pell
(Address)

18. BURIAL, CREMATION OR REMOVAL Tahoe Ridge
Place Kooskia Date 4/14 1938

19. UNDERTAKER Geo. H. Greenamy
(Address) Kooskia

20. FILED April 15 1938 M Verbenkmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4 - 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-10-, 1938, to 4-11, 1938.
I last saw h[illegible] alive on 4-11, 1938: death is said to have occurred on the date stated above, at 3.9 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxic Thyroid, d	
Myocardiotis	
Currettement	

Other **contributory causes** of importance:

Name of operation Currettement Date of 4-10-38
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) John T Wyeth M. D.
(Address) Bangerville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109426

Registration District No. 10 6

JUN 16 1938

Primary Registration District No. 2184 Local Registrar's No. 446

(No.) 23

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Agnes Green

(a) Residence. No. St. Kooskia Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. T. Green

6. DATE OF BIRTH (month, day, and year): Jan 8 - 1870

7. AGE: Years: 68 Months: 3 Days: 5 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Independence Iowa

FATHER

13. NAME: Jacob P Sampson

14. BIRTHPLACE (city or town) (State or country): Not-Known

MOTHER

15. MAIDEN NAME: Sarah B Davis

16. BIRTHPLACE (city or town) (State or country): Not-Known

17. INFORMANT (Address): Dorothy Walker Kooskia

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date April 15 1938

19. UNDERTAKER (Address): Geo Tanner Kooskia Idaho

20. FILED April 15 1938 J. M. Seubert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 13 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12 1938, to April 13, 1938.

I last saw h[illegible] alive on April 13 1938; death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

Pulmonary Tuberculosis	
Chronic Myocarditis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?.....Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. M. Seubert M. D.

(Address) Kooskia Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

JUN 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109427

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 21
(No. Our Lady of Cons. Hosp.
(If death occurred in a hospital or institution, give its name instead of street and number)

181

2. FULL NAME Theodore Frances Sprute
(a) Residence No. Kusterville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 21 '37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho

FATHER
13. NAME George Sprute
14. BIRTHPLACE (city or town) Kusterville
(State or country) Idaho

MOTHER
15. MAIDEN NAME Hildegarde Schaffer
16. BIRTHPLACE (city or town) Ferdinand
(State or country) Idaho

17. INFORMANT Mrs. Geo. Sprute
(Address) Kusterville Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kusterville Date 5-7, 1938

19. UNDERTAKER Father Verhoeven
(Address) Kusterville

20. FILED June 1, 1938 H. F. Orr
per TB Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-5 1938

22 I HEREBY CERTIFY, That I attended deceased from May 5, 1938, 193..., to May 5, 1938
I last saw him alive on May 5 1938.: death is said to have occurred on the date stated above, at 8:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental burns with Gasoline	
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental burns. Date of injury 5-5-38. 193...
Where did injury occur? Kusterville, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** home
Manner of injury with burning gasoline in home
Nature of injury 1st & 2nd Degree burns

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leslie F. Orr, M. D.
(Address) Cottonwood, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109426

JUN 11 1938

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Aloys J. Holthaus

(a) Residence No. 4 Miles East Cottenwood St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Josephine Holthaus

6. DATE OF BIRTH (month, day, and year) 6-20-1862

7. AGE — Years: 75 | Months: 10 | Days: 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Festine
(State or country) Iowa

FATHER
13. NAME Theo Holthaus
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Elizebth Vierhause
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs A.J.Holthaus
(Address) Cottenwood Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cottenwood Date 5/13, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED June, 1938 N. J. Orr
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/13 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb., 1937, to May 13, 1938
I last saw ~~him~~ alive on May 13 1938: death is said to have occurred on the date stated above, at 7:15p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Feb. 1937
Acute Myocardial Failure	May 1st 1938

Other **contributory causes** of importance:

Name of operation — clinical Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109429

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 23

JUN 1 1938

(No. at Home.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Rad.

(a) Residence. No. Cottonwood, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary Rad

6. DATE OF BIRTH (month, day, and year): May 13, 1859

7. AGE: Years 79 | Months 11 | Days 29
If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retire
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country): Schendil Germany
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Schendil Germany
15. MAIDEN NAME: Mary Hendricks
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Leo Rad Reuterville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Cottonwood Date: 5/14, 1938

19. UNDERTAKER (Address): Glenn Gifford Georgeville Ida.

20. FILED June 1, 1938. J. H. Orr
per WB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/11 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1938, to May 11, 1938
I last saw h alive on May 11, 1938: death is said to have occurred on the date stated above, at 9 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocardial failure	5-8-38

Other **contributory causes** of importance:

Influenza - Bronchial Pneumonia	April 23 1938

Name of operation: ... Date of: ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) J. Wesley H. Orr M. D.
(Address) Cottonwood Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109430

PLACE OF DEATH
County of Jefferson JUN 10 1938
City of Rigby
Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 24
(No. 157a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald R. Johnson

(a) Residence. No. Rd St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 6 ds. How long in U. S if of foreign birth? yrs. mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 5, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby Ida

PARENTS

10. NAME OF FATHER Marvel L. Johnson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ogden Utah
12. MAIDEN NAME OF MOTHER Sadie Reova Durant
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Rigby Idaho

14. Informant Marvel L. Johnson
(Address) Rigby Ida

15. Filed JUN 10 1938, 19 M. A. Beckwith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 11 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/5/38, 19..., to 4/11/38, 19..., that I last saw him alive on 4/11/38, 19..., and that death occurred, on the date stated above, at 7:45 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Intestinal Obstruction
from congenital
Stenosis of colon
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) W. B. Gee M. D.
19..., 19... (Address) Idaho Falls, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker	Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109431

JUN 1 0 1938

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathleen Kay Killian.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington.
(State or country)

FATHER
13. NAME Jacob Lawrence Killian.
14. BIRTHPLACE (city or town) Salem, Utah.
(State or country)

MOTHER
15. MAIDEN NAME Clara McIlvain
16. BIRTHPLACE (city or town) Hartford, Kan.
(State or country)

17. INFORMANT O. L. Killian
(Address) Rigby, Idaho. R. #2

18. BURIAL, CREMATION OR REMOVAL
Place Shelton Ida. Date 5-10, 1938

19. UNDERTAKER W. G. Weaver
(Address) Rigby, Idaho.

20. FILED 5-10, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/8 1938

22 I HEREBY CERTIFY, That I attended deceased from May 8, 1938, to May 8, 1938
I last saw her alive on 10 AM 1938: death is said to have occurred on the date stated above, at 11:30 A.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Brain Tumor	1937
Other **contributory causes** of importance:	
Probably Ruptured brain tumor	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Augustine, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1094.32

Registration District No.
Primary Registration District No. Local Registrar's No. 18

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Miller Hewitt

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Hewitt

6. DATE OF BIRTH (month, day, and year) April 15, 1853

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	85	0	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) May 1928
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Robert Miller
14. BIRTHPLACE (city or town) Edinborough (State or country) Scotland

MOTHER
15. MAIDEN NAME Margaret Gordon
16. BIRTHPLACE (city or town) Inberness (State or country) Scotland

17. INFORMANT Roland Miller
(Address) Ririe, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Idaho Falls Date May 12, 1938

19. UNDERTAKER C. C. Buck
(Address) Idaho Falls, Idaho

20. FILED JUN 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 12 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938, to May 12, 1938
I last saw her alive on May 12 1938: death is said to have occurred on the date stated above, at 12:20AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Fracture of ribs	

Other contributory causes of importance:

Senility	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 30, 1938
Where did injury occur? Ririe Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place In home
Manner of injury Fell and broke ribs
Nature of injury Fracture of ribs

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109435

PLACE OF DEATH

County of Jerome

City of Jerome

JUN 13 1938

Registration District No. 18

Primary Registration District No. .....

Local Registrar's No. 94 F

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vincent Richter

(a) Residence. No. ..... Jerome, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Oddessa
(State or country) Russia

FATHER

13. NAME Antone Richter

14. BIRTHPLACE (city or town)
(State or country) Russia

MOTHER

15. MAIDEN NAME Dorothy Braun

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMENT L. P. Richter
(Address) Jerome

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Date , 193

19. UNDERTAKER D. A. Stevenson
(Address) Jerome

20. FILED 4/30, 1938 E. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 4/27/38, 193.., to 4/27/38, 193..
I last saw him alive on 4/27/38, 193..: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) Carlyle Rust, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome
JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109434

166

2. FULL NAME Dale Webster McClanahan

(a) Residence No. 8 mi East Jerome St ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Ethel Margaret

6. DATE OF BIRTH (month, day, and year): March 1 1905

7. AGE — Years: 23 — Months: 2 — Days: — — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Buhl Idaho

FATHER
13. NAME: H D McClanahan
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Jessie J Davidson
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): H D McClanahan Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Jerome Cem Date: June 9, 1938

19. UNDERTAKER (Address): J R Wiley Jerome Idaho

20. FILED: 6/8, 1938 C. A. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 1 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193—, to ____, 193—

I last saw h— alive on ____ 193—; death is said to have occurred on the date stated above at about 8:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide. drowned	
by leaping 470 ft	
into Snake River	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
~~Accident~~, suicide, or ~~homicide?~~ Date of ~~injury~~ ____, 193—
Where did injury occur? Jerome Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** on highway 93
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J R Wiley (Coroner)
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10943

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. Jerome)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159

2. FULL NAME Verna Lee Winfree

(a) Residence, No. Jerome St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) 5.15.38

7. AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or min.
	~~no age~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome. Ida

FATHER

13. NAME Earnest Winfree

14. BIRTHPLACE (city or town) (State or country) Ark

MOTHER

15. MAIDEN NAME Eatha Petty

16. BIRTHPLACE (city or town) (State or country) Ark

17. INFORMENT (Address) Earnest Winfree Jerome. Ida

18. BURIAL, CREMATION, OR REMOVAL Place Jerome, Ida Date 5,15,38 193

19. UNDERTAKER (Address) D. A. Jameson Jerome.

20. FILED 5/17, 193 O. T. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to May 15, 1938

I last saw he alive on May 15, 1938: death is said to have occurred on the date stated above, at 1:PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	
36 weeks gestation	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Reuben C. Matson, M. D.

(Address) Jerome Ida

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome
JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. ____ Local Registrar's No. 945
(No. ____)

DO NOT WRITE IN THIS SPACE
State File No. 109436

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clark Crossman

(a) Residence No. Jerome Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Edna Crossman
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 8 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Jefferson Co
(State or country) Penn

FATHER
13. NAME Joshua
14. BIRTHPLACE (city or town) ____
(State or country) Penn

MOTHER
15. MAIDEN NAME Elizabeth ?..
16. BIRTHPLACE (city or town) ____
(State or country) England

17. INFORMANT Mrs Edna Crossman
(Address) Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Cem. Date May 27, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 5/25, 1938 C. A. Zellen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1934, to May 23, 1938
I last saw him alive on May 21 1938.: death is said to have occurred on the date stated above, at 1:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 23/1938
Other **contributory causes** of importance:	

Name of operation no Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Reuben C. Matson, M. D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109437

Registration District No. 38
Primary Registration District No. 1051
Local Registrar's No. 69

JUN 7 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Lakeside Hospital) 820

2. FULL NAME Luella Wendler

(a) Residence No. ..... St. Rathdrum Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 4½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Charlie Wendler

6. DATE OF BIRTH (month, day, and year) May 9-1877

7. AGE: Years 60 | Months 11 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Charles (State or country) Minn

FATHER
13. NAME Chas F. Wall
14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER
15. MAIDEN NAME Annie S. Zimmerman
16. BIRTHPLACE (city or town) Berlin (State or country) Germany

17. INFORMANT Marie Wall. (Address) Rathdrum Ida.

18. BURIAL, CREMATION OR REMOVAL Forest cemetery C'd'A Date 4-30, 1938

19. UNDERTAKER Cadegan Funeral Home (Address) Rathdrum Ida

20. FILED 4/30, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-26 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/25, 1938, to 4/26, 1938

I last saw her alive on 4/26 1938: death is said to have occurred on the date stated above, at 10-40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt hemorrhagic stroke following brain hemorrhage.	4/23/38

Other contributory causes of importance: Hypertension

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Hennessy, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenay
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109435

Registration District No. 30
Primary Registration District No. 105 (
Local Registrar's No. 65

JUN 7 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah L. Walker

(a) Residence No. 801 - 8th St.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): widowed
5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Stuart-Walker
6. DATE OF BIRTH (month, day, and year): 8-9-10
7. AGE: Years 81 | Months 9 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1923
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lewistown Penn

FATHER
13. NAME: Samuel Cameron
14. BIRTHPLACE (city or town) (State or country): Lewistown Penn

MOTHER
15. MAIDEN NAME: Rose Scott
16. BIRTHPLACE (city or town) (State or country): Dont Know

17. INFORMANT: Helen Howard
(Address) 801 8th St.

18. BURIAL, CREMATION OR REMOVAL
Place: Post Falls Date: 5-2, 1938

19. UNDERTAKER: Casady Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED May 2, 1938 Lee Forbes M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 5-1 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug., 1937, to April 1, 1938

I last saw her alive on April 27 1938: death is said to have occurred on the date stated above, at 8.30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute decompensation of heart	April 26, 1938
Chronic Myocarditis	Don't know
Other **contributory causes** of importance:	
Arteriosclerosis & Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hamilton J. Sycamore M. D.
(Address Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109433

Registration District No. 30

Primary Registration District No. 1051

Local Registrar's No. 70

JUN 7 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Frederick Eachon

(a). Residence No. 811- A, St.

(Usual place of abode)

Length of residence in city or town where death occurred ~~yrs. mos. ds.~~ 6 hrs (If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1938-5-2

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d' Alene
(State or country) Idaho.

FATHER

13. NAME George Eachon

14. BIRTHPLACE (city or town) Coeur d' Alene
(State or country) Ida.

MOTHER

15. MAIDEN NAME Bonnie Marie Gilyard

16. BIRTHPLACE (city or town) Mansfield
(State or country) Wash.

17. INFORMANT George Eachon
(Address) 707 Mullan

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 6-5, 1938

19. UNDERTAKER Casady Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 6-5, 1938 L. E. Krotzer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-3 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-2, 1938, to 5-3, 1938

I last saw h~~im~~ alive on 5-3 1938; death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	
Other **contributory causes** of importance:	
Premature	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. H. Hamm M. D.

(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10940

JUN 7 1938

Registration District No. 90
Primary Registration District No. 1051
Local Registrar's No. 71

(No. 46)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jay R. Bourbon

(a) Residence No. Loffs Bay (Usual place of abode) Coeur d'Alene St. Lake (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amanda Bourbon
6. DATE OF BIRTH (month, day and year): March 17 1873
7. AGE: Years 65 | Months 1 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Finsing Austria

FATHER
13. NAME: Do not know
14. BIRTHPLACE (city or town) (State or country): " " "

MOTHER
15. MAIDEN NAME: " " "
16. BIRTHPLACE (city or town) (State or country): " " "

17. INFORMANT: M. M. Bourbon (Address) Coeur d'Alene Idaho
18. BURIAL, CREMATION OR REMOVAL: Place St. Thomas Date 6-7 1938
19. UNDERTAKER: Cass-Ely Funeral Home (Address) 6 Dalton Blvd Coeur d'Alene
20. FILED 6-7 1938 Lakestedt M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6-4-1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1938 to May 4, 1938
I last saw h.. alive on Apr 2 1938: death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Cancer of the stomach	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Pt's Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Hamm M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109441

Registration District No. 90
Primary Registration District No. 1051 Local Registrar's No. 72
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Arthur Packer

(a) Residence No. 1119 3rd St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosella Packer

6. DATE OF BIRTH (month, day, and year) 8/25/1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roosevelt School
10. Date deceased last worked at this occupation (mo. and yr.) 4/1938
11. Total time (years) spent in this occupation 8months

12. BIRTHPLACE (city or town) Minn.
(State or country)

FATHER

13. NAME Ira E. Packer
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Althea Cottrel.
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs. Rosella Packer
(Address) C.D.A.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest C.D.A. Date 5/10, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d' Alene, Idaho

20. FILED May 12, 1938 L. L. Kroetch Mrs.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/8/1938

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1938, to April 22, 1938
I last saw him alive on April 22 1938: death is said to have occurred on the date stated above, at 8:30A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4/17/38
# 946	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Kilborn, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10944

JUN 7 1938

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 75
(No.) Coeur d'Alene Homes
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole Elstad

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M. | 4. Color or Race W. | 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 10-1865

7. AGE | Years 72 | Months 7 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30 yrs
10. Date deceased last worked at this occupation (mo. and yr.) 5-9-1938 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norway
(State or country)

FATHER
13. NAME Lars Elstad
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Karen Lee
16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Mrs Dora Caples
(Address) Orchard Ave Spokane Wash.

18. BURIAL, CREMATION OR REMOVAL
Place C.D'A Date 5-16, 1938
Forest

19. UNDERTAKER Cassedy Funeral
(Address) Eastern Ida Home

20. FILED 6/11/6, 193 L Christian M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-12 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 23, 1938, to May 12, 1938.
I last saw h alive on May 10 1938: death is said to have occurred on the date stated above, at 11 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 8.
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Christian M. D.
(Address Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10944.

JUN 7 1938

Registration District No. 30

Primary Registration District No. 1051 Local Registrar's No. 73

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James M. Smart

(a) Residence No. 613 Indiana St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M.

4. Color or Race W.

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Minerva J. Smart

6. DATE OF BIRTH (month, day, and year) Jan. 12 - 1864

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1919

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carrollton
(State or country) Ills.

FATHER

13. NAME Jas. R. Smart

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Harriet E. Catheran

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Paul Smart
(Address) Spokane Wash

18. BURIAL, CREMATION OR REMOVAL Interment Place Coeur d'Alene Date 5-14, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) C D Alene Ida

20. FILED May 14, 1938 Nicholson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-9, 1938, to 5-13, 1938

I last saw him alive on 5-13 1938; death is said to have occurred on the date stated above, at 7.05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis complicated by Auric thrombosis infection 4 days.	
Other contributory causes of importance:	
Senility	

Name of operation None Date of

What test confirmed diagnosis? Pt. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Hoffman, M. D.

(Address) Coeur d'Alene.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109444

JUN 7 1938

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 74
(No. Private Nursing Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Ida M. Barstow

(a) Residence No. 818 Garden Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred 29 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maitland D. (Deceased)

6. DATE OF BIRTH (month, day, and year) 1/5/1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation ____ (mo. and yr.)
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) DesMoine, Iowa
(State or country)

FATHER

13. NAME Joseph King
14. BIRTHPLACE (city or town) St. Louis,
(State or country) Missouri

MOTHER

15. MAIDEN NAME Eleanor Woods
16. BIRTHPLACE (city or town) St. Louis, Mo.
(State or country)

17. INFORMANT Mrs. Eva Miles
(Address) C.D.A.

18. BURIAL, ~~CREMATION OR REMOVAL~~
C.D.A. Place Forest Cem. Date 5/16, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) C.D.A.

20. FILED May 16, 1938 L.C. Kretchen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13, 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1936, to May 13, 1938
I last saw h. alive on May 13 1938: death is said to have occurred on the date stated above, at 6:30A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	May 13. 38
Other contributory causes of importance:	
Coronary sclerosis	June. 1936

Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John D. Wood M. D.
(Address) Coeur d'Alene. Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109445

JUN 7 1938

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 76
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Eric Mc Arthur

(a) Residence No. Elite Hotel. Sherman Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Lottie.

6. DATE OF BIRTH (month, day, and year): 5/30/1882

7. AGE: Years 55 | Months 11 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Elite Hotel
10. Date deceased last worked at this occupation (mo. and yr.): 1/1937
11. Total time (years) spent in this occupation: 6 months

12. BIRTHPLACE (city or town) (State or country): Deep Creek Falls, Wn.

FATHER
13. NAME: Edward E. Mc Arthur
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Mrs. Victoria Bassett
16. BIRTHPLACE (city or town) (State or country): Calif.

17. INFORMANT: Mrs. Lottie Mc Arthur
(Address): Coeur d' Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place: Forest Date: May 19, 1938

19. UNDERTAKER: The Mooney Mortuary
(Address): Coeur d' Alene, Idaho

20. FILED: May 18, 1938 L. E. Krotzman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 16 1938

22 I HEREBY CERTIFY, That I attended deceased from February, 1938, to May, 1938
I last saw him alive on May 16 1938: death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma Right Lung	Dec 1936
#47	

Other contributory causes of importance: None

Name of operation: None Date of —
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Ernest W. VanDamm, M. D.
(Address) Coeur d' Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boat
City of Cda

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35
Primary Registration District No. 10 51
Local Registrar's No. 77

DO NOT WRITE IN THIS SPACE
State File No. 109446

JUN 1 1938

(No. 1223 Gov. Tray St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wilson Shewfelt

(a) Residence (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M
4. Color or Race W
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Sephrona Jane

6. DATE OF BIRTH (month, day, and year) Aug 13-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	9	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 13 yrs
11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Lucinda Williams (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Forest Place CdAlene Date 5-18, 1938

19. UNDERTAKER Casady Funeral Home (Address) Coeur d'Alene Ida.

20. FILED May 18, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-16 1938

22 I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 16, 1938

I last saw h~~im~~ alive on May 8 1938: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis + senility	
Other **contributory causes** of importance:	

Name of operation —o— Date of
What test confirmed diagnosis Exam Was there an autopsy? —o—

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) CdAlene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai (?)
City of Lakeview

JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10944

Registration District No. 30
Primary Registration District No. 2051
Local Registrar's No. 79
(No.)

820

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lula Marguerite Weber

(a) Residence No. Same St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank C. 1872

6. DATE OF BIRTH (month, day, and year) October 26,

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) Apr., 1938
11. Total time (years) spent in this occupation 28 yrs.

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Adam Hereth
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Louisa Niklous
16. BIRTHPLACE (city or town) Indiana (State or country)

17. INFORMANT Mr. Frank C. Weber,
(Address) Lakeview, Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Cremation Date 5/23, 1938

19. UNDERTAKER Hazen & Jaeger
(Address) Spokane, Washington

20. FILED 5/23, 1938 LeRoy Kitchen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 20 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 11, 1938, to May 20, 1938
I last saw her alive on Apr 11 1938; death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Apr 7/38
Other contributory causes of importance:	
Hypertension	2

Name of operation None Date of
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Peter Reed, M. D.
(Address) Spokane Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10944

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 80
(No. Lakeside Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clark Tyllcutt
(a) Residence No. 220-2nd St., St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M
4. Color or Race Wh.
5. Single, Married, Widowed or Divorced (write the word) Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie
6. DATE OF BIRTH (month, day, and year) Nov. 8, 1858
7. AGE Years 79 Months 6 Days 17 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. railroad man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roseburg Indiana

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. R. H. Gleason
(Address) Post Falls, Ida.
18. BURIAL, CREMATION OR REMOVAL
Place Post Falls, Date 5-27, 1938
19. UNDERTAKER Casey & Fuhrman
(Address) Coeur d'Alene
20. FILED 5/27, 1938 L. C. Rostrom M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/25/1938
22 I HEREBY CERTIFY, That I attended deceased from April 6, 1938, to May 25, 1938
I last saw h— alive on May 24 1938: death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	
operated 5/24/1938	
Chr. Myocarditis	
Other contributory causes of importance:	

Name of operation 2nd stage prostatectomy Date of 5/24/38
What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. F. Fleming, M. D.
(Address) Coeur d'Alene,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City Coeur D'Alene

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109443

Registration District No. 30

Primary Registration District No. 1051

Local Registrar's No. 82

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loyd Cleveland Coulter.

(a) Residence. No. 155 Main St. Wardner Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Coulter.

6. DATE OF BIRTH (month, day, and year) Feb 6 - 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 1936

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Eldorado (State or country) Kansas.

FATHER

13. NAME Wm Coulter

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Pearl Gibson

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Glen Coulter. (Address) Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL

Place Kellogg Date 3-30 1938

19. UNDERTAKER P. F. Stout (Address) Kellogg Ida

20. FILED June 1, 1938 P. F. Pletcher M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1937, to March 27, 1938

I last saw him alive on Mch 26, 1938: death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Silicosis	

Name of operation ✓ (Micro) Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193...

Where did injury occur? ✓ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miners Silicosis

(Signed) Alexander Barclay M. D.

(Address) Coeur d Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10945

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 81

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delbert Wilbur Rice

(a) Residence No. St. Lone Wash
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 3-1937

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newport
(State or country) Wash.

FATHER
13. NAME Delbert Wilbur Rice
14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME Marian Harrow
16. BIRTHPLACE (city or town) Kalkaska
(State or country) Mich.

17. INFORMANT D. Elbert W. Rice
(Address) Lone Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Lawn Dist. Date 6/1, 1938

19. UNDERTAKER Cassidy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 6-1, 1938 Letrouneau M.A.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-31-1938

22 I HEREBY CERTIFY, That I attended deceased from 5-30, 1938, to 5-31, 1938
I last saw h- alive on 5-30 1938: death is said to have occurred on the date stated above, at 6:45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Reed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

REC'D

JUN 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109454

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No. 17

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hilah Ann Rauch

(a) Residence. No. ....St. ....

(Usual place of abode) 12 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Rauch

6. DATE OF BIRTH (month, day, and year) Feb. 3, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HouseWife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sacromento Cal.

FATHER

13. NAME John Long

14. BIRTHPLACE (city or town) (State or country) Independence Mo.

MOTHER

15. MAIDEN NAME Ann Jane Barker

16. BIRTHPLACE (city or town) (State or country) Not known Mo.

17. INFORMANT John Rauch
(Address) Troy Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place M. Scow Date May 3, 1938

19. UNDERTAKER A. E. Alden
(Address) Troy

20. FILED June 1, 1938 Mrs Chas Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 1 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to May 1st, 1938

I last saw her alive on May 1st, 1938; death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ....., 193....

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Chas A. Meyers, M. D.

(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Deary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109454

Registration District No. 66
Primary Registration District No. 2148
Local Registrar's No. 3
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 200

2. FULL NAME Louisa Swanson

(a) Residence No. St.
(Usual place of abode) 29yr. (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. [illegible] Widowed or Divorced (write the word)
Female	White	[illegible]

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Swanson

6. DATE OF BIRTH (month, day, and year) Jan 9, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	3	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Not Known
(State or country) Sweden

FATHER
13. NAME Johnson
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Axel Burklund
(Address) Deary

18. BURIAL, CREMATION OR REMOVAL Burial
Place Deary Date May 5, 1938

19. UNDERTAKER E. Alden
(Address) Troy

20. FILED 5/5, 1938 Mrs. Earl Alden
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 2 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/21/38, 193..., to 4/27/38, 193...
I last saw her alive on 4/27/38 193...: death is said to have occurred on the date stated above, at 9:30 pm.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Do not know. Had not seen patient for several days.	
Other **contributory causes** of importance:	
Hypertension; cardiorenal disease; questionable tb. lesion of lung.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Doyle M. Locke M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1094

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 350
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

132

2. FULL NAME Nellie Hall

(a) Residence No. 315 E. 2nd. St.
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ralph Hall

6. DATE OF BIRTH (month, day, and year) 9/17/1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	7	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME C. C. Carpenter
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Amie Randall
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Arthur Carpenter
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Date , 193

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 5/10, 193 8 A. Stauffenburg Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/10 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-11-, 193 8, to 5-10-, 193 8
I last saw h[e]r alive on 5-7-193 8: death is said to have occurred on the date stated above, at 4 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1-11-38 (Fistory.
Coronary Occlusion (Which caused)	5-10-38
or Heart Block)	
Other contributory causes of importance: Chronic nephritis Hypertension	

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury , 193
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** none
Manner of injury none
Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph K. Wilson M. D.
(Address) Moscow Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Princeton(rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109454

JUN 6 1938

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Bay

(a) Residence No. Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Corinne Bay

6. DATE OF BIRTH (month, day, and year) 12/18/'68

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 5/12/38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Willawa,
(State or country) Ore.

FATHER

13. NAME Charles Bay
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Louise Herring
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Ford Bay
(Address) Princeton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Freeze Date 5/15, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 5/16/, 1938 F.C. Nelson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/12 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Struck in head by a falling tree causing instant death.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ON OWN LAND
Manner of injury FELLING TREES
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H.R. Short M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109455

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 351
(No. Rt. 5 - Moscow Ida)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Dobias M. Forseth

(a) Residence No. Rt. 5 - East Moscow St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

93 a

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hanna

6. DATE OF BIRTH (month, day, and year) Aug. 8-1856

7. AGE: Years 81 | Months 10 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1928
11. Total time (years) spent in this occupation 24.

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Martie Sandeen
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Helena Simonson
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Bro Pigeant Forseth
(Address) Rt. 5 - Moscow

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date May 16, 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho

20. FILED 6-6-38, 1938 Harry Eastburn Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/12/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden death	
Acute myocarditis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. A. Stout
(Address) Moscow, Ida. Grover #####

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109455

Registration District No. 61
Primary Registration District No. 101 Local Registrar's No. 352
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME George T. Aldrich

(a) Residence No. 8 St. Troy, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ of
~~(or) WIFE of~~ Ruby Aldrich

6. DATE OF BIRTH (month, day, and year) 8/17/1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Jan. '38
11. Total time (years) spent in this occupation 35 yr.

12. BIRTHPLACE (city or town) Fredonia, N.Y.
(State or country)

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Glenn Aldrich
(Address) Troy, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida Date May 20, 1938

19. UNDERTAKER H.R.Short
(Address) Moscow, Idaho

20. FILED 5/18, 1938 Stacy Eubanks Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/18 1938

22 I HEREBY CERTIFY, That I attended deceased from May 7, 1938, to 5/18/38, 193..
I last saw h.im alive on 5/18/ 193.8: death is said to have occurred on the date stated above, at 2:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic cystitis; chronic myocarditis	
Other **contributory causes** of importance:	
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lorenz J. Klaasen, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Troy

FL JUN 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109457

Local Registrar's No. 1

72

2. FULL NAME Eunice Walena Rader

(a) Residence. No. Troy, Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1917

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	20	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Genesee (State or country) Idaho

FATHER

13. NAME Oscar F. Rader

14. BIRTHPLACE (city or town) Uniontown (State or country) Idaho

MOTHER

15. MAIDEN NAME Pearl Gage

16. BIRTHPLACE (city or town) Genesee (State or country) Idaho

17. INFORMANT C. F. Rader (Address) Troy, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial

Place Genesee, Ida. Date May 23, 1938

19. UNDERTAKER A. E. Alden (Address) Troy, Idaho

20. FILED June 1, 1938 Mrs Ches Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 20 1938

22. I HEREBY CERTIFY, That I attended deceased from October, 1937, to May 20, 1938.

I last saw her alive on May 20, 1938: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. A. Meyer, M. D.

(Address) Troy, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Troy

JUN 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE

State File No. 10945

Local Registrar's No.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Gilbert P. Sjostrom

(a) Residence. No. Troy Idaho Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ingeborg Olson

6. DATE OF BIRTH (month, day, and year) Feb. 21 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Tannas (State or country) Sweden

FATHER

13. NAME Sjostrom

14. BIRTHPLACE (city or town) Not known (State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Edwin Shostrom (Address) Troy Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Westdalla Cem. Date May 28, 1938

19. UNDERTAKER A. E. Alden (Address) Troy, Ida

20. FILED June 1, 1938 Mrs C. A. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936, to May 24, 1938.

I last saw h alive on May 23, 1938.: death is said to have occurred on the date stated above, at 12:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. P. Meyer M. D.

(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109459

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 354
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma G. Christenson
(a) Residence No. Rural Toute No. 5. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. A. Christenson

6. DATE OF BIRTH (month, day, and year) 4/13/1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grants Berg,
(State or country) Wis.

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT C. A. Christenson
(Address) Moscow, Ida. Rt. 5.

18. BURIAL, CREMATION OR REMOVAL
Place Date , 193

19. UNDERTAKER E. R. Short
(Address) Moscow, Idaho

20. FILED 6-6-38 193 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/25/38

22 I HEREBY CERTIFY, That I attended deceased from December 5, 1936, to March 22, 1938
I last saw her alive on March 22 1938: death is said to have occurred on the date stated above, at 3:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congestive heart failure	Dec. 5, 1936
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No. Date of injury , 193
Where did injury occur? Route #5, Moscow, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No
Manner of injury No
Nature of injury No

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward M. Dunn M. D.
(Address Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy

JUN 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64
Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE
State File No. 109460

Local Registrar's No. 9321

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Katherine Lindberg

(a) Residence. No. Troy St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carl E. Lindberg

6. DATE OF BIRTH (month, day, and year) July 20 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Galesburg, Ill.

FATHER

13. NAME Geo. C. Castle
14. BIRTHPLACE (city or town) (State or country) Not known Ill.

MOTHER

15. MAIDEN NAME Ella Swaggert
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Ed Soderstrom
(Address) Troy, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Dry Creek Date May 31, 1938

19. UNDERTAKER A. E. Alden Troy, Ida.
(Address)

20. FILED June 1, 1938 Mrs C. A. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 27 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to May 27, 1938.
I last saw her alive on May 27 1938; death is said to have occurred on the date stated above, at 9:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	Jan. 1938
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. T. Mayer, M. D.
(Address) Troy Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Deary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109461

JUN 16 1938

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No. 183
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Jean Knott

(a) Residence. No. Deary St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 13, 1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bovill
(State or country) Idaho

FATHER
13. NAME Oscar Knott
14. BIRTHPLACE (city or town) Heron Lake
(State or country) Minn.

MOTHER
15. MAIDEN NAME Cora Clark
16. BIRTHPLACE (city or town) Obelia
(State or country) W. Va.

17. INFORMANT Oscar Knott
(Address) Deary, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Moscow Date June 4, 1938

19. UNDERTAKER A. E. Alden
(Address) Troy, Ida.

20. FILED June 10, 1938 Mrs Chas. A. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 2 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 2, 1938.
I last saw h[illegible] alive on June 1, 1938; death is said to have occurred on the date stated above, at 1:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation	
Drowning.	6/2/1938
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/2/1938
Where did injury occur? Deary Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Old pond.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Meyer, M. D.
(Address) Troy Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Deary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109462

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

JUN 16 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Shirley Corrine Knott

(a) Residence. No. Deary St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 31, 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bovill
(State or country) Idaho

FATHER

13. NAME Oscar Knott

14. BIRTHPLACE (city or town) Heron Lake
(State or country) Minn.

MOTHER

15. MAIDEN NAME Cora Clark

16. BIRTHPLACE (city or town) Oberlin
(State or country) W. Va.

17. INFORMANT Oscar Knott
(Address) Deary, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Moscow Date June 4, 1938

19. UNDERTAKER A. B. Alden
(Address) Troy, Ida.

20. FILED June 10 1938 Mrs Chas. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 2 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 2, 1938
I last saw her alive on June 2, 1938: death is said to have occurred on the date stated above, at 1.00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
asphyxiation	6/2/1938
Drowning.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 2, 1938
Where did injury occur? Deary Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Old pond.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. C. Meyer M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109463

JUN 16 19[illegible]

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Henry Heye

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 2 hrs mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Troy Idaho.

MOTHER/FATHER

13. NAME Eugene Heye

14. BIRTHPLACE (city or town) (State or country) Nebraska

15. MAIDEN NAME May Harvey

16. BIRTHPLACE (city or town) (State or country) Nebraska.

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION OR REMOVAL Burial
Place At home Date 6/4/38 193..

19. UNDERTAKER none
(Address)

20. FILED June 10 1938 Miss Clara Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/3/ 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3, 193.8 to June 3, 193.8.
I last saw him alive on June 3, 193.8: death is said to have occurred on the date stated above, at 10 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of Onset
Premature birth	6/3/38
7 months gestation.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. T. Meyer M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109465

JAN 13 1938

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Anna L. Doody
(a) Residence No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jerry Doody

6. DATE OF BIRTH (month, day, and year) X

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1936
11. Total time (years) spent in this occupation 57yrs.

12. BIRTHPLACE (city or town) (State or country) Illonois

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Jerry Doody
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 5/9/ , 193 8

19. UNDERTAKER Charles W. Doebler
(Address) Salmon, Idaho

20. FILED June 8, 193 8 Chas E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/7 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/1, 1938, to 5/7, 1938
I last saw h. alive on 5/7 1938: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/1/38
Other **contributory causes** of importance:	
arterio sclerosis	1932

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Mannix, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109466

JUN 13 1938

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME Richard A. Holmes
(a) Residence No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of May Holmes

6. DATE OF BIRTH (month, day, and year) Dec. 9, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Water Master
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) May 11, 1938
11. Total time (years) spent in this occupation 38yrs.

12. BIRTHPLACE (city or town) St. Joseph
(State or country) Missouri

FATHER
13. NAME George Holmes
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Julia Holmes
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mrs. Richard A. Holmes
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 5/14/, 1938

19. UNDERTAKER Charles W. Doebler
(Address) Salmon, Idaho

20. FILED June 10, 1938 Chas. E. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/11 1938

22 I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to May 11, 1938
I last saw h[illegible] alive on May 10, 1938: death is said to have occurred on the date stated above, at 5:55 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	May 3 '38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas F Hammon, M. D.
(Address Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10946

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ollie Hagel

(a) Residence No. Gibbsonville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Hagel

6. DATE OF BIRTH (month, day, and year) Aug. 13, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) May 14, 1938
11. Total time (years) spent in this occupation 4yrs.

12. BIRTHPLACE (city or town) Leesburg
(State or country) Idaho

FATHER

13. NAME Leon Stiles
14. BIRTHPLACE (city or town) Onterio
(State or country) Oregon

MOTHER

15. MAIDEN NAME Nellie Jones
16. BIRTHPLACE (city or town)
(State or country) X

17. INFORMANT Robert Hagel
(Address) Gibbsonville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Ida. Date 6/2[illegible], 1938

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED June 10, 1938 Chas E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/25/1938

22 I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to May 25, 1938
I last saw h[illegible] alive on May 25 1938: death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	May 25
Other contributory causes of importance:	
Pneumonia - Lobar -	May 6-38

Name of operation X Date of /
What test confirmed diagnosis? / Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ^ Date of injury /, 193^.
Where did injury occur? /
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Y
Manner of injury X
Nature of injury X

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) E. A. McFarland, M.D.
(Address Box 543 Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewis
City of Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 7 1938

DO NOT WRITE IN THIS SPACE
State File No. 10946

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 6
(No. 183)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Walter Morris

(a) Residence No. Winchester, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 29 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho

FATHER

13. NAME Robert E. Morris

14. BIRTHPLACE (city or town) Veneta,
(State or country) Oklahoma

MOTHER

15. MAIDEN NAME Thelma M. Shaughnessy

16. BIRTHPLACE (city or town) Winchester,
(State or country) Idaho.

17. INFORMANT R.E. Morris
(Address) Winchester

18. BURIAL, CREMATION OR REMOVAL
Place Winchester Date May 9 1938

19. UNDERTAKER C.E. Cloon
(Address) Craigmont, Idaho.

20. FILED 5-9, 1938 C.E. Cloon
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 7 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/7, 1938, to 5/7, 1938
I last saw him alive on 5/7 1938. death is said to have occurred on the date stated above, at 2:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Death	
Drowning	5/7/38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? Winchester Lake
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) T.A. Marsh, M. D.
(Address Winchester, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Westlake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10946

JUN 7 1938

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 7

(No.) 53
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Clinton Boughton

(a) Residence No. St. Westlake, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jessie R. Baker Boughton

6. DATE OF BIRTH (month, day, and year) June 2 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indianola,
(State or country) Nebraska

FATHER
13. NAME Augustus S. Boughton
14. BIRTHPLACE (city or town)
(State or country) Mass.

MOTHER
15. MAIDEN NAME Sarah E. Bond
16. BIRTHPLACE (city or town) Unknown
(State or country) Conn.

17. INFORMANT. Jessie R Boughton
(Address) Westlake Ida

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont, Ida. Date 5/11, 1938.

19. UNDERTAKER C E Clone
(Address) Craigmont, Idaho.

20. FILED 5/10, 1938 C E Clone
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 9 1938

22 I HEREBY CERTIFY, That I attended deceased from July 7, 193., to May 9, 193.8
I last saw him alive on Jan 193.8: death is said to have occurred on the date stated above, at 6.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma bladder	1 yr
Other **contributory causes** of importance:	
exploratory	Mar. 31 1938

Name of operation tissue examination
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury -, 193.
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** -
Manner of injury -
Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? no If so, specify -

(Signed) R E Duncan M. D.
(Address) Craigmont, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewis
City of Reubens

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10947

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes C. Denney

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John W, Denney

6. DATE OF BIRTH (month, day and year) March 23 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Clayton County
(State or country) Iowa

FATHER
13. NAME Alexander Jordon
14. BIRTHPLACE (city or town) .....
(State or country) U.S.A.

MOTHER
15. MAIDEN NAME Esther Wilsey
16. BIRTHPLACE (city or town) .....
(State or country) Canada

17. INFORMANT John G Denney
(Address) Reubens, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Reubens, Ida. Date 5- 26, 1938

19. UNDERTAKER .....
(Address) Craigmont, Idaho.

20. FILED May 26, 1938 O. E. Clovis
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 25 1938

22 I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 25, 1938
I last saw her alive on May 20 1938; death is said to have occurred on the date stated above, at 6:45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Unknown
Aortic Regurgitation	Unknown
Myocarditis	
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) K. H Collins, M. D.
(Address) Craigmont, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

RECEIVED

JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10947

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Jerald P. Mickelsen

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-20-38

7. AGE Years	Months	Days	If LESS than 1 day ☐ hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rexburg
(State or country) Idaho

FATHER

13. NAME Rulon Maxwell Mickelsen

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Lois Elizabeth Loosli

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Rulon M. Mickelsen
(Address) Teton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Teton Date 5-21, 1938

19. UNDERTAKER none
(Address)

20. FILED 6-9, 1938 Mrs. H. Heyborne
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/21 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-20-, 1938, to 5-21-, 1938

I last saw h/M alive on 5-21 1938: death is said to have occurred on the date stated above, at 2 AM m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Postulous foramen ovale	
Other **contributory causes** of importance:	
Premature birth.	

Name of operation none Date of

What test confirmed diagnosis Tests. Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or **in public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

5/21/38 (Signed) Louis A. Riel M. D.

(Address) Rexburg Idaho

E.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109414

JUN 3 1938

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

1072

2. FULL NAME Eugene Earl Douglas.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child -

6. DATE OF BIRTH (month, day, and year) Apr. 12 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	0	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert
(State or country) Idaho.

MOTHER FATHER
13. NAME Wm. Henry Douglas.
14. BIRTHPLACE (city or town) Superior
(State or country) Wisconsin -
15. MAIDEN NAME Ada Elizabeth Stevenson
16. BIRTHPLACE (city or town)
(State or country) Ohio.

17. INFORMANT W. H. Douglas
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert. Date Apr 24, 1938.

19. UNDERTAKER Rodney Goodman
(Address) Rupert Idaho

20. FILED 6-2, 1938 E. E. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-22 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1936, to 4-22, 1938
I last saw him alive on 4-20 1938: death is said to have occurred on the date stated above, at 8:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4-14-38
Other contributory causes of importance:	
Chronic Cardiac Valvular disease	1934

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. E. Elmore M. D.
(Address Rupert - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

m.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10947

JUN 6 1938

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 35

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darrell Robt Williams

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month) May (day) 19 (year) 1934
7. AGE: Years 3 | Months 11 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Robt J Williams
14. BIRTHPLACE (city or town) (State or country) Lake Shore Utah.

MOTHER
15. MAIDEN NAME Wanda Viola Nelson
16. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah.

17. INFORMANT (Address) Robt J Williams Rupert Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Rupert Date 5-8, 1938

19. UNDERTAKER (Address) Goodman Mortuary Rupert Idaho

20. FILED 6-8, 1938 O. M. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) May (day) 4 (year) 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-1-, 1938, to 5-4-, 1938
I last saw him alive on 5-4 1938: death is said to have occurred on the date stated above, at 2.30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Generalized peritonitis following ruptured Appendicitis	5-30-38
Other **contributory causes** of importance:	

Name of operation Appendectomy Date of 5-1-38
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. A. Hoellwarth, M. D.
(Address) Rupert, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109476

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 39

JUN 6 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Hamilton May

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Myrtle May

6. DATE OF BIRTH (month, day and year) March 27 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME David May.
14. BIRTHPLACE (city or town) (State or country) unknown.

MOTHER
15. MAIDEN NAME unknown.
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Lloyd May (Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date May 8, 1938

19. UNDERTAKER Goodman Mortuary (Address) Rupert Idaho

20. FILED 6-3, 1938 D. F. Edmunds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 5 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1938, to May 5, 1938
I last saw him alive on ..... 1938: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-24-38

Other contributory causes of importance:

Arteriosclerosis & Hypertension	1934

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) D. F. Edmunds M. D.
(Address) Rupert, Idaho

M.

PLACE OF DEATH
County of Minidoka
City of Rupert

JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10947

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 36

(No.) 53E
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ludwig John Stapelman

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daisy Jordan Stapelman

6. DATE OF BIRTH (month) (day) (year) 11 / 18 84

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coleridge
(State or country) Nebraska.

FATHER
13. NAME Henry Stapelman
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Fredarika Walker
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. Stapelman
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date , 193

19. UNDERTAKER Goodman Mortuary
(Address) Rupert Idaho

20. FILED 6-3, 193 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) May (day) 6 (and year) 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-4, 1937, to May 6, 1938
I last saw h/m alive on May 6 1938; death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C. A. Generalized Carcinoma	5-4-37
(Sup Inf. - Stomach)	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] M. D.
(Address) Rupert, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Minidoka

City of Rupert

JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10947

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dean Eldon Wagoner

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): March 31 1937

7. AGE: Years 1 | Months 1 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert Idaho

FATHER

13. NAME E L. Wagoner

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Sarah McCool

16. BIRTHPLACE (city or town) (State or country) Benton Co Arkansas

17. INFORMANT (Address) E L Wagoner Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date May 7, 1938

19. UNDERTAKER Goodman Mortuary
(Address) Rupert Idaho.

20. FILED 5-24, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 7 1938

22 I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to May 7, 1938

I last saw him alive on May 7 1938; death is said to have occurred on the date stated above, at 1A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other **contributory causes** of importance: None	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F H Kenagy, M. D.

(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Minidoka

City of Rupert

JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10947

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Sunny Lee Broadhead

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-6-38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

FATHER

13. NAME Joe Warren Broadhead

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Marion E. Walk

16. BIRTHPLACE (city or town) Minidoka
(State or country) Idaho

17. INFORMANT Joe Warren Broadhead
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 5-8, 1938

19. UNDERTAKER Rodney Gardner
(Address) Rupert Idaho

20. FILED 6-3, 1938 Ethel Moore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-8 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-7, 1938, to 5-8, 1938

I last saw h.cr alive on 5-8 1938: death is said to have occurred on the date stated above, at 3 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Baby	
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109480

County of [illegible]
City of [illegible]

JUN 6 1938

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 31
(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Hewett

(a) Residence. No. [illegible] St. [illegible]
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race W
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. J. Hewett

6. DATE OF BIRTH (month, day, and year) Dec 15 1891

7. AGE Years 46 Months 7 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** " "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) [illegible]

FATHER
13. NAME James Stubbs
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Margaret Bell
16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Wm. J. Hewett (Address) [illegible]
18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date 6-7-38
19. UNDERTAKER [illegible] (Address) [illegible]
20. FILED 5-25-, 1938. E. E. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 193.8, to 5-15, 193.8
I last saw her alive on 5-15, 193.8; death is said to have occurred on the date stated above, at 8:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Measles (Hemorrhagic)	5-5-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) [illegible] M.D. M. D.
(Address) Rupert Rupert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

RECEIVED
JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1094

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 28

(No.) 93 d 1
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mathew Macher

(a) Residence No. Rupert Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Macher

6. DATE OF BIRTH (month, day, and year) 1-30-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stefendfeld
(State or country) Hungary

FATHER

13. NAME Frank Macher

14. BIRTHPLACE (city or town)
(State or country) Hungary

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) Hungary
(State or country)

17. INFORMANT Ralph T. Smith
(Address) Moscow Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burial Date 5-20, 1938

19. UNDERTAKER Rupert Undertaking Co.
(Address) Rupert Idaho

20. FILED 5-25, 1938 E. M. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-20-1938

22 I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1938, to May, 1938
I last saw him alive on 4-7- 1938: death is said to have occurred on the date stated above, at 4:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis and Arteriosclerosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. M. Hoffman M. D.
(Address) Rupert, Idaho.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10948

Registration District No. 19
JUN 6 1938
Primary Registration District No. 2016
Local Registrar's No. 29
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virgie Talbot Palmer

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. Palmer
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 43 | Months 10 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home Work
10. Date deceased last worked at this occupation (mo. and yr.): Jan.
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Oak City, Utah

FATHER
13. NAME: Jos. E. Talbot
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Mattie C. Christensen
16. BIRTHPLACE (city or town) (State or country): Oak City Ut.

17. INFORMANT (Address): William A. Palmer Rupert Idaho.
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Rupert Date: May 23 1938
19. UNDERTAKER (Address): Jos. R. Parsons Burley Idaho.
20. FILED 5-25-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-19 1938.
22 I HEREBY CERTIFY, That I attended deceased from 5-14-38, 193..., to 5-19, 1938.
I last saw her alive on 5-18 1938.; death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Bronchial Pneumonia	5-14-38
following Flu.	
Other contributory causes of importance:	
Myocarditis.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature] M. D.
(Address) Rupert Idaho.

tion on back of certificate.

PLACE OF DEATH

County of Minidoka

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1094

DO NOT WRITE IN THIS SPACE

State File No. 5 & H. E. Emmons

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 30

JUN 6 1938

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Virgil James Winnett

(a) Residence No. Heyburn, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day 3 hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Heyburn Idaho
(State or country) Boise Wash

FATHER

13. NAME Archie Winnett

14. BIRTHPLACE (city or town) Dayton
(State or country) Wash

MOTHER

15. MAIDEN NAME Ethyl Sayer

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Father
(Address) Heyburn Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Date 5-27, 1938

19. UNDERTAKER Joseph P. Payne.
(Address) Burley Ida.

20. FILED 5-25, 1938 E. H. Emmons
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-23-, 1938, to 5-24, 1938

I last saw h. alive on 5-24 1938: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) O. A. Woolfenden M. D.

(Address) Rupert Idaho.

MARGIN—WRITE PLAINLY, WITH UNFADING INK—TH...RMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EX...LY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

RECEIVED
JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10945

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 32
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Rae Rogers Richert

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	W.	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) 10/27/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Dakota

FATHER
13. NAME Henry Carl Richert
14. BIRTHPLACE (city or town) (State or country) Minnesotta

MOTHER
15. MAIDEN NAME Ruby Plummer
16. BIRTHPLACE (city or town) (State or country) North Dakota

17. INFORMANT Henry Carl Richert
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place North Dakota Date 5-30, 193 8

19. UNDERTAKER Rodney Goodman
(Address) Rupert Idaho

20. FILED 6-1, 193 8 M. Ehmsen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-26 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw her alive on ..... 193.....: death is said to have occurred on the date stated above, at 6:00 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
drowning.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** home.
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. A. Matthews M. D.
(Address) Rupert, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

RECEIVED
JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109485

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 83
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion Merritt James

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Merritt James
6. DATE OF BIRTH (month, day, and year): Jan 3 1905
7. AGE: Years 33 | Months 4 | Days 29 | If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer - Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country): Dell Montana

MOTHER
13. NAME: Edgar Kinner

FATHER
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

15. MAIDEN NAME: Mary Stark
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): Merritt James Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Sublett Cem Date June 6, 1938

19. UNDERTAKER (Address): c/o Empey Burley Ida

20. FILED 6-2, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 1 1938

22 I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to June 1, 1938
I last saw h[illegible] alive on June 1 1938: death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	May 29 38
Other contributory causes of importance:	
Influenza	May 26-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. L. Hockaday M. D.
(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of LeNore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109480

JUN 11 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 104

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Hellard English

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leona May English

6. DATE OF BIRTH (month, day, and year) Jan. 18, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ministry
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton (State or country) Wash

FATHER
13. NAME Samuel P. English
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER
15. MAIDEN NAME Melissa Paul
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. A. N. English (Address) Lenore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lenore, Idaho Date Mar 15, 1938

19. UNDERTAKER Bagwell Mann Co. (Address) Lewiston, Ida

20. FILED June 9 1938 M. K. Cooley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1938 to March 13, 1938 last saw h[illegible] alive on Mch 2, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Not known

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 3/6/38
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. R. Scott, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109487

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 32

(No. Whites Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

139

2. FULL NAME Cleo E. Grace Rankin.

(a) Residence. No. 1328 7th, Avenue. ~~City~~

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M. K. Rankin.

6. DATE OF BIRTH (month, day, and year) November 5th, 1907.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30.	4.	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER

13. NAME Jack Grace.

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Mary Kilpatrick.

16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

17. INFORMANT M. K. Rankin.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City, Utah Date 3/18/38 193

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Mar 18 193 J. M. McCluskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17/38 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to 3-17, 1938

I last saw h[illegible] alive on 3-17, 1938; death is said to have occurred on the date stated above, at 6 3° A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemolytic Streptococcus infection	March-38
(See other side)	
Other contributory causes of importance:	
Pelvic abscess including both tubes and left ovary	Dec 15-1937

Name of operation Bilateral salpingectomy Date of Feb. 22-38

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho.

Baldwin

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

RECEIVED
JUN 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109488

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 87

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Spurgin Weaver.

(a) Residence. No. St. Lenore, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Letitia Weaver.

6. DATE OF BIRTH (month, day, and year) May 5th, 1878.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59.	11.	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton.
(State or country) Washington.

FATHER

13. NAME Isaac Franklin Weaver.

14. BIRTHPLACE (city or town) Walla Walla.
(State or country) Washington.

MOTHER

15. MAIDEN NAME Mary L. Alexander.

16. BIRTHPLACE (city or town) Illinois.
(State or country)

17. INFORMANT Marvin Weaver.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date Apr. 12th 1938.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED May 7, 1938 E. M. McCarthy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/10/38. 193

22. I HEREBY CERTIFY, That I attended deceased from 4/1/38, 193, to 4/10/38, 193

I last saw him alive on 4/10/38, 193: death is said to have occurred on the date stated above, at 8:30 A.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/1/38
Myocardial failure	4/1/38
Hypertension	unknown

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? No injury.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph L. Baldwin, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10945

JUN 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 88

(No. Lewis-Clark Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ferdinand S. Ford

(a) Residence No. ..... St. Portland, Oregon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of not obtainable

6. DATE OF BIRTH (month, day, and year) not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. IEU
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) not obtainable
(State or country)

FATHER
13. NAME not obtainable
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER
15. MAIDEN NAME not obtainable
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mr. Nichols
(Address) Portland, Oregon

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Portland, Oregon Date 5-2, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston Idaho

20. FILED May 2 1938 M. M. Cooley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 1 1938.

22 I HEREBY CERTIFY, That I attended deceased from May 1st., 1938., to May 1st, 1938.
I last saw him alive on May 1st 1938.; death is said to have occurred on the date stated above, at 12.50 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion.	May 1st 1938.
Myocardial failure.	May 1st 1938.
Other **contributory causes** of importance:	

Name of operation None. Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph G Baldwin, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1034

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 89

JUN 11 1938 (No. 800 6th. Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Buchanan Reed.

(a) Residence No. 800 6th. Avenue. SEX
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grace E. Reed.

6. DATE OF BIRTH (month, day, and year) 10/14/1878.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59.	6.	17.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real estate agent.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alexandra,
(State or country) Missouri.

FATHER
13. NAME James W. Reed.
14. BIRTHPLACE (city or town)
(State or country) Missouri.

MOTHER
15. MAIDEN NAME Katherine Foley.
16. BIRTHPLACE (city or town)
(State or country) Ireland.

17. INFORMANT Grace. E. Reed.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 3rd, 193 8.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED May 9, 1938 M. K. Caley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/1.1938.

22 I HEREBY CERTIFY, That I attended deceased from Nov 21, 193 7, to May 1, 193 8
I last saw h was alive on May 1 193 8.: death is said to have occurred on the date stated above, at 6:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Coronary Athyroma	1937
Chronic Nephritis	1937

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. E. Brandon, M. D.
(Address Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

JUN 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109494

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 90
(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Annie Conners Sweet.

(a) Residence No. 1812 12th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Judson L. Sweet.

6. DATE OF BIRTH (month, day, and year) Sep. 11th, 1865.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72.	7.	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario.
(State or country) Canada.

FATHER

13. NAME Robert Conners,
14. BIRTHPLACE (city or town)
(State or country) Ireland.

MOTHER

15. MAIDEN NAME Jane Wark.
16. BIRTHPLACE (city or town)
(State or country) Ireland.

17. INFORMANT Mrs. Ray Ingram.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 4th, 1938.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED May 9, 1938 M. K. Likely Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/1 1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1938, to May 1, 1938.
Last saw h. alive on May 1 1938: death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Vulva	1937
Other contributory causes of importance:	
Pulmonary Embolism	May 1 1938

Name of operation None. Date of
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Brasseur M. D.
(Address Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109432

JUN 11 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 91

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46c

2. FULL NAME Alice M Egerer

(a) Residence No. Asotin Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Egerer

6. DATE OF BIRTH (month, day, and year) Feb 5, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME John P. Sanborn
14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER
15. MAIDEN NAME Caroline P. Orr
16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT Miss Egerer
(Address) Asotin Wash

18. BURIAL, CREMATION OR REMOVAL
Place Storm Lake Ia. Date 5/6, 1938

19. UNDERTAKER N. R. Merchant
(Address) Clarkston Wash

20. FILED May 1, 1938 M. K. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-3 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-1-38, to 5-3-38

I last saw her alive on 5-3-38.: death is said to have occurred on the date stated above, at 6:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Bowels	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. McElveen, M. D.
(Address) Asotin - Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10949

JUN 11 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 92

(No.) 46

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John M. Ransier

(a) Residence No. St Joseph's Hospital St. (Craigmont, Idaho.)
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace M. Ransier

6. DATE OF BIRTH (month, day, and year) Nov. 23 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME David Ransier
14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER
15. MAIDEN NAME Marilda Riley
16. BIRTHPLACE (city or town) (State or country) Nebraska ?

17. INFORMANT Grace M. Ransier
(Address) Craigmont, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont, Ida Date 5/5, 1938

19. UNDERTAKER E. E. Lowry
(Address) Craigmont Ida

20. FILED May 5, 1938 M. K. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 4 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/10, 1938, to 5/4, 1938
I last saw him alive on 5/4/ 1938: death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction Stomach, outlet from Carcinoma + Ulcer in 1st portion of Duodenum	
Other contributory causes of importance:	
Pulmonary Metastases, Dont know	

Name of operation gastro enterostomy Date of 4/20/38
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. C. Carsson, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING — PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information is carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109494

JUN 11 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 93
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 30

2. FULL NAME Anton Bielenberg

(a) Residence No. St. Uniontown, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha Bielenberg

6. DATE OF BIRTH (month, day, and year) 2-17-1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow, I
(State or country) Idaho

FATHER
13. NAME Henry Bielenberg
14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME Mary Hennes
16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Martha Bielenberg
(Address) Uniontown, Wash

18. BURIAL, CREMATION, OR REMOVAL
Place Uniontown, Wash Date May 6, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED May 6, 1938 M. M. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 5 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to May 5, 1938
Last saw him alive on May 5, 1938; death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Tuberculosis	Not Known
Uremia	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. L. Scott, M. D.
(Address) Lewiston Idaho

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109455

Registration District No. 1009
Primary Registration District No. 16
Local Registrar's No. 94

JUN 11 1938

(No. 1602 9th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Stella Enoch.

(a) Residence No. 1602 9th, Avenue. Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 17th, 1886.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52.	2.	18.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ritzville,
(State or country) Washington.

FATHER
13. NAME William Enoch,
14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER
15. MAIDEN NAME Mary E. Converse.
16. BIRTHPLACE (city or town)
(State or country) Oregon.

17. INFORMANT Mary E. Enoch,
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 7th, 1938.

19. UNDERTAKER Brower-Wand Company,
(Address) Lewiston, Idaho.

20. FILED May 24, 1938 M. M. Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/5 1938.

22 I HEREBY CERTIFY, That I attended deceased from 5-5-, 1938, to 5-5-, 1938
I last saw he alive on 5-5- 1938: death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Chest (Left breast)	July 1937
Other contributory causes of importance:	

Name of operation Radical Surgery Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109490

JUN 11 1938

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 95

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stewart Kenneth Watson.

(a) Residence No. St. Spokane, Washington.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of May Watson.

6. DATE OF BIRTH (month, day, and year) Apr. 23rd, 1895.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43.	-0-	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinery salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cowden,
(State or country) Illinois.

FATHER

13. NAME James Watson,

14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME Hannah Christy,

16. BIRTHPLACE (city or town)
(State or country) Pennsylvania.

17. INFORMANT Mrs. May Watson
(Address) Spokane, Washington.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date May 11th, 1938.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED May 10, 1938 M M Carkey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/8 1938.

22 I HEREBY CERTIFY, That I attended deceased from 5/6, 1938, to 5/8, 1938

I last saw him alive on 5/6 1938; death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from ulcer then perforating & peritonitis 2° to same.	

Other contributory causes of importance:

Coronalosy arteriosclerosis.	

Name of operation Lap. Date of 5/6/38

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..—

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) O. J. Hawley, M. D.

(Address) Lewiston, Idaho.

Montana

PLACE OF DEATH

County of Nez Perce.

City of near Kifford

JUN 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109431

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 96

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

132

2. FULL NAME Nellie Bly Martin.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest Cecil Martin.

6. DATE OF BIRTH (month, day, and year) 7/4/1893.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44.	10.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rosalia,
(State or country) Washington.

FATHER

13. NAME Edgar Calhoun.

14. BIRTHPLACE (city or town)
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Rebecca A Durham.

16. BIRTHPLACE (city or town)
(State or country) Tennessee.

17. INFORMANT Ernest Cecil Martin.
(Address) Culdesac, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rosalia, Wash. Date May 10th, 1938.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED May 9 1938 M. H. Caley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/8 1938.

22 I HEREBY CERTIFY, That I attended deceased from 1-26, 1937, to 5-8, 1938

I last saw her alive on 5-8 1938: death is said to have occurred on the date stated above, at 11:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other **contributory causes** of importance:	
Chronic Nephritis	1936

Name of operation None Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193—

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

(Address Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 11 1938

DO NOT WRITE IN THIS SPACE

State File No. 10949

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 91

(No. 1008 6th, Avenue.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Shelton Davis.

(a) Residence No. 1008 6th, Avenue. ID

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lola Ann Davis.

6. DATE OF BIRTH (month, day, and year) 4/10/1877.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61.	-0-	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas.

FATHER

13. NAME John H. Davis.

14. BIRTHPLACE (city or town) (State or country) Texas.

MOTHER

15. MAIDEN NAME Katherine Lee.

16. BIRTHPLACE (city or town) (State or country) Texas.

17. INFORMANT Doyle Davis.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 10th., 1938.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED May 2, 1938 M. V. Carkey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/8 1938

22 I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to May 8, 1938

I last saw h. alive on May 6 1938: death is said to have occurred on the date stated above, at 6:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. O. Clark, M. D.

(Address Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 1094

JUN 11 1938

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 98

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Monroe Chamberlain.

(a) Residence No. St. Clarkston, Washington.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gertrude Chamberlain.

6. DATE OF BIRTH (month, day, and year) Feb. 26th, 1890.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48.	2.	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck body designer and builder.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grangeville,
(State or country) Idaho.

FATHER

13. NAME Alvin P. Chamberlain.

14. BIRTHPLACE (city or town)
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Sarah E. Richardson,

16. BIRTHPLACE (city or town)
(State or country) Tennessee.

17. INFORMANT Mrs. F. M. Chamberlain,
(Address) Clarkston, Washington.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 13th, 1938.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED May 24 1938 M. K. Caley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/11 1938.

22 I HEREBY CERTIFY, That I attended deceased from May- 2, 1938, to 5- 11-, 1938

I last saw h-im alive on May 10 1938: death is said to have occurred on the date stated above, at 3:45A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Signs there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. M. Lyke, M. D.

(Address Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10950

JUN 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 99

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wesley Francis Hartinger.

(a) Residence No. ..... St. Leland, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Annie Hartinger.

6. DATE OF BIRTH (month, day, and year) 5/29/1890.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47.	11.	16.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leland,
(State or country) Idaho.

FATHER
13. NAME John Wesley Hartinger.
14. BIRTHPLACE (city or town)
(State or country) Illinois.

MOTHER
15. MAIDEN NAME Mary LaBolle,
16. BIRTHPLACE (city or town)
(State or country) Illinois.

17. INFORMANT Mrs. W. F. Hartinger.
(Address) Leland, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 17th, 1938.

19. UNDERTAKER Brower-Wamm Company,
(Address) Lewiston, Idaho.

20. FILED May 24 1938 M W Caikey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/14/1938.

22 I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to May 15, 1938
I last saw h— alive on May 15 1938: death is said to have occurred on the date stated above, at 11:30P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of Right femur	
Other contributory causes of importance:	
Miscellaneous Rheumatism	

Name of operation Wound cleaned & splinted Date of 5/14/38
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 5/14/38
193.....
Where did injury occur? Leland Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place On farm
Manner of injury Tractor overturned on him
Nature of injury Fracture Right femur

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Farming
(Signed) W. D. Clark, M. D.
(Address) Lewiston, Idaho.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10950

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 100

JUN 11 1938

(No. 1616 Main Street. (Kimball Court)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie May Peterson.

(a) Residence No. 1616 Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed.

6. DATE OF BIRTH (month, day, and year) 8/21/1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67.	8.	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Quincy.
(State or country) Illinois.

FATHER

13. NAME James Crow.

14. BIRTHPLACE (city or town)
(State or country) Missouri.

MOTHER

15. MAIDEN NAME -------- Cole.

16. BIRTHPLACE (city or town)
(State or country) Missouri.

17. INFORMANT Flossie Coen.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 18th, 193 8.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED May 24 1938 M W Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/15/38.

22 I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 15, 1938.

I last saw her alive on May 15 1938: death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cholecystitis & Empyema. → (pt had a Multi temperature)	2 yrs duration May 1st 1938

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John E. Corsaut, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10950

JUN 11 1938

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 101

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Willis J. Bean

(a) Residence No. St. Joseph's Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura J. Hughes

6. DATE OF BIRTH (month, day, and year): Apr 17 1857

7. AGE: Years 81 | Months — | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: Lifetime

12. BIRTHPLACE (city or town) (State or country): Delaware Pa.

FATHER

13. NAME: Edward Bean

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Sarah Vaughn

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Walter Bean Craigmont Ida

18. BURIAL, CREMATION OR REMOVAL Place: Craigmont Ida Date: 5-18, 1938

19. UNDERTAKER (Address): C. E. Clouse Craigmont, Ida

20. FILED 5/16, 1938 M. W. Cosby Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938, to May 15, 1938

I last saw h. alive on 5/15 1938: death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	+ months
Other contributory causes of importance:	
Arteriosclerosis	+ years

Name of operation Prostatectomy Date of 5/7/38

What test confirmed diagnosis? Pathological exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. C. Parsons, M. D.

(Address) Lewiston, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce.
City of Lewiston,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109503

JUN 11 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 102
(No. 1017 7th. Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Bobbie Laura Taylor.

(a) Residence No. ..... St. Waitsburg, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter Taylor.

6. DATE OF BIRTH (month, day, and year) May 8th, 1875.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63.	-0-	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Missouri.

FATHER

13. NAME William Brockman.
14. BIRTHPLACE (city or town) ..... (State or country) Missouri.

MOTHER

15. MAIDEN NAME Emma Cox.
16. BIRTHPLACE (city or town) ..... (State or country) Missouri.

17. INFORMANT Helen Teel.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Waitsburg, Wash. Date May 18th, 1938.

19. UNDERTAKER D. P. Bailey.
(Address) Waitsburg, Washington.

20. FILED May 27 1938 M. M. Bailey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/18 1938.

22 I HEREBY CERTIFY, That I attended deceased from 3-12, 1938, to 5-18, 1938
I last saw her alive on 5-15 1938: death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Other contributory causes of importance:	
Diabetes Mellitus	1930

Name of operation None Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 193 —
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) J. J. McRae, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109504

JUN 11 1938

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 105

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Jay L. Maupin.

(a) Residence No. St. Spalding, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/28/1903.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34.	4.	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section hand.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Camas Prairie railroad.

10. Date deceased last worked at this occupation (mo. and yr.) 5/20/38.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Joseph,
(State or country) Oregon.

FATHER

13. NAME L. N. Maupin,

14. BIRTHPLACE (city or town) Eugene,
(State or country) Oregon.

MOTHER

15. MAIDEN NAME Blanche Kingsley.

16. BIRTHPLACE (city or town) .....
(State or country) Iowa.

17. INFORMANT Mrs. Grace Howerton.
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 23rd, 1938.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho

20. FILED June 9, 1938 M M Cauley
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/20 1938.

22 I HEREBY CERTIFY, That I attended deceased from 5/20, 1938, to 5/20, 1938

I last saw him alive on 5/20/38 1938: death is said to have occurred on the date stated above, at 11:40 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute coma	Dec 19/38

Other **contributory causes** of importance:

Diabetes Mellitus	don't know

Name of operation None Date of

What test confirmed diagnosis? Clinical test Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 1938.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? O. If so, specify .....

(Signed) O. C. Carson, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10950

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 103

JUN 11 1938

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa Mae Polley.

(a) Residence No. ..... St. Culdesac, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Austin D. Polley.

6. DATE OF BIRTH (month, day, and year) 7/17/1876.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61.	10.	6.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Wayne,
(State or country) Indiana.

FATHER
13. NAME John C. Nafe.
14. BIRTHPLACE (city or town)
(State or country) Penn.

MOTHER
15. MAIDEN NAME Ella Virginia Meyers.
16. BIRTHPLACE (city or town)
(State or country) Ohio.

17. INFORMANT Mrs. A. H. Kesler,
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 25th, 1938.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED May 24 1938 M. M. Carley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 23rd 1938.

22 I HEREBY CERTIFY, That I attended deceased from 7-3, 1937, to 5/23, 1938
I last saw her alive on 5-22 1938: death is said to have occurred on the date stated above, at 5:20 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	5/1/38
Chronic Nephritis interstitial	1930
Other **contributory causes** of importance:	
Myocardial degeneration chronic	1937

Name of operation None Date of
What test confirmed diagnosis? Clinical & Autopsy? No Was there an

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury None 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No injury
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. S. Douglas, M. D.
(Address) Lewiston, Idaho.

Baldwin

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10950

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 196

JUN 11 1938

(No. 128 - 10th St. If death occurred in a hospital or institution, give its name instead of street and number)

94 5

2. FULL NAME Willis - G. Langdon

(a) Residence No. 128 - 10th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pearl Graham

6. DATE OF BIRTH (month, day, and year) May 31, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. owner & manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fountain & lunch
10. Date deceased last worked at this occupation (mo. and yr.) May, 1938
11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho.

FATHER

13. NAME George Langdon
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Fannie Haynes
16. BIRTHPLACE (city or town)
(State or country) Oregon

17. INFORMANT Miss Billee Langdon
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date June 1, 1938

19. UNDERTAKER Brower Wayne Co.
(Address) Lewiston, Idaho.

20. FILED June 9, 1938 M. M. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 30 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on May 30 1938; death is said to have occurred on the date stated above, at 12 p. noon m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Auto accident, collision.	May 30 - 1938
Multiple fracture.	May 30 - 1938

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? No injury.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Baldwin, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad Rt. I

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 109508

Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Jane Glover Jenkins

(a) Residence. No. Malad Idaho Rt. I St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Femlae	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T Jenkins

6. DATE OF BIRTH (month, day and year) May 10 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	II	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Home

10. Date deceased last worked at this occupation (month and year) April 1938

11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) (State or country) Farmington Utah

FATHER

13. NAME William Glover

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Lochead

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Wm E Jenkins Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Rt. Date Apr 21, 1938

19. UNDERTAKER J. Guy Kerns
(Address) Malad Idaho

20. FILED Apr 30, 1938 M. J. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1938, to Apr 17, 1938
I last saw her alive on Apr 17, 1938; death is said to have occurred on the date stated above, at 7:45 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	2 da
Essential Hypertension	

Other contributory causes of importance:

Name of operation Not + Physical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Marion J Kerns, M. D.
(Address) Malad, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Samaria

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 10950

Local Registrar's No. 16

JUN

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Rebecca Morse Williams

(a) Residence. No. Samaria Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of John H Williams

6. DATE OF BIRTH (month, day, and year) Sept 25 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Home

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Samaria Idaho

FATHER

13. NAME Richard Morse

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Maria Jones

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Mrs David E Johns Samaria Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Samaria Idaho Date Burial May 6, 1938

19. UNDERTAKER J. Guy Kenan
(Address) Malad Idaho

20. FILED May 31, 1938 M J Kems
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 3, 1938

I last saw h alive on May 3, 1938 death is said to have occurred on the date stated above, at 7:50PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis	
hypertension	
arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O A Mabey M. D.

(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 10951

Local Registrar's No. 15

JUN 5 1938

(No. Community Hospital, Malad, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dale David Orison

(a) Residence. No. Arbon Valley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 11, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arbon Valley Idaho

FATHER

13. NAME Charles Henry Orison

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Anna McNiel

16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Charles Orison Arbon Valley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Logan, Utah Date May 15 1938

19. UNDERTAKER John M. Richards
(Address) Logan Utah

20. FILED May 16, 1938 M J Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to May 16, 1938
I last saw him alive on May 16, 1938; death is said to have occurred on the date stated above, at 6.40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull & other injuries from Automobile Accident	May 14 1938
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 14, 1938
Where did injury occur? Highway 6 mi. So. Malad
(Specify city or town, county, and State) Ida
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Automobile accident
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) V. D. Hurst, M. D.
(Address) Malad Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109511

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 17

JUN 8 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

117a2

2. FULL NAME David James Gibson

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eliza Ann Challenger

6. DATE OF BIRTH (month, day and year) November 30 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Coal Mining

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Lancashire Scotland

FATHER

13. NAME William Gibson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Rebecca H Adair

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Eli Gibson Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date May 27, 1938

19. UNDERTAKER (Address) J. Sing Keenan Malad Idaho

20. FILED May 31, 1938 M J Kane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 1935, to May 24, 1938

I last saw him alive on May 24, 1938; death is said to have occurred on the date stated above, at 10:30PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcers of Stomach	3 years
Abcess of Stomach	2 mo.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-Physical X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Marion J. Lyons, M. D.

(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Curry [illegible]

City of Hermosa Lake

MAY 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109512

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. 15

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

157

2. FULL NAME Myrna Joanna Fulkerson

(a) Residence. No. Hermosa Lake St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 2/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hermosa Lake
(State or country)

MOTHER, FATHER

13. NAME Ray Fulkerson

14. BIRTHPLACE (city or town) Cassenay Tenn.
(State or country)

15. MAIDEN NAME Elsie Witt

16. BIRTHPLACE (city or town) Colfax, Wash.
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place ✓ Date ✓, 193..

19. UNDERTAKER .....
(Address)

20. FILED 5/[illegible], 1938 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 31 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to March 31, 1938.

I last saw her alive on March 30, 1938: death is said to have occurred on the date stated above, at 3 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Malformation Heart	March 2/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? L Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) Hermosa Lake

Jd

2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10951

MAY 26 1938

Registration District No. 107
Primary Registration District No. ..... Local Registrar's No. 14
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Elias Saul

(a) Residence No. Homedale Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Clara E. Saul 9-1-1886

6. DATE OF BIRTH (month, day, and year) 4-22-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Henry Co.
(State or country) Ohio

FATHER
13. NAME Wm Saul.
14. BIRTHPLACE (city or town) .....
(State or country) Germany.

MOTHER
15. MAIDEN NAME Christina Klime
16. BIRTHPLACE (city or town) .....
(State or country) Germany.

17. INFORMANT H. C. Saul
(Address) Homedale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilder cem Date 4/25 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Ida

20. FILED 5/[illegible], 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-22 1938

22 I ~~HEREBY~~ CERTIFY, That I attended deceased from Apr 19, 1938, to Apr 22, 1938
I last saw h[illegible] alive on Apr 22 1938: death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Apr 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Richard [illegible], M. D.
(Address) Wilder

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Owyhee

City of Bruneau

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109514

JUN 13 1938

Registration District No. 34

Primary Registration District No. 2020 Local Registrar's No. 8

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Barnhart Wagnitz

(a) Residence No. Bruneau Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pauline J. Wagnitz

6. DATE OF BIRTH (month, day, and year) May 9. 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	0	I	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 31 34

11. Total time (years) spent in this occupation 34yrs

12. BIRTHPLACE (city or town) Sheboyan
(State or country) Wisconsin

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Cora Aik
(Address) Mt. Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Home Cemetery May 12, 1938

19. UNDERTAKER Zacher Bey Funeral Home
(Address) Mountain Home Idaho

20. FILED May 14, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/10-1938

22 I HEREBY CERTIFY, That I attended deceased from May 7th, 1938, to May 9—, 1938

I last saw h[illegible] alive on May-9 1938: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Gastritis	Unknown.
Other contributory causes of importance:	
Depressive Psychosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Cooper, M. D.

(Address) Grand View, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Owyhee

City of Bruneau

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109515

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 9

82a

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Jackson Harley

(a) Residence. No. Bruneau St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Black

6. DATE OF BIRTH (month, day and year) June 2. 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	II	I7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) 60yrs

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME William L. Harley

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME America Ledley

16. BIRTHPLACE (city or town) (State or country) Peoria Illinois

17. INFORMANT Arthur Pence

(Address) Bruneau

18. BURIAL, CREMATION OR REMOVAL

Place Bruneau Ceme. Date May 21 1938

19. UNDERTAKER Jackson-Bay Funeral Home

(Address) Mt. Home Idaho

20. FILED May 23 1938 A. H. Andrews

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-19-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 193.., to 5-19, 1938

I last saw him alive on 5-18, 1938: death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-15-38

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. G. Evans, M. D.

(Address) Mt. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Wilson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109516

JUN 10 1938

Registration District No. 7
Primary Registration District No. 2086 Local Registrar's No. 92

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

157d

2. FULL NAME Benjamin Guinevra Manus.

(a) Residence No. Wilson Star Route St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 8ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21 1938

7. AGE Years | Months | Days 2 | If LESS than 1 day .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Near Wilson
(State or country) Idaho.

FATHER

13. NAME Guinevra Manus

14. BIRTHPLACE (city or town) .....
(State or country) Oklahoma

MOTHER

15. MAIDEN NAME Francis Nichols

16. BIRTHPLACE (city or town) .....
(State or country) Texas.

17. INFORMANT Guinevra Manus.
(Address) Wilson Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Wilson Cem. Date May 23, 1938

19. UNDERTAKER Death Valley
(Address) Nampa Ida

20. FILED June 7, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-23 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-21, 1938 to 5-23, 1938
I last saw her alive on 5-23 1938; death is said to have occurred on the date stated above, at 9a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal obstruction, congenital	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Samuel Swanson, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fayette
City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10951.

MAY 26 1938

Registration District No. 4
Primary Registration District No. 1008 · Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Williams Naylor.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Honeton Naylor.

6. DATE OF BIRTH (month, day, and year) Sept 6 1857.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	8	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Elk Hill
(State or country) Missouri.

FATHER
13. NAME Wm Barclay Naylor
14. BIRTHPLACE (city or town) .....
(State or country) New Jersey.

MOTHER
15. MAIDEN NAME Malinda Williams
16. BIRTHPLACE (city or town) .....
(State or country) Virginia.

17. INFORMANT Nadine Samuelson
(Address) Hagerman Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Idaho Date 5-12-, 1938

19. UNDERTAKER Edith Funeral
(Address) Payette Idaho

20. FILED 5/18/38, 193. J. O. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/15 1938.

22 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to May 15, 1938.
I last saw him alive on May 14 1938: death is said to have occurred on the date stated above, at 3:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2-1-38

Other contributory causes of importance:
Two previous attacks of apoplexy

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) L. L. Paxton M. D.
(Address) Payette, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10951

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 38

MAY 26 1938

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lydia Anne Skeels

(a) Residence No. 522 N 6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.....yrs. .....mos. .....ds. How long in U. S., if of foreign birth? .....yrs. .....mos. .....ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo T. Skeels

6. DATE OF BIRTH (month, day, and year) Jan 30 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	3	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ill.
(State or country)

FATHER
13. NAME John Wesley Powell
14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Chas Fortenna
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Ida. Date 5-20-, 1938

19. UNDERTAKER Edsel Sanders
(Address) Payette Idaho

20. FILED 5/21/38 193.. J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/18 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/10, 1938, to 5/18, 1938

I last saw h[illegible] alive on 5/18 1938; death is said to have occurred on the date stated above, at 11 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5/10/38

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. E. Woods M. D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

MAY 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10951

Registration District No. 4-1008
Primary Registration District No. 1008
Local Registrar's No. 36

(No.) 108
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Pearl B. Luthen

(a) Residence No. 1002 1st Ave North St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Luther.

6. DATE OF BIRTH (month, day, and year) Aug 28-1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Independence Kansas.

FATHER
13. NAME Henry Waterman.
14. BIRTHPLACE (city or town) (State or country) Zanesville Ohio

MOTHER
15. MAIDEN NAME Margret Ann Llewellyn
16. BIRTHPLACE (city or town) (State or country) Zanesville Ohio

17. INFORMANT Mrs. Pearl B. Luthen
(Address) Payette, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 5-22, 1938

19. UNDERTAKER Edith Sanders
(Address) Payette Idaho

20. FILED 5/21/38, 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/18 1938

22 I HEREBY CERTIFY, That I attended deceased from May 7, 1938; to May 18, 1938
I last saw her alive on May 18 1938: death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	about May 2-38
Entire right lung, and lower left lobe	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Paxton M. D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette.
City of Payette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10952

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 37

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. John Walton Smith.

(a) Residence No. 201 S 7th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susan Caroline Smith

6. DATE OF BIRTH (month, day, and year) Oct 19 - 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84-	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired M.D.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mayfield.
(State or country) Kentucky.

FATHER
13. NAME James M. Smith.
14. BIRTHPLACE (city or town)
(State or country) Tenn.

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town)
(State or country) not known

17. INFORMANT Carrie Lee Smith
(Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Nuss Plymate Idaho 5-21-, 1938.

19. UNDERTAKER Edith Saunders
(Address)

20. FILED 5/21/1938. 193.. J. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 19 1938

22 I HEREBY CERTIFY, That I attended deceased from May 8, 1938, to May 19, 1938
I last saw him alive on May 18 1938: death is said to have occurred on the date stated above, at 10:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	not known

Other **contributory causes** of importance:

Infected Decubitus	not known

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Payette, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of New Plymouth

MAY 26 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109521

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Doris Colleen Ackerman

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6. DATE OF BIRTH (month, day, and year) July 1 1931.

7. AGE — Years: 6. Months: 10 Days: 21 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise.
(State or country) Idaho.

FATHER

13. NAME Donald Ackerman.

14. BIRTHPLACE (city or town) New Plymouth
(State or country) Ida.

MOTHER

15. MAIDEN NAME Florence Carpenter

16. BIRTHPLACE (city or town) Capel.
(State or country) Idaho.

17. INFORMANT Donald Ackerman
(Address) New Plymouth Ida.

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida. Date 5-25-, 1938.

19. UNDERTAKER Edith Sanders
(Address) Fruitland Idaho.

20. FILED 5/25/38, 193 J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-22 1938

22 I HEREBY CERTIFY, That I attended deceased from May 17, 1938, to May 22, 1938

I last saw her alive on May 22 1938: death is said to have occurred on the date stated above, at 8:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 4, 38
Other **contributory causes** of importance:	
Influenza	May 4, 38

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo E Davis, M. D.

(Address) New Plymouth Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls

JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109523

Registration District No. 25

Primary Registration District No. 2022 Local Registrar's No. 16

(No. Schiltz Memorial Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Rudy Joy Ringe

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female		–

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 4 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	0	14 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) American Falls Ida.

MOTHER FATHER

13. NAME Rudy C. Ringe

14. BIRTHPLACE (city or town) (State or country) Pendleton Oreg.

MOTHER

15. MAIDEN NAME Melba Schwarz

16. BIRTHPLACE (city or town) (State or country) American Falls Ida

17. INFORMANT Rudolph B. Ringe
(Address) American Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place American Falls Ida Date 5-6 ..., 193 8

19. UNDERTAKER .....
(Address) American Falls, Idaho

20. FILED 5-6-..., 1938 Irene Baling
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/5 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/4, 1938, to 5/5, 1938

I last saw her alive on 5/5, 1938: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth at 29 weeks	
Other **contributory causes** of importance:	
Diabetic mother (severe)	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) ..... American Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Am. Falls No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 6 1938

DO NOT WRITE IN THIS SPACE
State File No. 10952

Registration District No. 25
Primary Registration District No. 2022 Local Registrar's No. 19
(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George L Day

(a) Residence No. Am. Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not Known

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	about 3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburg
(State or country) Penn Not Known

FATHER
13. NAME " "
14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Not Known
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Date May 16, 1938

19. UNDERTAKER G. W. Dahlin
(Address) Am. Falls, Idaho

20. FILED 5-16, 1938 Irene Daling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-13-1938

22 I HEREBY CERTIFY, That I attended deceased from ~~Not attended~~, 193..., to ..., 193...
I last saw h~~e~~ alive on ... 193...: death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy, Cerebral Hemorrhage	5-13-38

Other **contributory causes** of importance:

None

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Oscar T. Beecham, M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109526

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 55

JUN 9 1938

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James L Bogart

(a) Residence. No. Co Sanitarium St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 2 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71		17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT County Infirmary Reard
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date Apr 22 1938

19. UNDERTAKER O. L. Stout
(Address) Kellogg Ida

20. FILED May 31, 1938 John Bewer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 193 8 to Apr 19th, 1938
I last saw h..... alive on Apr 19, 1938; death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No, specify .....

(Signed) W Sunday, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10952

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 47
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Dewayne Schroeder

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 20-1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 45 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wallace Ida.
(State or country)

FATHER

13. NAME Edward Schroeder
14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Clarice Greeley
16. BIRTHPLACE (city or town) N. D.
(State or country)

17. INFORMANT Ed Schroeder
(Address) Cataldo Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Apr 23 1938

19. UNDERTAKER J. A. Bower (Work)
(Address) Wallace Ida

20. FILED Apr 23 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Apr 20 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-19 1938, to 4-19 1938
I last saw him alive on 4-19 1938: death is said to have occurred on the date stated above, at 9:15A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
asphyxia neonatorum	
Other **contributory causes** of importance: cerebral injury following operative delivery	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible], M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10952

JUN 9 1938

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 56
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Johnson

(a) Residence No. 17 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Dec-19-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMANT Sarah Brodahker
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date May 9, 1938

19. UNDERTAKER Baker (Ward)
(Address) Wallace Ida

20. FILED May 8, 1938 John Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 6 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to May 6, 1938.
I last saw h.. alive on May 6, 1938.: death is said to have occurred on the date stated above, at 1.05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	several days
Senility	several years

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. H. Howard M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

JUN 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10953

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 57

(No. Residence 820)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter L. Spalding

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) May 2 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MO

FATHER
13. NAME Peter Spalding
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Jane Campbell
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs John Wheatley
(Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kimberly Date May 10, 1938

19. UNDERTAKER John A Bower (Wards)
(Address) Wallace Ida

20. FILED May 9, 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 7 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938 to May 7, 1938
I last saw him alive on May 7 1938; death is said to have occurred on the date stated above, at 9:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	5-7-38
Other **contributory causes** of importance: Arterio Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. L. Smith, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

JUN 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10953

Registration District No. 10
Primary Registration District No. 011
Local Registrar's No. 58
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME HOWARD MESSECAR

(a) Residence No. PINEHURST, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: THELMA MESSECAR
6. DATE OF BIRTH (month, day, and year): July 16, 1894
7. AGE: Years 43 | Months 9 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NIGHT WATCHMAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: SUNSHINE MINE
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Dakota

FATHER
13. NAME: Mr. Messecar
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Mary Henning
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Thelma Messecar Kellogg Ida
18. BURIAL, CREMATION OR REMOVAL Place: Wallace Idaho May 11, 1938
19. UNDERTAKER (Address): P. J. Thrumber Kellogg Ida
20. FILED May 1, 1938 John Beer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 8 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 10:13 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1932
Other **contributory causes** of importance:	
Tuberculosis, Pulmonary Silicosis	1936 ?

Name of operation..... Date of.....
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) E. M. Ruud, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 24
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 10953

46 k

2. FULL NAME Lucia Montie

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 27, 1856
7. AGE: Years 81 | Months 7 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country): Italy
13. NAME: Antone Pulma

MOTHER
14. BIRTHPLACE (city or town) (State or country): Italy
15. MAIDEN NAME: Miss Felicia
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: S. A. MONTE
(Address): Kellogg Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Harrison Ida. Date: May 11, 1938
19. UNDERTAKER: P. F. Thornhill
(Address): Kellogg Ida
20. FILED: June 9, 1938 Mrs. Helen M. Bird Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 9 1938
22 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938, to May 9, 1938
I last saw h.. alive on May 8 1938: death is said to have occurred on the date stated above, at 4:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	?
Bronchopneumonia	10 days.
Other **contributory causes** of importance:	
Carcinoma stomach	10 years ?
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Dean R Hoover, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10955

Registration District No. 70
Primary Registration District No. 7011
Local Registrar's No. 59

JUN 4 1938

(No. Co Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Viola Legall

(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jves M Legall
6. DATE OF BIRTH (month, day, and year): Feb 26-1875
7. AGE: Years 63 | Months 2 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Atlanta Georgia

FATHER
13. NAME: C D. Hulsey
14. BIRTHPLACE (city or town) (State or country): Atlanta Georgia

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Atlanta Georgia

17. INFORMANT (Address): Jves Legall Mullan Ida
18. BURIAL, CREMATION OR REMOVAL Place: Mullan Ida Date: May 16, 1938
19. UNDERTAKER (Address): J.A. Boyer (Woods) & Wallace Ida.
20. FILED May 13, 1938 John Boyer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): May 12 1938
22 I HEREBY CERTIFY, That I attended deceased from May, 1937, to May 12, 1938
I last saw her alive on May 11 1938: death is said to have occurred on the date stated above, at 9:15A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum & uterus	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) Kellogg Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109534

Registration District No. 70
Primary Registration District No. 7011 Local Registrar's No. 60
(No. Do Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marley Brown

(a) Residence No. * Derby Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 27 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marion
(State or country) Iowa

FATHER
13. NAME Not known

14. BIRTHPLACE (city or town)
(State or country) Not known

MOTHER
15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Not known

17. INFORMANT Co Hospital Records
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Dolton Wa Date May 20 1938

19. UNDERTAKER C. A. Bever, Wards
(Address) Wallace Ida

20. FILED May 19, 1938 John A. Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 17 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1938, to May 17, 1938.
I last saw h— alive on May 17 1938: death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma abdominal	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Lindsay, M. D.
(Address) Kellogg Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1095

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 25

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Andrew Bernard

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Olivia Bernard
6. DATE OF BIRTH (month, day, and year): Apr 21 1876
7. AGE: Years: 62 | Months: 1 | Days: — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mill Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B-N Co.
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER
13. NAME: Mr Bernard
14. BIRTHPLACE (city or town) (State or country): Minnesota

MOTHER
15. MAIDEN NAME: Louise Johnson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT: Mrs. A. Bernard
(Address): Kellogg, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Sacred Glen Date: May 25 1938

19. UNDERTAKER: P. J. Thorbahn
(Address): Kellogg, Idaho

20. FILED June 9, 1938 Miss Helen M. Brede
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 21 1938

22 I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to May 21, 1938
I last saw him alive on May 21 1938: death is said to have occurred on the date stated above, at 2:15A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac failure	5-15-38
Other **contributory causes** of importance:	
Pulmonary Tuberculosis R Apex	4 mos.

Name of operation: none Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T Anderson M. D.
(Address) Kellogg, Idaho

PLACE OF DEATH
County of Shoshone
City of Kellogg

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109537

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 27

(No. 420)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George F. Quince

(a) Residence No. 7 Kellogg Ida St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 28-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lamont Ill.

FATHER

13. NAME Quince

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Allen J. Quince
(Address) Albany Calif

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date May 27, 1938

19. UNDERTAKER R. L. Stuart
(Address) Kellogg Idaho

20. FILED June 9, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-23 1938

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1938, to May 23, 1938
I last saw him alive on May 15 1938: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-22-38
Other **contributory causes** of importance:	
Hypertensive Ht disease	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. J. Galloway, M. D.
(Address) Kellogg Idaho

tion on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1095

JUN 9 1938

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 62
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Guisasola
(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Marie Guisasola
6. DATE OF BIRTH (month, day, and year): May 24 1911
7. AGE: Years 26 | Months 9 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spain

FATHER
13. NAME: Emmett Guisasola
14. BIRTHPLACE (city or town) (State or country): Spain

MOTHER
15. MAIDEN NAME: Dona Arrucha
16. BIRTHPLACE (city or town) (State or country): Spain

17. INFORMANT: Emmett Guisasola
(Address) Mullan Ida
18. ~~BURIAL, CREMATION~~ OR REMOVAL: Place Mountain Home Ida. Date May 25 1938
19. UNDERTAKER: J. A. Burer Wards
(Address) Wallace Ida
20. FILED May 25, 1938 John Burer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 24 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1938, to May 24, 1938
I last saw him alive on May 24, 1938.: death is said to have occurred on the date stated above, at 3:45A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	10 days
Other contributory causes of importance:	
Tuberculosis Laryngeal	2 wks

Name of operation: Tracheotomy Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Wm. McGee M. D.
(Address) Wallace Ida

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10955

JUN 9 1938

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 63
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter J. Peterson

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Cora Peterson

6. DATE OF BIRTH (month, day, and year): Mar 1 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Norway.

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMANT: Wallace Peterson
(Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date May 27 1938

19. UNDERTAKER: J. A. Burr (Woods)
(Address) Wallace Ida

20. FILED May 26, 1938 John A. Burr
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 24, 1938
I last saw him alive on May 24 1938; death is said to have occurred on the date stated above, at 8:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Duration	

Other **contributory causes** of importance: Coronary Sclerosis Nephritis

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Burr M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10954

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 64
(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 5 1938

1612

2. FULL NAME James Ezra Elem

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24 1938

7. AGE Years | Months | Days | If LESS than 1 day ..21.. hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace Ida.
(State or country)

FATHER

13. NAME Elmer Elem

14. BIRTHPLACE (city or town) S. D.
(State or country)

MOTHER

15. MAIDEN NAME Ewa Gratehouse

16. BIRTHPLACE (city or town) Oklahoma
(State or country)

17. INFORMANT Elmer Elem
(Address) Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida Date May 25 1938

19. UNDERTAKER J. A. Bever (Clark)
(Address) Wallace Ida.

20. FILED May 25, 1938 John Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21st, 1938, to May 24th, 1938

I last saw h.. alive on May 24 1938.: death is said to have occurred on the date stated above, at 10:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Atelectasis	birth
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James R Bean, M. D.
(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg
REC'D JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 10954

Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Ryan

82a

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of M. M. Ryan

6. DATE OF BIRTH (month, day, and year) May 14 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52		10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Chas. Weil
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Mary Emhoff
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Mrs. M. Moore (Address) Cheney Wash

18. BURIAL, CREMATION OR REMOVAL Place Spangle Wash Date May 28, 1938

19. UNDERTAKER R. L. Grant (Address) Kellogg Ida.

20. FILED June 9, 1938 Mrs. Helen M. Burke Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 24 1938

22 I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 24 1938
I last saw h[illegible] alive on May 24 1938. Death is said to have occurred on the date stated above, at 6:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	May 20, 38
Other **contributory causes** of importance:	
arterial hypertension	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn McClaflin M. D.
(Address) Kellogg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109542

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joe Valencich

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg - Id. Date May 29, 1938

19. UNDERTAKER Pearl E. Thornhill
(Address) Kellogg Idaho

20. FILED June 9, 1938 Miss Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 27 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1938, to 5-27, 1938
I last saw him alive on 5-27, 1938: death is said to have occurred on the date stated above, at 6:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Several years
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner
(Signed) Harold T. Cameron, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1095[illegible]

JUN 9 1938

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 65
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Wedman

(a) Residence No. Wallace Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Erma Wedman

6. DATE OF BIRTH (month, day, and year): Feb 15 1910

7. AGE: Years 28 | Months 2 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hecla Mine
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Goodrich N. D.

FATHER

13. NAME: August Wedman
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rosella Reinas
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Erma Wedman Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mullan N. D. Date: May 30 1938

19. UNDERTAKER (Address): J A Bowers (Wards) Wallace Ida

20. FILED May 29, 1938 John A Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 28 1938

22 I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to May 28, 1938.

I last saw him alive on 5/28 1938: death is said to have occurred on the date stated above, at 10:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull, fracture of	5/28/38
Atelectasis due to traumatic injury to Lungs	"
Other **contributory causes** of importance:	
Fracture dislocation Spine	"

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 5/28/38
Where did injury occur? Burke Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Industry
Manner of injury Fell down a chute
Nature of injury See above

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify see above

(Signed) E. H. Herald, M. D.
(Address) Wallace Idaho

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10954

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 66

JUN 9 1938

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto Lindgren

(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sophia Lindgren

6. DATE OF BIRTH (month, day, and year) Dec 8 1883

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	54	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Sophia Lindgren
(Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida. Date June 2, 1938

19. UNDERTAKER J. A. Bewick (Wards)
(Address) Wallace Ida.

20. FILED May 29, 1938 John Bewick
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) May 29 1938

22 I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to May 29, 1938
I last saw him alive on May 29, 1938.: death is said to have occurred on the date stated above, at 10 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular disease	Unknown
Chr. Silico tuberculosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Willis M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10954

JUN 9 1938

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 67
(No.) Providence Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Homer Bright

(a) Residence No. Osburn Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Roy Bright

6. DATE OF BIRTH (month, day, and year) June 1 1902

7. AGE: Years 35 | Months 11 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg Ida.
(State or country)

FATHER
13. NAME W H Stokes
14. BIRTHPLACE (city or town) N. J.
(State or country)

MOTHER
15. MAIDEN NAME Esther Homer
16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMANT Roy Bright
(Address) Osburn Ida

18. BURIAL, CREMATION OR REMOVAL
Place Osburn Ida Date June 3, 1938

19. UNDERTAKER J.A. Boyer (Words)
(Address) Wallace Ida

20. FILED May 31, 1938 John Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 30 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938, to May 30, 1938
I last saw her alive on May 30 1938; death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	2 days
Acute Dilatation of Heart	
Puerperal Condition	
Other contributory causes of importance: Pulmonary Edema	5/29

Name of operation: Hysterectomy Date of 5/29
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ~~Date of injury~~, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ben McBride M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109540

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 39
(No. Coeur d'Alene Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2019

2. FULL NAME Cecil George Rohlf
(a) Residence. No. 513 S 2nd St, St. Kellogg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 16, 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Dakota

FATHER
13. NAME Thomas Rohlf
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Norup
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. C. G. Rohlf
(Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Newport, Wash. Date May 31, 1938

19. UNDERTAKER P. F. Thornhill
(Address) Kellogg Idaho

20. FILED June 9, 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30 1938

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938, to May 30, 1938
I last saw him alive on May 30, 1938: death is said to have occurred on the date stated above, at 3:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	1½ hours.
Other contributory causes of importance: Crushing injury of Chest	1½ hours.

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 30 1938
Where did injury occur? Sunshine Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Rock slough
Nature of injury Crushing injury Chest

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Mine
(Signed) Harold T. Anderson, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10954

MAY 15

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 79

(No.) Twin Falls General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

130

2. FULL NAME Gloria Kay Coe

(a) Residence No. 446 6th Ave W St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 12-9-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louiston
(State or country) Idaho

FATHER

13. NAME Frank F. Coe
14. BIRTHPLACE (city or town) Milton
(State or country) Oregon

MOTHER

15. MAIDEN NAME Ina Goans
16. BIRTHPLACE (city or town) Albion
(State or country) Washington

17. INFORMANT Mrs. Ina Schatz
(Address) 446 6th Ave W

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 4-18, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4-20, 1938 J. Rumpfus Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-14 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-10, 1938, to 4-14, 1938
I last saw h-- alive on 4-14 1938: death is said to have occurred on the date stated above, at 6:55P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute Nephritis	3-25-38
Mitral Insufficiency	Unknown

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) G. L. Parkinson M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of ~~Twin Falls~~ Harney Idaho JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 109548

Local Registrar's No. 96

(No. Hansen, Ida R.F.D. 1)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Mrs. Grace Sutmiller

(a) Residence No. Hansen, Ida R.F.D. 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXX~~ Lyman Sutmiller

6. DATE OF BIRTH (month, day, and year) 4-19-1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	--	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Lyman Sutmiller
(Address) Hansen, Ida R.F.D. 1

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 5-3, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls Idaho

20. FILED 5-10, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-1 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-19, 1937, to 5-1, 1938
I last saw her alive on Jan. 28 1938: death is said to have occurred on the date stated above, at 8:30A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Breast Rt.	May 1937

Other **contributory causes** of importance:

Carcinoma metastatic to Lung - Left Breast - Neck	1937-1938

Name of operation Mastectomy Rt. Date of 7-19-37
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. E. Seymour M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109549

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 95

JUN 13 3

(No. 422 Blue Lakes Blvd)
(If death occurred in a hospital or institution, give its name instead of street and number)

109 X

2. FULL NAME William Hoops

(a) Residence No. 422 Blue Lakes Blvd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Tillie Hoops

6. DATE OF BIRTH (month, day, and year) 8-4-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanover
(State or country) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Wm Hoops, Jr.
(Address) 422 Blue Lakes Blvd

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 5-4, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5-10, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-2 1938

22 I HEREBY CERTIFY, That I attended deceased from April 6, 1938, to May 2, 1938
I last saw him alive on May 1 1938.: death is said to have occurred on the date stated above, at 6:10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacteremia	
(a) Endocarditis - Staphylococcus	
Non Hemolytic (b)	
Micrococcal Catarrhalis	
(Catarrhalis)	

Other contributory causes of importance:

(1) Pneumonia - Micrococcus Catarrhalis (2)

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 1938
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Beymer, M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085
(No. Twin Falls Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109550

Local Registrar's No. 97

4 6

2. FULL NAME Mrs. Marguerite Thielen

(a) Residence No. 609 2nd Ave S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of John Thielen

6. DATE OF BIRTH (month, day, and year) 1-28-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Luxemburg

FATHER

13. NAME Antone Ross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Thielen
(Address) 609 2nd Ave S

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 5-6, 193 8

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5/10/38, 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-3 193 8

22 I HEREBY CERTIFY, That I attended deceased from 4-16, 1938, to 5-3, 1938

I last saw Mrs alive on 5-3 1938: death is said to have occurred on the date stated above, at 5:43 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of stomach	

Other **contributory causes** of importance:

Partial stricture of Coronary occlusion

Name of operation Gastro jejunostomy Date of 5-2-38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John S. Lagerbloom, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Kimberly

RECEIVED JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10955

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 92

(No. Kimberly, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Mulder

(a) Residence No. Kimberly, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 10-30-1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rock Valley
(State or country) Iowa

FATHER

13. NAME Henry Mulder

14. BIRTHPLACE (city or town) Chicago
(State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Van Sloten

16. BIRTHPLACE (city or town)
(State or country) Holland

17. INFORMANT Henry Mulder
(Address) Kimberly, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Memorial Date 5-7, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5-7, 1938 S. C. Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-5 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937, to May 5, 1938

I last saw her alive on May 5, 1938: death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease	5-1-38

Other contributory causes of importance:

Influenza	4-20-38
Bronchial Pneumonia	4-28-38

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. C. Phillips M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10955

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
JUN 10 1938

(No. Buhl, Ida. R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Euphemia Elizabeth Spence

(a) Residence No. Buhl, Ida R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
(or) WIFE of: N.A. Spence

6. DATE OF BIRTH (month, day, and year): 7-24-1859

7. AGE: Years 78 | Months 9 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Jersey City
(State or country): New Jersey

FATHER
13. NAME: Abraham Van Riper
14. BIRTHPLACE (city or town): Jersey City
(State or country): New Jersey

MOTHER
15. MAIDEN NAME: Cornelia Ackerman
16. BIRTHPLACE (city or town): Jersey City
(State or country): New Jersey

17. INFORMANT: Mrs. Robert Hughes
(Address): Buhl, Ida R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place: Kirkwood, Ill. Date: 5-8, 1938

19. UNDERTAKER: S.C. Phillips
(Address): Twin Falls, Idaho

20. FILED: 5/7, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 5-6 1938

22 I HEREBY CERTIFY, That I attended deceased from April 22, 1938, to May 6, 1938
I last saw her alive on May 6 1938: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Vulva	1932
Other contributory causes of importance:	
Anemia	1936

Name of operation: Date of:
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John W. Hughes M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109559

JUN 13 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 98

(No. Van Buren St)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Baby Sterling Martin

(a) Residence No. Van Buren St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 5-6-1938

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	--	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Sterling Martin
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Catherine Howard
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Sterling Martin
(Address) Van Buren St

18. BURIAL, CREMATION OR REMOVAL
Place Twin Ida Date 5- 9-, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5-11-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-6 1938

22 I HEREBY CERTIFY, That I attended deceased from ..., 193..., to 5-6, 1938

I last saw h[illegible] alive on ..., 193...: death is said to have occurred on the date stated above, at 10:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity 8 mo—	
Wt. 3 lbs 14 oz.	

Other **contributory causes** of importance:

Mother had severe cough which evidently brought on labor early.

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. J. Drake M. D.
(Address) Twin Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

RECEIVED
JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109554

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 94

135

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nathan Richard Davis,

(a) Residence No. ..... St. Kimberly, Idaho
(Usual place of abode)

Length of residence in city or town where death occurred 18 hrs yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds. Kimberly 29 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	w ite	married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Sarah Jane Davis

6. DATE OF BIRTH (month, day, and year) 1-26-1852

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
86	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lawrence Co.
(State or country) Missouri

FATHER

13. NAME W. W. Davis,

14. BIRTHPLACE (city or town)
(State or country) Tenn

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT E. C. Davis,
(Address) Murtaugh, Idaho

18. BURIAL, ~~CREMATION~~ REMOVAL
Place Twin Falls Cem. Date 5-9-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls Idaho

20. FILED 5-10-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 7th 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to May 7th, 1938
I last saw him alive on May 7 1938 death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute urinary retention	May 5 1938
Uremia	

Other contributory causes of importance:

Senility	
Myocardiosis.	

Name of operation Cystotomy Date of May 6
What test confirmed diagnosis? / Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Alban, M. D.
(Address Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109555

JUN 13 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 102

(No. 111 Shoshone St N)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adelbert I. Ledyard

(a) Residence No. 111 Shoshone St N St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-4-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Belvedere
(State or country) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Twin Falls County Farm
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Ida Date 5-11, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5-16-1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-10 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-6, 1938, to 5-10, 1938
I last saw him alive on 5-8 1936: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Unknown
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Twin Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109550

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 103

JUN 12 19[illegible]

(If not in hospital or institution, give street address or location)
(If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls General Hospital

139E

2. FULL NAME Mrs. Ethel Lorenzen

(a) Residence No. Arrington Cabin's #23 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~
(or) WIFE of A.A. Lorenzen

6. DATE OF BIRTH (month, day, and year) 5-10-1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Farmington
(State or country) Utah

FATHER

13. NAME A.C. Pearson
14. BIRTHPLACE (city or town)
(State or country) Unknwon

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT A.A. Lorenzen
(Address) Arrington Cabin's #23

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 5-12, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5/16/38 1938 J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-11 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1936, to May 10, 1938
I last saw h[illegible] alive on May 10 1938: death is said to have occurred on the date stated above, at 12:20A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uterine Polyposis & Abdominal Polyposis Recurrent	1935

Other **contributory causes** of importance:

None	

Name of operation Hysterectomy Date of 1936
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No. Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. B. Seymer, M. D.
(Address Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1095

JUN 13 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 99

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Hoskins

(a) Residence No. 201 Locust St. — Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary Hoskins

6. DATE OF BIRTH (month, day, and year) 9/15-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	7	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wayne County (State or country) Iowa

FATHER
13. NAME John Hoskins
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Hannah Carver
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT J. V. Hoskins
(Address) Twin Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 5/13/, 193 8

19. UNDERTAKER Wicks Mortuary Inc.
(Address) Twin Falls

20. FILED 5/12, 193 8. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/11-193 8

22 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 193 8, to 5/11/, 193 8
I last saw him alive on May 11, 193 8: death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Glomerular Nephritis with Edema	

Other contributory causes of importance: Senility

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Dr. E. J. Gilleland, M.D.
(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Buhl, Ida.

R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10955

JUN 10 1938

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Nels Peter Ring

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Johanna Ring

6. DATE OF BIRTH (month, day and year) November, 4th. 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Neils Neilsen Ring

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Huss W Ring
(Address) Buhl, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Buhl, Ida. Date May 17, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Ida. Evans & Johnson

20. FILED 5/17, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/13 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13 1938 to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. D. Drake, M. D.
(Address) Buhl, Idaho

Dr Drake

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109555

JUN 13 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 100

(No. Suberban Maternity Home,) Twin Falls, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Aucutt

(a) Residence No. Eden, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 18 hrs. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

159

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-13-1938

7. AGE	Years	Months	Days	If LESS than 1 day 18 hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, (State or country) Idaho

FATHER

13. NAME Floyd Aucutt

14. BIRTHPLACE (city or town) Knox Co., (State or country) Missouri.

MOTHER

15. MAIDEN NAME Betty Jane Hutton

16. BIRTHPLACE (city or town) Knox Co., (State or country) Missouri

17. INFORMANT Floyd Aucutt, (Address) Eden, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL Place Hazelton, Id Date 5-14, 1938

19. UNDERTAKER White Mortuary, Inc. (Address) Twin Falls, Idaho.

20. FILED 5-14-1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-13-1938

22. I HEREBY CERTIFY, That I attended deceased from May 13th., 1938, to May 13th., 1938

I last saw her alive on May 1938.: death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1938
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Valdi B. Fuendeling, M. D.
(Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 13 1938

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 109560

Local Registrar's No. 101

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

51 L

2. FULL NAME William R. Guinn

(a) Residence No. 827 Main Ave. E. City. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nevada F. Guinn

6. DATE OF BIRTH (month, day, and year) 3-17-1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gower,
(State or country) Missouri

FATHER

13. NAME Rufus Guinn,

14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Harris,

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Nevada F. Guinn
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Cem. Date 5-16-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 5/14, 193[illegible] [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/13 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-2, 1938, to 5/13, 1938
I last saw h[illegible] alive on 5/12 1938: death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Metastasis to Rectum +	
Liver	
Senility	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A A Beaton M. D.
(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 109561

JUN 13 1938

Registration District No.
Primary Registration District No. 2084 Local Registrar's No. 104

(No. 215)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Austin LeRoy Kidd

(a) Residence No. Twin Falls, Idaho R.R.#3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/14/38

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ~~four~~ min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho / Idaho

FATHER
13. NAME Robert W. Kidd
14. BIRTHPLACE (city or town) (State or country) Sugar City, / Idaho

MOTHER
15. MAIDEN NAME Dorothy M. Mullikin
16. BIRTHPLACE (city or town) (State or country) Twin Falls, / Idaho

17. INFORMANT Robert W. Kidd
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Twin, Idaho Date 5/16/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 5/16, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/14 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/14/, 1938, to 5/14/, 1938
I last saw him alive on 5/14/ 1938: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature about 6 mo Baby Nurses Breathed after birth but heart beat faintly for few minutes	

Other contributory causes of importance:
Breech
wt. 2 1/2 lbs.
Separation placenta

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. R. Drake, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls.
City of Twin Falls

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10956

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 106

(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

139

2. FULL NAME Mrs. Lydia Stebley Nickle Piemeisel,

(a) Residence No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Robert L. Piemeisel

6. DATE OF BIRTH (month, day, and year) 6-6-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Deleware City,
(State or country) Del.

FATHER

13. NAME John Curtis Nickle
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Anna Davidson,
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT R. L. Piemeisel,
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Gen. Cem. Date 5-17-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 5/17/38 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/14 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to May 14, 1938
I last saw her alive on 5-14 1938. death is said to have occurred on the date stated above, at 1:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilation of heart following	5-13-38
Other ~~contributory~~ causes of importance: Arteriosclerosis	5-9-38
Interstitial Hydrocele	Fibroids

Name of operation Uterine Hysterectomy Date of 5-9-38
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John L. Coogle, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Rockcreek Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10956

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 105

JUN 13 1938

(No. Hansen, Ida R.F.D. 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

163

2. FULL NAME William Joseph Austin
(a) Residence No. Rockcreek Hansen, Ida R.F.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Mrs. Emma Austin

6. DATE OF BIRTH (month, day, and year) 2-14-1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lenore
(State or country) North Carolina

FATHER
13. NAME Walter Austin
14. BIRTHPLACE (city or town) Lenore
(State or country) North Carolina

MOTHER
15. MAIDEN NAME Sarah Hartley
16. BIRTHPLACE (city or town) Lenore
(State or country) North Carolina

17. INFORMANT Mrs. Emma Austin
(Address) Rockcreek Ida R.F.D. 2

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 5-21, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5/7/38 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-15 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 9:45 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strychnine poisoning	5/15/38
Self inflicted	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193...
Where did injury occur? Rockcreek Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) George C. Hailey Twin Falls Co. Idaho M.D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085
(No. 1221 9th Ave E)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 10956

Local Registrar's No. 110

94 b

2. FULL NAME Fred Robert Forbes

(a) Residence No. 1221 9th Ave E St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Mrs. Mamie Forbes

6. DATE OF BIRTH (month, day, and year) 9-11-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	8	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairmount
(State or country) Illinois

FATHER
13. NAME George Forbes
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Lucy A Forbes
16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Mrs. Lucy Forbes
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 5-19, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5-19-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-16 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-13-, 1938, to 5-16-, 1938
I last saw h[illegible] alive on 5-15- 1938: death is said to have occurred on the date stated above, at about 2 4m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular Renal disease	
Prob. Coronary occlusion	

Other **contributory causes** of importance:

Angina Pectoris	
History of stroke several yrs ago.	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Castleford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109560

JUN 10 1938

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No. , St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Hammond Dock Garner

(a) Residence. No. , St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jeannie Garner

6. DATE OF BIRTH (month, day, and year) 10/16/1852

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
85	7	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retirad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Clerk
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hot Springs
(State or country) Arkansas

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Mrs. Jeanie Garner
(Address) Castleford, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 5/24, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Ida.

20. FILED 5/24, 1938 Anna Stain Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1935, to present, 1938
I last saw him alive on May 21, 1938; death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Duration of attack
Senility	
Chronic Myocarditis	years
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no, If so, specify

(Signed) M. A. Drake, M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

(No. 512 Blue Lakes Blvd)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 10956

Local Registrar's No. 116

179

2. FULL NAME Mrs. Julia Roberts

(a) Residence No. Electric City, Washington St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of M.S. Roberts

6. DATE OF BIRTH (month, day, and year) 1-24-1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	4	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME F.W. Beckwith

14. BIRTHPLACE (city or town) Echo
(State or country) Utah

MOTHER

15. MAIDEN NAME Edna ~~Eggen~~ Cagw

16. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

17. INFORMANT Mrs. F.W. Beckwith
(Address) 512 Blue Lakes Blvd

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 5- 27, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5/31/38 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-24 1938

22 I HEREBY CERTIFY, That I attended deceased from May 17, 1938, to May 24, 1938

I last saw her alive on May 24 1938: death is said to have occurred on the date stated above, at 9 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	Unknown
Myocarditis	
Other **contributory causes** of importance:	
Self administration of thyroid substance	Unknown

Name of operation none Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Pearson, M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10956

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 112
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 1 3

2. FULL NAME Mrs. Bessie Alferetа Murray,

(a) Residence No. 238 - 8th Ave. E. Twin Falls, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of T.C.Murray (deceased)

6. DATE OF BIRTH (month, day, and year) 6-17-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Princeton,
(State or country) Illinois.

FATHER
13. NAME Isaac Chenowith,
14. BIRTHPLACE (city or town) Harpers Ferry,
(State or country) Virgina

MOTHER
15. MAIDEN NAME Mary Jane Cole,
16. BIRTHPLACE (city or town)
(State or country) Illinois.

17. INFORMANT Mrs. C. F. Patz,
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley, Ida Date 5-27, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 5/27/38 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 24- 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to May 24, 1938
I last saw her alive on May 22 1938.: death is said to have occurred on the date stated above, at 6:00 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1 yr

Other **contributory causes** of importance: None

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [redacted] M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10956

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 115

JUN 9 1938

(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Billie Don Scheurer,

(a) Residence No. Twin Falls, Idaho. Route #1. St.
(Usual place of abode)

Length of residence in city or town where death occurred 13-9-13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-11-1924

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	13	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho.

FATHER
13. NAME Allen R. Scheurer
14. BIRTHPLACE (city or town) Bubteville,
(State or country) Oregon

MOTHER
15. MAIDEN NAME Maggie Hazel Jenkins
16. BIRTHPLACE (city or town) Oakley,
(State or country) Idaho

17. INFORMANT Allen R. Scheurer
(Address) Twin Falls, Ida. R.#1

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Mem. Park Date 5-27-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 5-28, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 24, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 7:50 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured skull	5/24/38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/24/38, 193...
Where did injury occur? on U.S. 93 So. of Twin Falls Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Highway
Manner of injury Struck by Car
Nature of injury Fractured Skull

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls.

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109570

JUN 10 1938

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Ada Belle Mills

(a) Residence. No. 11th. Ave. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Walter Mills Sr.

6. DATE OF BIRTH (month, day, and year) Jan. 16-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clay Center. (State or country) Kan.

FATHER

13. NAME Bert Gifford

14. BIRTHPLACE (city or town) Kansas. (State or country)

MOTHER

15. MAIDEN NAME Eliza French.

16. BIRTHPLACE (city or town) Kansas. (State or country)

17. INFORMANT Mrs. Mrs. Ruby Belle Barker (Address) Ogden, Utah.

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Ogden, Utah. Date May 27-1938

19. UNDERTAKER Evans & Johnson (Address) Buhl--

20. FILED 5/28, 193 Antoinette Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/25 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~May 5~~, 1938, to May 25, 1938

I last saw her alive on May 25, 1938; death is said to have occurred on the date stated above, at 5.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	years ago.
2. Hypertension	

Other contributory causes of importance:

1. Chronic cholecystitis	
2. Thyrotoxicosis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Virgil V. Anderson, M. D.

(Address) Buhl, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 10957

Registration District No.
Primary Registration District No. 2085
Local Registrar's No. 108

(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Law Erickson,

(a) Residence No. Filer, Idaho. St.
(Usual place of abode)

Length of residence in city or town where death occurred 2 days (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) 9-18-1910

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	27	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Publisher
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Paul,
(State or country) Minnesota

FATHER

13. NAME Lewis L. Erickson
14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Katheryn M. Law,
16. BIRTHPLACE (city or town) Madelia,
(State or country) Minnesota

17. INFORMANT L. L. Erickson,
(Address) Sunfish Lake, Minn.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place St. Paul, Date 5-25-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 5-25, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 25th 1938

22 I HEREBY CERTIFY, That I attended deceased from May 23 1938, to May 25, 1938
I last saw him alive on May 24 1938: death is said to have occurred on the date stated above, at 3:00A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcic Meningitis	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Spinal puncture Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James W. Creed, M. D.
(Address) Filer, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10957

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 118

JUN 13 1938

(No. 159)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Estelle Kathleen Hahn

(a) Residence No. Twin Falls County Hospital St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 hrs. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) May 27, 1938

7. AGE — Years | Months ✓ | Days ✓ | If LESS than 1 day 10 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME Fredrick Carl Hahn
14. BIRTHPLACE (city or town) Schuyler
(State or country) Neb.

MOTHER
15. MAIDEN NAME Helen Boysen
16. BIRTHPLACE (city or town) Madison
(State or country) Neb.

17. INFORMANT Mrs. Otto Hahn
(Address) Buhl, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Ida. Date May 28, 1938

19. UNDERTAKER B. T. Albertson
(Address) Buhl Idaho

20. FILED JUN 13 1938, 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 27 1938

22 I HEREBY CERTIFY, That I attended deceased from May 26, 1938, to May 27, 1938
I last saw h.. alive on May 27 1938: death is said to have occurred on the date stated above, at 11 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 1 1/2 mos	
Other **contributory causes** of importance:	

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Parker M. D.
(Address Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Kimberly, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 13 1938

DO NOT WRITE IN THIS SPACE
State File No. 109574

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 119

(No. Kimberly)
(If death occurred in a hospital or institution, give its name instead of street and number)

945

2. FULL NAME Thomas Kimball

(a) Residence No. Kimberly Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mrs Nancy Kimball

6. DATE OF BIRTH (month, day, and year): 3/28/1869

7. AGE: 69 Years | 2 Months | --- Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Green County
(State or country) Ind.

FATHER
13. NAME No. Info.
14. BIRTHPLACE (city or town)
(State or country) No. Inf.

MOTHER
15. MAIDEN NAME Nancy Hask.
16. BIRTHPLACE (city or town)
(State or country) Ky.

17. INFORMANT Mrs. Nancy Kimball
(Address) Kimberly, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date June, 1St, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 6-3-, 1938 [signature] (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/28 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1938, to May 28, 1938

I last saw him alive on May 27 1938: death is said to have occurred on the date stated above, at 7.P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1) Coronary thrombosis	May 28, 1938
2) Cardio renal disease	—
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stacy Albaugh M. D.
(Address) Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109575

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 120

(No. 196 Blue Lakes Blvd N)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael Frick Gamble

(a) Residence No. 196 Blue Lakes Blvd N St.
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXX~~ Mrs. Ida Gamble

6. DATE OF BIRTH (month, day, and year) 9-5-1854

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butler County
(State or country) Pennsylvania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15 MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Ida Gamble
(Address) 196 Blue Lakes Blvd N

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 6-1, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls Idaho

20. FILED 6-3-38 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-29 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1938, to May 29, 1938

I last saw him alive on May 29 1938: death is said to have occurred on the date stated above, at 4:12P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver with metastasis to gall bladder and duodenum	
Other **contributory causes** of importance:	
Senility	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 1938.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [signature] M.D.

(Address) Intermtn Bldg. Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109570

JUN 13 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 117
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

16 1a

2. FULL NAME Harold Gene Ahl

(a) Residence No. Eden, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/30/38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	5

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, (State or country) Idaho

FATHER
13. NAME Herbert Ahl
14. BIRTHPLACE (city or town) Louisville, (State or country) Neb.

MOTHER
15. MAIDEN NAME Hazel Walker
16. BIRTHPLACE (city or town) Alliance, (State or country) Neb.

17. INFORMANT Herbert Ahl
(Address) Eden, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 5/31/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 6-1-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/31 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/30/, 1938 to 5/31/, 1938
I last saw him alive on 5/31/, 1938: death is said to have occurred on the date stated above, at 1:10a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Atelectasis	5/31/38
Other contributory causes of importance:	

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10957

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 121

(No. Twin Falls County Gen. Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernard Duguine

(a) Residence No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-2-1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) France
(State or country)

FATHER

13. NAME Saulaud Duguine
14. BIRTHPLACE (city or town)
(State or country) France

MOTHER

15. MAIDEN NAME Lardat Grace'
16. BIRTHPLACE (city or town)
(State or country) France

17. INFORMANT Baptiste Duguine
(Address) Twin Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 6-4, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 6-4-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-1 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/28, 1938, to 6/1, 1938
I last saw him alive on 6-1 1938: death is said to have occurred on the date stated above, at 8:20 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric carcinoma.	Dec. 1936.
Other contributory causes of importance:	

Name of operation Exploratory Laparotomy Date of July 1937
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1938
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo C Halley, M. D.
(Address Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10957

JUN 13 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 122
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93

2. FULL NAME Eleanor Lou Smith,

(a) Residence No. 1317 - 5th Ave., E. City. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. -8 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-28-1928

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Shoshone,
(State or country) Idaho

FATHER

13. NAME Martin J. Smith,
14. BIRTHPLACE (city or town) Ashland,
(State or country) New Hampshire.

MOTHER

15. MAIDEN NAME Dulcie Hinegardner,
16. BIRTHPLACE (city or town) Eldorado,
(State or country) Kansas

17. INFORMANT Mrs. Martin J. Smith,
(Address) 1317-5th Ave.E. City

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place T.F.Cem. Date 6-6-, 1938.

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 6-4-1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-3 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1936, to June 3, 1938
I last saw her alive on June 3, 1938.: death is said to have occurred on the date stated above, at 2:45 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1935
Other **contributory causes** of importance:	
—	

Name of operation — Date of .....
What test confirmed diagnosis? exam. & history Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) George C. Halley, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County Washingto

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10957

JUN 8 1938

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. 82a .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Carrick

(a) Residence. No..... St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widdower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of meata carrock

6. DATE OF BIRTH (month, day, and year) Jan 14 1850

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
88	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Franklin Co
(State or country) Kentucky

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT John Morgan
(Address) Cambridge Ida

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Date May 8, 1938

19. UNDERTAKER J. H. Hadley
(Address) Cambridge

20. FILED 6-12-, 1938 J. W. McEwen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 5 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20-, 1938, to May 5, 1938.

I last saw him alive on May 5, 1938; death is said to have occurred on the date stated above, at 4:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 5-38
Other contributory causes of importance:	
Arterio-sclerosis	?
Senility	?

Name of operation 0 Date of 0

What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury .., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Cambridge Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Midvale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109551

JUN 8 1938

Registration District No. 88
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 94

2. FULL NAME Winona, Mariett Mickey

(a) Residence. No. ____ Harper, Ore. St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widdow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of S L Mickey

6. DATE OF BIRTH (month, day, and year) Dec 30 1864

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73 ?	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Kansas

FATHER
13. NAME Henry Hicks
14. BIRTHPLACE (city or town) .... (State or country) Indiana

MOTHER
15. MAIDEN NAME Nester Newton
16. BIRTHPLACE (city or town) .... (State or country) Kentucka

17. INFORMANT .... (Address) Mellye Powell

18. BURIAL, CREMATION OR REMOVAL
Place Rushy Creek Date May 31, 193[illegible]

19. UNDERTAKER .... (Address) J. A. Hudelson Cambridge Ida

20. FILED 6/8/38, 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/28/38

22. I HEREBY CERTIFY, That I attended deceased from 5/27/38, 193..., to 5/28/38, 193...
I last saw her alive on 5/27/38, 193...: death is said to have occurred on the date stated above, at 7:00 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5/27/38.

Other **contributory causes** of importance:
Arteriosclerosis; "cardiac asthma" of circulatory origin?

Name of operation... None Date of.. 0
What test confirmed diagnosis?... Clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?.... Date of injury.., 193.
Where did injury occur?....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury....
Nature of injury....

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) [signature], M. D.
(Address) Cambridge, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109582

Registration District No. 2
Primary Registration District No. 2004 Local Registrar's No. 167
(No. 607 Grove)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carmen Maria Uberuaga
(a) Residence No. (Usual place of abode) St. Emmett Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of April 24 1921
6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

FATHER
13. NAME Domingo Uberuaga
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME Damiana Erquiaga
16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Marie Uberuaga
(Address) Emmett, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 6/10, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-9, 1938 R. Blake Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/7 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to June 7, 1938
I last saw her alive on June 6 1938; death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	6-3-38
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Harrison Jenmans M. D.
(Address Boise Idaho

109183

PLACE OF DEATH
County of Bonner
City of Edgemere
JUN 26 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109583

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 8
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Say. Almond Dart

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Emma Dart
6. DATE OF BIRTH (month, day, and year): Aug 28-1887
7. AGE: Years 50 | Months 0 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time (years) spent in this occupation: 30 4

12. BIRTHPLACE (city or town) (State or country): Towner N. D.

FATHER
13. NAME: A. E. Dart.
14. BIRTHPLACE (city or town) (State or country): Ills.

MOTHER
15. MAIDEN NAME: Harriet Chase
16. BIRTHPLACE (city or town) (State or country): Wis.

17. INFORMANT (Address): Mrs. Emma Graham Edgemere Oda.
18. BURIAL, CREMATION OR REMOVAL Place: Sunset Memorial Park Date: 4-28, 1938 Coeur d'Alene Oda.
19. UNDERTAKER (Address): Cassedy Funeral Home Rathdrum Oda.
20. FILED 4/28/38, 193... A. C. Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 4/24 1938
22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938, to April 24, 1938; that I last saw h. alive on 4-20 1938; death is said to have occurred on the date stated above, at 5:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	
Ch. Nephritis	

Name of operation: none Date of: ____
What test confirmed diagnosis? Exam. was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) Thos. J. Glenn, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10 9J8a

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

RECEIVED JUN 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109584

Registration District No. 30

Primary Registration District No. 2051 Local Registrar's No. 81

(No. 161)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm C. Cowan

(a) Residence No. 4 St. Coeur d'Alene Ida

(Usual place of abode) (If nonresident give city or town and state) Rd.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) — — 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about- 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for O.R.+N.Co. Wallace Ida

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER FATHER

13. NAME Don Kniss

14. BIRTHPLACE (city or town) "
(State or country)

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Bertha L. Franks
(Address) 608 W. Indiana Spokane Wash

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 6-13, 1938
Forest

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED June 13, 1938 L. Kootchen MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-5 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-5 1938, to 6-5 1938
I last saw him alive on 6-3 1938: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by shooting himself through head	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6-5, 1938
Where did injury occur? Home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Gunshot Wound
Nature of injury Gunshot Wound

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. H. Reed Coroner M. D.

(Address Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109 V 8 V

PLACE OF DEATH
County of Nez Perce
City of Lewiston
JUN 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109585

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St Josephs)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jake Eng

(a) Residence No. 1116- Idaho St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Jan 2 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 5 mo.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Switzerland

FATHER
13. NAME Jake Eng
14. BIRTHPLACE (city or town)
(State or country) Switzerland

MOTHER
15. MAIDEN NAME Caroline Beaver
16. BIRTHPLACE (city or town)
(State or country) Switzerland

17. INFORMANT Nez Perce County
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Ida. Date June 10, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston Idaho

20. FILED June 14, 1938 M T Cooley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/6 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/2, 1938, to 6/6, 1938
I last saw him alive on 6-5 1938: death is said to have occurred on the date stated above, at 4:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/6/38
Other contributory causes of importance: Generalized Arteriosclerosis	6/34
Chronic Interstitial Nephritis	6/28

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No injury
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? None If so, specify
(Signed) W. S. Douglas, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 21 1938

DO NOT WRITE IN THIS SPACE
State File No. 109586

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 115
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Garland Kerley
(a) Residence No. 420-14th St. St. Buhl. Idaho
(Usual place of abode) Buhl. 7 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vivian Hays Kerley
6. DATE OF BIRTH (month, day, and year) May 29 1914
7. AGE: Years 24 | Months 0 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine Driller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lehigh Cement
10. Date deceased last worked at this occupation (mo. and yr.) June 1938
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Crossville Tenn.

FATHER
13. NAME El Kerley
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Alice Burgess
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Vivian Kerley
(Address) Buhl, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Ida. Date June 17, 1938
19. UNDERTAKER B. F. Albertson
(Address) Buhl, Idaho
20. FILED 6/15, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/13 1938
22 I HEREBY CERTIFY, That I attended deceased from 6/13, 1938, to 6/13, 1938
I last saw him alive on 5/31 1938: death is said to have occurred on the date stated above, at ..... m.
6/13/38

The principal cause of death and related causes of importance were as follows:

	Date of onset
Explosion of Dynamite	6/13/38
Injuries to Head	6/13/38
Injuries to Face	6/13/38
Injuries to Brain	6/13/38
Other contributory causes of importance: Abrasions	6/13/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193..... 6/13/38
Where did injury occur? Buhl Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place in industry.
Manner of injury Explosion
Nature of injury Decapitation

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph W Wheeler M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

105587

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED
JUN 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109587

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 136
(No. St Anthony Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred S. Winkler

(a) Residence No. N Shelling St. Blackfoot 108
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 7-3-1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	11	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) present
11. Total time (years) spent in this occupation always

12. BIRTHPLACE (city or town) Bingham Lake Minn
(State or country)

FATHER
13. NAME Fred Winkler
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Ida Brooks
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Carl Winkler
(Address) Blackfoot

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date 6-24, 1938

19. UNDERTAKER Peck Funeral
(Address) E. J. Peck Blackfoot

20. FILED June 26, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-24 1938

22 I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to June 24, 1938
I last saw him alive on June 24 1938: death is said to have occurred on the date stated above, at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	June 21 '38
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ben C. Eisenberg, M. D.
(Address Pocatello, Idaho

10/1/88

PLACE OF DEATH
County of Ada
City of 6 Mi: S.W. of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109588

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 67

JUN 2 1938

(No. Drowned in N.Y. Canal. 6. Mi: S.W. of Boise)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Meryl Echo Hunt.

(a) Residence No. 2402 Pleasanton Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ray Hunt

6. DATE OF BIRTH (month, day, and year) 9/16/1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER
13. NAME Henry Dickman
14. BIRTHPLACE (city or town) Eagle
(State or country) Idaho

MOTHER
15. MAIDEN NAME Lyda Calloway
16. BIRTHPLACE (city or town) Pueblo
(State or country) Colo

17. INFORMANT Ray Hunt
(Address) 2402 Pleasanton Ave. Boise

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 6/30, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise [redacted] Idaho

20. FILED 6-29, 1938 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 26th 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193.....
I last saw her Dead 6/26 193 8. death is said to have occurred on the date stated above, at About 8:P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidentally Drowned.	
Caused By Automobile	
Running Into N.Y. Canal	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. M. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109589

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109589

PLACE OF DEATH

County of Jerome

City of Jerome

Registration District No.

Primary Registration District No.

Local Registrar's No. 18

JUN 30 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Riley Hagshire

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Jean K Hagshire

6. DATE OF BIRTH (month, day, and year) June 22-1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. #

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

FATHER

13. NAME Wm Riley Hagshire

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Mrs Jean K Hagshire Portland

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER D. A. Harrison
(Address) Jerome

20. FILED 6/14, 193 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/15 at , 193 , to 6-18 , 193 8
I last saw h alive on 6/15 , 193 8 ; death is said to have occurred on the date stated above, at 8.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Uremia, Coma	
2. Chronic Kidney & fibrotic Prostate	
Other contributory causes of importance:	

Name of operation Prostatectomy Date of 6/13/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. F. Zeller, M. D.
(Address) Jerome, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

109590

PLACE OF DEATH
County of Latah
City of Bovill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109590

JUL 7 - 1938

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Kneeland Parker

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Parker

6. DATE OF BIRTH (month, day, and year) 5/7/1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store.

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation 30yr.

12. BIRTHPLACE (city or town) Minneapolis,
(State or country) Minn.

FATHER

13. NAME John Parker

14. BIRTHPLACE (city or town)
(State or country) Vermont

MOTHER

15. MAIDEN NAME Francis Therber

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs. Margaret Parker
(Address) Bovill. Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date 6/29/ 193 8

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 6/29, 193 8 Mrs. Earl Alden
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/26 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

Acute Myocarditis
Syndrom death

	Date of onset

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. R. Short Coroner M. D.
(Address Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109591

PLACE OF DEATH
County of Gem
City of Emmett

REC'D JUL 6-1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109591

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

53c

2. FULL NAME Margaret H Boren
(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX f | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Boren

6. DATE OF BIRTH (month, day, and year) Oct 1, 1859

7. AGE Years 78 | Months 8 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Henry Hamilton
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT A D Buys
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place June 29 Emmett Date June 29 1938

19. UNDERTAKER C D Buckhaven
(Address) Emmett Ida

20. FILED 6/28, 193 J R Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/27 1938

22 I HEREBY CERTIFY, That I attended deceased from June 17, 193 8, to June 27, 193 8
I last saw h. alive on June 27 193 8: death is said to have occurred on the date stated above, at 7:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer right arm and shoulder with amputation of arm at Mercy Hospital	several years ago April 1938
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) ____, M. D.
(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109 V 5

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
JUL 8 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109592

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. 18

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Joseph Spellenberg

(a) Residence No. Jerome Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced
~~HUSBAND~~ of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 69 | Months: 5 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Linn County
(State or country) Iowa

FATHER
13. NAME Joseph Spellenberg
14. BIRTHPLACE (city or town) ____
(State or country) Germany

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) ____
(State or country) Germany

17. INFORMANT Mae Miller
(Address)

18. BURIAL ~~CREMATION OR REMOVAL~~
Place Jerome Date July 5, 1938

19. UNDERTAKER H. C. & K. Ericson
(Address)

20. FILED 7-5-, 1938 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-3 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. ____, 193 7 to July 3, 1938

I last saw h. ~~in~~ alive on July 3, 1938: death is said to have occurred on the date stated above, at 12-20 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other **contributory causes** of importance: Chronic Nephritis Arteriosclerosis	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. F. Zeller, M. D.
(Address) Jerome, Ida.

131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109-93

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109593

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 187

JUL 7 - 1938

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

109

2. FULL NAME Edna Wetzel.

(a) Residence No. 1111. N. 27 Street, St.
(Usual place of abode) 36 years. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 3. 1867.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70.	9.	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nebraska City.
(State or country) Nebraska.

FATHER

13. NAME John. H. Wetzel.
14. BIRTHPLACE (city or town) Virginia.
(State or country)

MOTHER

15. MAIDEN NAME Roberta Jones.
16. BIRTHPLACE (city or town) Virginia.
(State or country)

17. INFORMANT E.W. Miller.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date June. 30. 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-29, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 28 1938

22 I HEREBY CERTIFY, That I attended deceased from June 21, 1938, to Jun 28, 1938
I last saw h.e. alive on Jun 27 193.....: death is said to have occurred on the date stated above, at 12:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia following Pleurisy	June 25/38

Other contributory causes of importance:

15 years of stomach trouble probably ulcer.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H.M. Robinson, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109594

PLACE OF DEATH

County of Bannock

City of Pocatello

JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109594

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 135

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Henderson Howell

(a) Residence No. 396 Jayne Avenue St. Pocatello, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Jasper Howell,

6. DATE OF BIRTH (month, day, and year) Dec. 31, 1868

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brigham City
(State or country) Utah

FATHER

13. NAME Samuel Henderson

14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Helen Lar Cutler

16. BIRTHPLACE (city or town)
(State or country) NewYork

17. INFORMANT Mrs. Eldon P. Hunter
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date 6/28/38 193

19. UNDERTAKER Arthur . Hall
(Address) Pocatello, Idaho

20. FILED 6-27, 1938 DC Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/26 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to June 26, 1938

I last saw h[illegible] alive on June 25 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. F. Call, M. D.

(Address) Pocatello, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109595

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109595

PLACE OF DEATH
County of Blaine
City of Hailey
JUL 11 1938

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lee R. Greenwalt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/1/1885

7. AGE — Years: 53 | Months: 5 | Days: 24 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year) June 7 1938

11. Total time (years) spent in this occupation 30 days on this job

12. BIRTHPLACE (city or town) (State or country) Ellis County, Illinois

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) I.P.T.A. Lieyl Carey, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place City Cem Date June 28 1938

19. UNDERTAKER (Address) G. Hanks Hailey Idaho

20. FILED 6-7, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938, to June 25, 1938.
I last saw him alive on June 25, 1938, and death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	June 6 1938.
Other contributory causes of importance: Chronic Myocarditis	5yrs

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Died by tick while on job.
(Signed) H. H. Kline M.D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109596

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109596

JUL 11 1938

Registration District No. 73
Primary Registration District No. 7170
Local Registrar's No. 113
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1860

2. FULL NAME Mrs Amy Marshall

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of: Charles Marshall
6. DATE OF BIRTH (month, day, and year): 8-10-1885
7. AGE: Years: 52 | Months: 7 | Days: 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Salmon Idaho

FATHER
13. NAME: Elza Stine
14. BIRTHPLACE (city or town) (State or country): .....

MOTHER
15. MAIDEN NAME: May
16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT: Charles Marshall
(Address) Salmon Idaho
18. BURIAL, CREMATION OR REMOVAL: 6-10-38
Place Salmon Ida Date 6-10, 1938
19. UNDERTAKER: Bracken-Williams Funeral Service Inc.
(Address) L. A. Williams
20. FILED June 10, 1938 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): June 9 1938
22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938 to June 9, 1938
I last saw her alive on June 9 1938: death is said to have occurred on the date stated above, at 11:10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Femur	May 25-38
Pulmonary Embolism (Massive)	Apr 23-38
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 25-38 193.....
Where did injury occur Idaho Falls Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public place.
Manner of injury Fell down.
Nature of injury Fractured left femur.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109597

PLACE OF DEATH
County of Bonneville
City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109597

Registration District No. 13
Primary Registration District No. 2170
Local Registrar's No. 137

JUL 11 1938

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ann Deseret Fox.

(a) Residence No..... St. .....
(Usual place of abode) 52 (If nonresident give city or town and state)
Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of David Fox.

6. DATE OF BIRTH (month, day, and year) 3/26/1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 1/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Millcreek, Utah.
(State or country)

FATHER
13. NAME Rawsel Bradford.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Jane Gardner.
16. BIRTHPLACE (city or town) Canada.
(State or country)

17. INFORMANT Mrs. A. Campbell
(Address) Ririe, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 6/....., 193.....

19. UNDERTAKER A. Rackerell
(Address) Rigby, Idaho.

20. FILED July 2, 193.8 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/17/1938

22 I HEREBY CERTIFY, That I attended deceased from May 20, 193.8, to June 17, 193.8
I last saw h.. alive on June 10 193.8.: death is said to have occurred on the date stated above, at 9:00P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	D. K.
Chronic Nephritis	D. K.
Other contributory causes of importance:	

Name of operation None Date of.....
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) C. C. Erickson, M. D.
(Address Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

109598

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109598

JUL 11 1938

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 134

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

23a

2. FULL NAME Albert M. Gill

(a) Residence No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Bessie Gill

6. DATE OF BIRTH (month, day, and year) Dec. 31, 1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	51	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carlyle
(State or country) Penn

FATHER

13. NAME Not Known Gill
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Rebecca Derr
16. BIRTHPLACE (city or town)
(State or country) United States

17. INFORMANT Mrs Bessie Gill
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rose Hill Date June 30, 1938

19. UNDERTAKER Jack A. Hood
(Address) 273 No. Ridge - I. F.

20. FILED 6/29, 1938 Geo. Edwards
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/28 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to June 28, 1938
I last saw him alive on June 28, 1938: death is said to have occurred on the date stated above, at 2-30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/28/38
Hemiplegia	

Other **contributory causes** of importance:

Pulmonary tuberculosis	1918

Name of operation Spinal puncture Date of 6/28
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109599

PLACE OF DEATH
County of Bonner
City of Sand point

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109599

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 42
(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95b2

2. FULL NAME Gerda A. Widing

(a) Residence No. ..... St. Kootenai, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leonard A. Widing

6. DATE OF BIRTH (month, day, and year) March 15, 1887

7. AGE: Years 51 | Months 2 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Feb 1938
11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) Sundswall
(State or country) Sweden

FATHER

13. NAME Johnas Selin
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT L. A. Widing
(Address) Kootenai Idaho.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem
Place Sandpoint, Ida. Date June 14, 1938

19. UNDERTAKER L. K. Moon
(Address) Sandpoint Idaho

20. FILED July 9 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 11, 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 31, 1938, to June 11, 1938
I last saw her alive on June 11 1938: death is said to have occurred on the date stated above, at 11 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poison	May June 1938
Other contributory causes of importance:	
Cardiac Asthma	6 mo.

Name of operation None Date of
What test confirmed diagnosis? C.I. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C B Kendall, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109600

PLACE OF DEATH
County of Bonner
City of Sand Point

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109600

Registration District No. 30 78
Primary Registration District No. 2051 2150 Local Registrar's No. 88 43

JUL 5 - 1938

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olaf B. Paulson

(a) Residence No. 1201 - 4th St Coeur d'Alene St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Paulson

6. DATE OF BIRTH (month, day, and year) Jan 6-1893

7. AGE: Years 45 | Months 5 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandvikesberget Norway

FATHER
13. NAME Paul Paulson unknown
14. BIRTHPLACE (city or town) (State or country) " Norway

MOTHER
15. MAIDEN NAME Andrianna Hovick
16. BIRTHPLACE (city or town) (State or country) " Norway

17. INFORMANT Mrs. Bessie Paulson
(Address)

18. BURIAL, CREMATION OR REMOVAL Hobbs Cemetery Coeur d'Alene Date 6-13, 1938

19. UNDERTAKER Casgety
(Address) Coeur d'Alene Ida.

20. FILED 6/13, 1938 Virgil C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-10 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-10, 1938, to 6-10, 1938

I last saw h. alive on 6-10 1938; death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental	
Other **contributory causes** of importance:	

Name of operation none Date of —
What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 6-10-38 1938
Where did injury occur? Woods near Sandpoint
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** In operating
Manner of injury Struck by a falling tree
Nature of injury Fractured skull & Contusions

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Occupation

(Signed) Harold Jellison, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

Registration District No. 20
Primary Registration District No. 2051 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olaf B. Paulson

(a) Residence No. 1 St. 1201-4th St. Coeur d'Alene
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Paulson

6. DATE OF BIRTH (month, day, and year) Jan 6-1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	5	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 6-10-38
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Sandvikesbeget (State or country) Norway

FATHER
13. NAME Paul Paulson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Andrianna Hovick
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Bessie Paulson (Address)

18. BURIAL, CREMATION OR REMOVAL Forest CDA
Place Forest CDA Date 6-13, 1938

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-10 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.
(Address .....

104601

...F DEATH

...ounty of ...da

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BURE... OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109601

JUL 7 - 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 181
(No. St. Alphonsus Hospiatl)
(If death occurred in a hospital or institution, give its name instead of street and number)

104

2. FULL NAME Lyman Vassar Williamson Jr.

(a) Residence No. Route # 4. Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15.1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Lyman Vassar Williamson Sr.
14. BIRTHPLACE (city or town) Pomeroy
(State or country) Washington

MOTHER
15. MAIDEN NAME Ruth Evelyn Phelps
16. BIRTHPLACE (city or town) Fairfield
(State or country) Illinoise

17. INFORMANT Lyman Vassar Williamson
(Address) Route # 4. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date June 22 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 6-22, 1938 N. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. June

21. DATE OF DEATH (month, day and year) 20 193 8

22 I HEREBY CERTIFY, That I attended deceased from 6-15, 193 8 to 6-20, 193 8
I last saw him alive on 6-20 193 8: death is said to have occurred on the date stated above, at 10-40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobular toxic grade +++	6-13-38

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. A. Simonton M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Section on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

JUL 6- 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. ~~105602~~ ~~105600~~

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis T. T. Oakley

(a) Residence No. Oakley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 21 1887

7. AGE Years	Months	Days	If LESS than 1 day Hrs.	Min.
50	6	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (mo. and yr.) 1-27
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Oakley Ida
(State or country)

FATHER

13. NAME H. T. Oakley
14. BIRTHPLACE (city or town) Grantsville Utah
(State or country)

MOTHER

15. MAIDEN NAME Elsie Ann Hinds
16. BIRTHPLACE (city or town) Grantsville Utah
(State or country)

17. INFORMANT H. T. Oakley
(Address) Oakley

18. BURIAL, CREMATION OR REMOVAL
Place Mamas Date 7-2, 1938

19. UNDERTAKER Geo. L. Sayer
(Address) Burley Idaho

20. FILED 6-30, 1938 Laura A. Thacker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 27 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23 1938 to June 27 1938
I last saw him alive on June 23 1938; death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
For a few days	
Isolated Blood Clot	
to Heart	
Other contributory causes of importance:	
Heart Disease, of Long Standing	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of 6 Mi: S.W. of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 1 1938

DO NOT WRITE IN THIS SPACE

State File No. 109603

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 70

(No.) Drowned in N.Y. Canal 6. Mi: S.W. OF Boise

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Grace Brandt

(a) Residence No. Nampa, Ida R.7 Box #7
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Brandt

6. DATE OF BIRTH (month, day, and year) 8-30-98

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME Geo B. Lafferty

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Mead

16. BIRTHPLACE (city or town)
(State or country) Conn.

17. INFORMANT Mrs Frank Brandt
(Address) Burbank Calif

18. BURIAL, CREMATION OR REMOVAL
Place Amsdale Cem Date 7-7, 1938

19. UNDERTAKER F.K. Robinson
(Address) Nampa Ida

20. FILED 6-30, 1938 H. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 26th. 1938

22 I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ....., 193....

I last saw him alive on 7/4. 1938; death is said to have occurred on the date stated above, at About 8. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Drowned in N.Y. Canal. Caused by Automobile Running in Canal	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) J.V. McCann Coroner D.

(Address) Boise Idaho

10960 c

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

JUL 1, 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109604

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Rolan Hill

(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 26 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER
13. NAME William K. Hill
14. BIRTHPLACE (city or town) (State or country) Arkansaw

MOTHER
15. MAIDEN NAME Carry Matny
16. BIRTHPLACE (city or town) (State or country) Arkansaw

17. INFORMANT William K Hill
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date June 28, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 6-27, 1938 C. F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 26 1938

22 I HEREBY CERTIFY, That I attended deceased from —, 193—, to —, 193—
I last saw h— alive on — 193—: death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull when thrown from motorcycle	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, ~~or homicide~~? Date of injury ....., 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place on Public Highway
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) J R Wiley (Coroner) M. D.
(Address) Jerome Idaho

109 Gov't

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109605

JUL 11 1938

Registration District No. 13
Primary Registration District No. 214
Local Registrar's No. 133

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George L. Pineen

(a) Residence No. (Usual place of abode) Idaho Falls, Idaho St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 13, 1888

7. AGE: Years 49 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago (State or country) Illinois

FATHER
13. NAME John Pineen
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Annie Meyers
16. BIRTHPLACE (city or town) Chicago (State or country)

17. INFORMANT Wm Pineen (Address) Roberts Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 6/28 1938

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED 6/29, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/25 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/21, 1938, to 6/25, 1938

I last saw h[illegible] alive on 6/25 1938; death is said to have occurred on the date stated above, at 8:15 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/21/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109606

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109606

JUL 7 - 1938

Registration District No. 204
Primary Registration District No. 204
Local Registrar's No. 176
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lulu M. Newland

(a) Residence No. 1111 No 8th. St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Newland

6. DATE OF BIRTH (month, day, and year) 3/28/1884

7. AGE: Years 54 | Months 2 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. And Clerk
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Powder (State or country) Ore.

FATHER
13. NAME George William Riggs
14. BIRTHPLACE (city or town) Vancouver (State or country) Wash:

MOTHER
15. MAIDEN NAME Lavina B. Thomlinson
16. BIRTHPLACE (city or town) Vancouver (State or country) Wash:

17. INFORMANT Nina B. Pence. (Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 6/20, 1938

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 6-20, 1938 N. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 17th 1938

22 I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to June 17, 1938
I last saw her alive on 6-17 1938: death is said to have occurred on the date stated above, at 6:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock - due to injuries listed below	6-17-38
Intra - abdominal Bleeding	
Fracture L. Chest, wall	
Fracture L. upper	
Fracture L. Tibia	
Other contributory causes of importance:	
Fracture spine.	
Multiple Lacerations	
abrasions & contusions	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 6-17-38 193.....
Where did injury occur? Boise Ida (Ada Co.)
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Automobile Collision
Nature of injury See above

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W.W. Shaw, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

109607

DO NOT WRITE IN THIS SPACE

State File No. ~~109607~~

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 145

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 210 210

2. FULL NAME Jane Thomas

(a) Residence No. Penney Building Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 2. 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Robert Lewis

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Esther Hanifen
(Address) Penney Building Boise, Idah

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell, Ida Date May 18, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 5-18, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938, to May 15, 1938

I last saw her alive on 5/10/38: death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism to Rt. Ventricle of heart.	5/10/38

Other contributory causes of importance:

Fracture ribs + clavicle	2/15-1938
Chr. Cholelithiasis + Cholecystitis	— ?

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard M. Chelsvig M.D.

(Address) 411 Centennial Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise
JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109608

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 161
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Leigh
(a) Residence No. Parma St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. 18 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 6 1919

7. AGE: Years 18 | Months 5 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeper
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payette Idaho

FATHER
13. NAME N. E. Leigh
14. BIRTHPLACE (city or town) (State or country) Fairmont Minnesota

MOTHER
15. MAIDEN NAME Grace Berry
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT N. E. Leigh
(Address) Parma Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cem Date 5-29, 1938

19. UNDERTAKER Nampa Undertaking Parlors
(Address) Nampa Idaho

20. FILED 6-7, 1938 R. L. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 25 1938

22 I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to May 28, 1938
I last saw her alive on May 25 1938; death is said to have occurred on the date stated above, at 6:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Appendectomy	May 25

Other **contributory causes** of importance:

Cerebral Hemorrhage	May 25

Name of operation Appendectomy Date of May 25
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold W. Stone, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109609

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 155

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

94-5

2. FULL NAME Truman C. deClercq

(a) Residence No. 1917 State Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret deClercq

6. DATE OF BIRTH (month, day, and year) 5-17-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cozenovia
(State or country) New York

FATHER

13. NAME Hendrick deClercq

14. BIRTHPLACE (city or town) Cozenovia
(State or country) New York

MOTHER

15. MAIDEN NAME Azenath Kingsbury

16. BIRTHPLACE (city or town) Cozenovia
(State or country) New York

17. INFORMANT Mrs. Margaret deClercq
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mausoleum--M.H Date May 31, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 6-1, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-27 1938

22 I HEREBY CERTIFY, That I attended deceased from July 28, 1937, to May 27, 1938

I last saw him alive on 3-29-1938: death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-27-38
Other contributory causes of importance:	
Chronic Myocarditis	1927

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? N/A If so, specify .....

(Signed) Newton W. Mack, M.D.

(Address) 500 Eastman Bldg, Boise

Cholupka

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109610

JUL 7 - 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 156

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

94 Lr

2. FULL NAME Alice Vining Butler

(a) Residence No. 2114 Harrison Blvd. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. Ellsworth Butler

6. DATE OF BIRTH (month, day, and year) 8-29-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Covert
(State or country) Michigan

FATHER

13. NAME Louis Vining

14. BIRTHPLACE (city or town) North Hampton,
(State or country) Mass.

MOTHER

15. MAIDEN NAME Frances Rood

16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMANT Mrs. Waldo Chapin
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 5-31-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 6-1, 193 8. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-28 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/23/38, 193..., to 5/28/38, 193...

I last saw h.er alive on 5/28 1938: death is said to have occurred on the date stated above, at 8:15 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a Coronary Occlusion	5/27/38.
Other **contributory causes** of importance:	
Coronary heart disease	10 years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harvard M Cholupka

(Address) 411 Eastman Bldg
Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 7 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109611

Registration District No. 2
Primary Registration District No. 2004 Local Registrar's No. 157
(No. At Luker Mortuary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Lenora Rice
(a) Residence No. 1711 North 13th St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 31 1875
7. AGE: Years 63 | Months 3 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Texas

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (city or town) (State or country): U.S.A.

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): Don't Know

17. INFORMANT: Mrs. E. Crumpton
(Address) 1722 State St.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/31, 1938

19. UNDERTAKER: Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-2, 1938 W. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-28-1938

22 I HEREBY CERTIFY, That I attended deceased from March 6, 1937, to 5-28, 1938
I last saw her alive on 5-28 1937: death is said to have occurred on the date stated above, at 5:22 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	5-28-38
Chronic Nephro-sclerosis (Arteriolar sclerosis) (Uraemia)	1937
Other contributory causes of importance:	
Diabetes	1920
Tuberculosis pulmonis	1903
Hypertension	1926

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Shaw, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109612

JUL 7 - 1938

Registration District No. 8

Primary Registration District No. 204 Local Registrar's No. 56

(No. New York Canal)

(If death occurred in a hospital or institution, give its name instead of street and number)

166

2. FULL NAME John Marcus Neil

(a) Residence No. 1902 North 7th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maud F. Neil

6. DATE OF BIRTH (month, day, and year) 7-3-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cedartown,
(State or country) Georgia

FATHER

13. NAME Lee Neil

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Sarah Hurst

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Maud F. Neil
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 6-3-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 6-3, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-31 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Immediate cause Drowning	
Other contributory causes of importance: Dependency	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

~~Accident~~, suicide, or ~~homicide~~? no Date of injury 5/31/38 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Irrig. Ditch

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? — If so, specify.....

(Signed) T. W. Edmund, M. D.

(Address Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109613

RECEIVED JUL 7 - 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 55

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

180

2. FULL NAME Delbert Eugene Naugle.

(a) Residence No. R.D. # 2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 7. 1937.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	11.	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Delbert. F. Naugle.
14. BIRTHPLACE (city or town) Park Rapids
(State or country) Minnesota.

MOTHER

15. MAIDEN NAME Hazel. O. Wingate.
16. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

17. INFORMANT Delbert. F. Naugle.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Meridian, Cemetery. Date June. 3. 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho

20. FILED 6-2, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 1st. 1938

22 I HEREBY CERTIFY, That I attended deceased from 193 , to , 193

I last saw him alive on 6/1 1938 death is said to have occurred on the date stated above, at 9. A. m.

Dead

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Burned to death in the Family Home	
Accident	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. V. McCann Coroner M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of

RECEIVED JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109614

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 54

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beverly Jean Naugle.

(a) Residence No. D.R. # 2. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 14. 1935.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	11.	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Delbert. F. Naugle.

14. BIRTHPLACE (city or town) Park Rapids
(State or country) Minnesota.

MOTHER

15. MAIDEN NAME Hazel. O. Wingate.

16. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

17. INFORMANT Delbert. F. Naugle.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Meridian, Idaho. Date June. 3, 193 8.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-2, 193 8 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 1st, 193 8

22 I HEREBY CERTIFY, That I attended deceased from ..... 193.., to ....., 193....

I last saw her alive on Dead 6/1 193 8. death is said to have occurred on the date stated above, at 9. A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Burned to death in the Family Home	
Accident	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. E. Mann Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109615

JUL 7 - 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 158

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gustavas Adolph Bergh

(a) Residence No. 1410 N. 11th Street St.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Jane Bergh

6. DATE OF BIRTH (month, day, and year): 9-17-1856

7. AGE: Years 81 | Months 8 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Mt. Horib
(State or country): Wisconsin

FATHER

13. NAME: Christian Bergh

14. BIRTHPLACE (city or town): Christiana
(State or country): Norway

MOTHER

15. MAIDEN NAME: Margaret Ladle

16. BIRTHPLACE (city or town):
(State or country): Norway

17. INFORMANT: Ruth Van Voorhis
(Address): Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Kohlerlawn-Nampa Date: 6-4-, 1938

19. UNDERTAKER: William McBratney
(Address): Boise, Idaho

20. FILED: 6-3-, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6-2-1938

22 I HEREBY CERTIFY, That I attended deceased from 5-25-38 193..., to 6-2-38, 193...

I last saw him alive on 6-1-38 193...: death is said to have occurred on the date stated above, at 7:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-25-
Arterio-Sclerosis	?

Other **contributory causes** of importance:

Senility.	
Fall - Three months ago.	

Name of operation: Date of:

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold T. Nokes M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109616

Registration District No. 2
Primary Registration District No. 204
Local Registrar's No. 159

(No.) (If death occurred in a hospital or institution, give its ~~name instead~~ of street and number)

2. FULL NAME Lola E. Shaw

(a) Residence No. 838 Warm Springs St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Shaw
6. DATE OF BIRTH (month, day, and year): MAR. 9- 1868
7. AGE: Years 70 | Months 2 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER
13. NAME: John Coons
14. BIRTHPLACE (city or town) (State or country): Ill U S A.

MOTHER
15. MAIDEN NAME: Esther Harvey
16. BIRTHPLACE (city or town) (State or country): Ill U S A

17. INFORMANT (Address): Frank M. Shaw

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/4, 1938

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 6-4, 1938 N. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-2 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-31, 1938, to 6-2, 1938
I last saw her alive on 6-1 1938: death is said to have occurred on ~~the date stated above~~ 6-2-38, at 3:10 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial asthma	Unknown
Other **contributory causes** of importance: Chronic myocarditis	3 yrs.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert J. Smith M. D.
(Address 1st Natl. Bank Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109617

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 162

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna M. Langford

(a) Residence No. 1417 Ridenbaugh St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Langford

6. DATE OF BIRTH (month, day, and year) Jan 23. 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Genoa
(State or country) N.Y

MOTHER FATHER

13. NAME Mr Brown

14. BIRTHPLACE (city or town)
(State or country) N.Y. State

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT D. M. Prescott
(Address) Seattle Wash:

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/7, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-7, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-3 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-2, 1938, to 6-3, 1938

I last saw her alive on 6-3 1938: death is said to have occurred on the date stated above, at 9.a.s. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated ventral hernia	6-2-38
Other contributory causes of importance:	
Peritonitis	6-2-38
Ventral hernia Many years	

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. Hamilton, M. D.

(Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109618

JUL 7 - 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 165

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Fladberg Jensen

(a) Residence No. Route No 1 Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 19th 1881 7/19/1881

7. AGE: Years 56 | Months 10 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nebstrub
(State or country) Denmark

FATHER

13. NAME Christen Jensen
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER

15. MAIDEN NAME Anne Christiansen
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Ramus F Jensen
(Address) Route 1 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morningside Date 6-10, 1938

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 6-8, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 4 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to June 4, 1938
I last saw h.. alive on June 4, 1938: death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	March 1938
Post operative Stomach Hemorrhage.	June 2, 38

Other contributory causes of importance:

Name of physician Gastric Reaction Date of last visit May 16-38
What test confirmed diagnosis? , Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward M Coleman M.D.
(Address) 411 Capitol Blg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

JUL 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109619

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 169

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lim Ging Ling

(a) Residence No. 215 So 7th. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Yellow	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eng Shee

6. DATE OF BIRTH (month, day, and year) 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Que Hon. Hoy Sun
(State or country) Canton China

FATHER

13. NAME Lim Ging Ying

14. BIRTHPLACE (city or town)
(State or country) Canton China

MOTHER

15. MAIDEN NAME Eng Shee

16. BIRTHPLACE (city or town)
(State or country) Canton China

17. INFORMANT Carl Fong
(Address) 213 So. 7th. Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/9, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-9, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-4 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-29, 1938, to 6-4, 1938

I last saw him alive on 6-4 1938; death is said to have occurred on the date stated above, at 12:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric hemorrhage	4-29-38

Other **contributory causes** of importance:

Anemia	
Carcinoma of stomach	

Name of operation Exploratory Date of 6-4-38
What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 1938 —

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Winton W. Mark M. D.
(Address) 500 Eastman Bldg, Boise

Dr. Elmer F

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109620

JUL 7 - 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 160
(No. 1910 north 8th street)
(If death occurred in a hospital or institution, give its name instead of street and number)

1072

2. FULL NAME Anna Mary Nelson

(a) Residence No. 1910 north 8th street St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 years yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 14. 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Denmark

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Thomas Nelson
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/5/ 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 6-6-1938 N. H. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. June

21. DATE OF DEATH (month, day and year) 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937 to June 5 1938
I last saw h.e.r alive on June 5 1938: death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia —	June 3 '38
Senility + Generalized arteriosclerosis	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Howard M. Chaloupka MD
(Address) 411 Eastman Bldg Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109621

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 170

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME May S. Nordyke

(a) Residence No. St. Lukes Hospital St. Mountain Home Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of B. J. Nordyke

6. DATE OF BIRTH (month, day, and year) Sept. 28. 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nova Scotia
(State or country)

FATHER
13. NAME Robert C Hughes
14. BIRTHPLACE (city or town) California
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Stella Leathrop
(Address) Atlanta Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mt. View Date June 8, 1938

19. UNDERTAKER Jackson-Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED 6-13, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-5 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-1, 1938, to 6-5, 1938
I last saw her alive on 6-5 1938: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Other **contributory causes** of importance:	

Name of operation Uterine Prolapse Date of 5-27-38
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold W Lon M. D.
(Address Boise, Idaho.

139

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109622
Local Registrar's No. 164

2. FULL NAME Irene Keller

(a) Residence No. Horseshoe Bend, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Keller

6. DATE OF BIRTH (month, day, and year) June 13 1907

7. AGE — Years: 30 | Months: 11 | Days: 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shoshone
(State or country) Idaho

FATHER

13. NAME William Daniels
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Hattie Sin Clair
16. BIRTHPLACE (city or town) Cranbrook
(State or country) Canada

17. INFORMANT Harry Keller
(Address) Horseshoe Bend, Idaho

18. BURIAL, CREMATION OR REMOVAL Cloverdale Memorial Pk. 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 6-8, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 6 1938

22 I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to June 6, 1938
I last saw her alive on June 6 1938: death is said to have occurred on the date stated above, at 7.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	May 10 1938

Other contributory causes of importance:

Self induced abortion	May 8th 1938

Name of operation Colostomy Date of Jan 2-38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. V. Bond, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of 3. miles West of Boise
Route 2.

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 10623

Local Registrar's No. 57

70

2. FULL NAME Elizabeth Glenn Bradshaw

(a) Residence No. Route No. 2. Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Frederick Thomas Bradshaw

6. DATE OF BIRTH (month, day, and year): 3 - 15-1858

7. AGE: Years 80 | Months 2 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

FATHER

13. NAME: Walter Glenn

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Elizabeth Stewart

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Walter Bradshaw Boise

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Idaho Date: 6/6, 1938

19. UNDERTAKER: Burley Funeral Home
(Address): Burley Idaho

20. FILED: 6-6, 1938 — E. W. Sharp, Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown. But Natural	
Died without Medical Attendance.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. M. Cameron Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109624

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 58

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Emma J. Hamilton

(a) Residence No. 2101 Pleasanton Avenue St.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of David A. Hamilton

6. DATE OF BIRTH (month, day, and year) 4-15-1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Edward Sherman
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6-10-, 1938

19. UNDERTAKER William McBurney
(Address) Boise, Idaho

20. FILED 6-9-, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-6-1938

22 I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to 6-6, 1938

I last saw h~~im~~ alive on 6-6 1938: death is said to have occurred on the date stated above, at 5:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yr
Other **contributory causes** of importance:	
Senility	

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify
(Signed) J W Almond M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109625

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 168

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME William Nathan McConnel

(a) Residence No. 803 North 19th street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Ida A. McConnel

6. DATE OF BIRTH (month, day, and year): 2-1-1869

7. AGE: Years 69 | Months 4 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hydrometric Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town): Wayne County,
(State or country): Iowa

FATHER

13. NAME: Benjamin C. McConnel

14. BIRTHPLACE (city or town):
(State or country): Ohio

MOTHER

15. MAIDEN NAME: Elizabeth Hall

16. BIRTHPLACE (city or town):
(State or country): Iowa

17. INFORMANT: Arthur W. McConnel
(Address): Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 6-8-38, 193

19. UNDERTAKER: William McBratney
(Address): Boise, Idaho

20. FILED: 6-9, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6-6 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct., 1937, to 6-6-38, 193

I last saw him alive on 6-6 1938: death is said to have occurred on the date stated above, at 4:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	6-4-38
Cardiac Failure	

Other **contributory causes** of importance:

Hypertension	
Asthma	
Prostatic Hypertrophy	
Transurethral Prostatic resection	Date of 6-2-38

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Springer M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109626

Registration District No. 204

Primary Registration District No. 1004

Local Registrar's No. 166

(No. 108)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Benjamin Spencer

(a) Residence No. 2504 Madison Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Steel Spencer

6. DATE OF BIRTH (month, day, and year) 12-28-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisville,
(State or country) Kentucky

FATHER

13. NAME Benjamin Spencer

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Emlie ----------

16. BIRTHPLACE (city or town)
(State or country) Kentucky

17. INFORMANT Mrs. Rosa S. Spencer
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 6-11-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 6-9, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-8-1938

22 I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to June 8, 1938.

I last saw h[illegible] alive on June 8 1938: death is said to have occurred on the date stated above, at 7:50 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tobacco Pneumonia Contributed	4/8/38

Other **contributory causes of importance:**

Arteriosclerotic Heart Disease ? Senile Epilepsy

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? ———

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ———, 193—

Where did injury occur? ———
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ———

Manner of injury ———

Nature of injury ———

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. M. Swindle, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Meridian

R—
JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109627

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nina Maude Mack

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. L. Mack
6. DATE OF BIRTH (month, day, and year): Sept 24, 1879
7. AGE: Years 58 | Months 8 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 4/38
11. Total time (years) spent in this occupation: 41 yrs.

12. BIRTHPLACE (city or town) Kendrick (State or country) Idaho

MOTHER FATHER
13. NAME James A. Grimes
14. BIRTHPLACE (city or town) (State or country) Tennessee
15. MAIDEN NAME Hoard 1st Name Unknown
16. BIRTHPLACE (city or town) Coeur d Alene (State or country) Idaho

17. INFORMANT J. L. Mack
(Address) Meridian Ida R2

18. BURIAL, CREMATION OR REMOVAL
Place Joplin Cemetery Date June 9, 1938
19. UNDERTAKER Boise Mortuary
(Address) Meridian Ida

20. FILED June 9, 1938 W. H. Peck Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 8 1938
22 I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to June 8, 1938
I last saw h[illegible] alive on June 1 1938: death is said to have occurred on the date stated above, at 1:47 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	May 1937
Metastases to Liver and intestines	Jan 1938

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] Jewell, M. D.
(Address) Meridian

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Near Boise

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109628

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 62

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

15

2. FULL NAME John Davis

(a) Residence No. 407 So. 3rd. St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 13th. 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " " (State or country) " "

17. INFORMANT Lulu Duffield.
(Address) 407 So 3rd. St Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/15, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-15, 1938 W. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1938, to June 10, 1938

I last saw h— alive on June 9 1938: death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Eclampsia	1938
Cerebral Edema	1936 June 1938
Probable Cerebral Hemorrhage	June 1938

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis? Exa Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Everett R. Jones, M. D.

(Address Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

JUL 7 - 19..

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109629

Registration District No. 8
Primary Registration District No. 2004 (No. Boise River)
Local Registrar's No. 60

166

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Lyman Gardner

(a) Residence No. Rt 5 Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Gardner

6. DATE OF BIRTH (month, day, and year) 11/28/1879

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Enjineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn:

FATHER

13. NAME Mr ? Gardner

14. BIRTHPLACE (city or town) (State or country) Penn:

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT Francis L. Gardner
(Address) Rt 5 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/11, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-13, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 10, 1938

22 I HEREBY CERTIFY, That I attended deceased from Dead, 193.. to ....., 193..
I last saw him alive on 6/10 1938 About 2: P.M. death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning In Boise River.	
(SUICIDE)	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. J. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109630

JUL 7 - 1938

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 59
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Martin

(a) Residence No. Route #3, Boise, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-16-1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Illinois

FATHER
13. NAME Benjamin Rouse
14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER
15. MAIDEN NAME Jane Mitchell
16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Mrs. Harry Miller
(Address) Route #3, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 6-13-, 1938

19. UNDERTAKER William McCratney
(Address) Boise, Idaho

20. FILED 6-13, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-11 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 6/11, 1938
I last saw her alive on 6/11 1938: death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. H. Thurston, M. D.
(Address Boise Ada -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 7 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109631

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 171

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William J. McNeil

(a) Residence No. 1315 No. 13th. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary W. McNeil

6. DATE OF BIRTH (month, day, and year) 3/5/1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Genl: Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burridge
(State or country) Ontairo Canada

FATHER
13. NAME James McNeil
14. BIRTHPLACE (city or town)
(State or country) Canada

MOTHER
15. MAIDEN NAME Annie Hines
16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT Pleas S. Dallas McNeil.
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 6/13, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-15, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/11 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 6/11, 1938
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1937
Coronary Thrombosis	6/11/38.
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Everett R. Jones, M. D.
(Address Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109632

Registration District No. 8
Primary Registration District No. 2804 Local Registrar's No. 63

(No. St. Lukes Hospital) Harden & Fairview Ave
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora Geroldene Summers

(a) Residence No. 919-12 Ave South St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct 20-1915

7. AGE — Years: 22 | Months: 8 | Days: 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pomona Ill.

FATHER
13. NAME: Tom Summers
14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER
15. MAIDEN NAME: Margret
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT: Mrs Tom Summers
(Address) Nampa Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Cloverdale Date 6-16, 1938

19. UNDERTAKER: Wm D. Tally.
(Address) Nampa Idaho

20. FILED 6-15, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): June 14th. 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193.....
I last saw her alive on Dead 6/14 1938: death is said to have occurred on the date stated above, at About 1:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Head and Body Injuries Caused by an Automobile Accident.	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 6-14, 1938
Where did injury occur? Near Boise Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Hi. Way
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Cann Coroner M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109633

JUL 7 - 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 173
(No. St Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Louise McGill

(a) Residence No. 1719 N. 25th St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leonard McGill

6. DATE OF BIRTH (month, day, and year) April 26, 1920

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	1	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) The Dalles
(State or country) Ore

FATHER
13. NAME Wm H. Sheahan
14. BIRTHPLACE (city or town) Lowell
(State or country) Mass

MOTHER
15. MAIDEN NAME Ruth Sanford
16. BIRTHPLACE (city or town) Omaha
(State or country) Nebr

17. INFORMANT Ruth Blair
(Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 6/16, 1938

19. UNDERTAKER E. C. Robinson
(Address) Meridian Ida

20. FILED 6-15, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/14 1938

22 I HEREBY CERTIFY, That I attended deceased from Dead 193..., to ..., 193...
I last saw her alive on 6/14 1938 death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Head and Body Injuries Caused by an Automobile Accident	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-14, 1938
Where did injury occur? Near Boise Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Hi. Way
Manner of injury Auto acci.
Nature of injury Head & body injuries

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) J. M. McCann Coroner M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109634

JUL 7 - 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 172
(No. St. Alphonsus
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Gaylon Reed

(a) Residence No. Route #2 Nampa, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lula Pearl Reed

6. DATE OF BIRTH (month, day, and year) Aug. 25, 1905

7. AGE: Years 32 | Months 9 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Olney Ill.

FATHER
13. NAME Harvey Reed
14. BIRTHPLACE (city or town) (State or country) Olney Ill.

MOTHER
15. MAIDEN NAME Ida Campbell
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Lula Pearl Reed Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Place Olney, Ill. Date June 17, 1938

19. UNDERTAKER (Address) Death Called Nampa, Ida.

20. FILED 6-15, 1938 R. A. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 14th. 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193.....
I last saw him Dead alive on 6/14 1938.: death is said to ~~have~~ occurred on the date stated above, at 3: P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Head and Body Injuries Caused by an Automobile Accident	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 6-14, 1938.
Where did injury occur? Near Boise Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Hi. Way
Manner of injury Auto accident.
Nature of injury Head + body injuries

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. McCamy Coroner M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109635

JUL 7 - 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 65

(No.) Died 3½ Mi. N.W. Of Boise Rt.3
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Finlay Morrison

(a) Residence No. Rt: 3. Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/4/1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Herder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Mr ? Morrison

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT A. B. Galtrucle
(Address) Rt. 3 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/20, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-22-1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 15th, 1938

22 I HEREBY CERTIFY, That I attended deceased from 193..., to ..., 193...

I last saw him alive on 6/17 1938. About Dead death is said to have occurred on the date stated above, at 11: P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural	
Died Without Medical Attendance	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Cann Coroner D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109636

Registration District No. 24

Primary Registration District No. 1004

Local Registrar's No. 174

(No. Salvation Army Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

157C

2. FULL NAME Stephan Jensen

(a) Residence No. Salvation Army Maternity Home St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-3-1938

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

FATHER

13. NAME Bill Damaskin

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Marjorie Jensen

16. BIRTHPLACE (city or town) Moscow,
(State or country) Idaho

17. INFORMANT Adjutent--Salvation Army Maternity Home
(Address) Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6-17, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 6-17, 1938 E. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-17 1938

22 I HEREBY CERTIFY, That I attended deceased from June 10th, 1938 to June 17th, 1938

I last saw him alive on June 10, 1938: death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	Birth

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Horacek, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109637

Registration District No. 9-10
Primary Registration District No. 9-10 Local Registrar's No. 1

(No.) Died one mile east of Eagle Idaho.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Effie Scott Shore.

(a) Residence No. 1003. Fort Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 years. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John. W. Shore.

6. DATE OF BIRTH (month, day, and year) Dec. 16. 1878.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewis County.
(State or country) Washington.

FATHER

13. NAME Thomas. W. Scott.
14. BIRTHPLACE (city or town) Peoria Ill.
(State or country)

MOTHER

15. MAIDEN NAME Ida Chapman.
16. BIRTHPLACE (city or town) Lewis County.
(State or country) Washington.

17. INFORMANT John. W. Shore.
(Address) 1003. Fort Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date June. 20 1928.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-18, 1928 Registrar. Eagle Idaho.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 17th. 1928

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw h er alive on Dead 6/17 193 8; death is said to have occurred on the date stated above, at About. 12:30

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Head and Body Injuries.	
Caused by an Automobile Accident	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? 8: Miles N.W. of Boise
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** On Public Highway
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. McGann Coroner D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109638

JUL 7 - 1938

Registration District No. 204
Primary Registration District No. 1204 Local Registrar's No. 179
(No. Died at 1014 No. 7th: St.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James T. Hansen

(a) Residence No. 1014 No. 7th: St. St.
(Usual place of abode) 26 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Hansen

6. DATE OF BIRTH (month, day, and year) 9/12/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	9	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. And Insurance
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan (State or country) Utah

FATHER
13. NAME Jens Hansen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Mary Christina Jorgenson
16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Mary A. Hansen
(Address) 1014 No 7th. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 6/21, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-22, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-17 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 23, 1938, to June 17, 1938
I last saw h~~a~~s alive on May 26 1938: death is said to have occurred on the date stated above, at 8.30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(1) Coronary Thrombosis	Mar 23 1938
(2) Coronary Thrombosis	June 17, 1938
Other **contributory causes of importance:**	
Arteriosclerosis	Years ago

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Braffam, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 124

Primary Registration District No. 2202

(No.)

DO NOT WRITE IN THIS SPACE

State File No. 109639

Local Registrar's No. 251

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha A. Taylor

(a) Residence No. Route #2, Kuna, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Judson Taylor

6. DATE OF BIRTH (month, day, and year) 2-12-1842

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
96	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ballston, Saratoga County,
(State or country) New York

FATHER

13. NAME Luzerne Taylor

14. BIRTHPLACE (city or town) Schenectady,
(State or country) New York

MOTHER

15. MAIDEN NAME Hannah Platner

16. BIRTHPLACE (city or town)
(State or country) New York

17. INFORMANT Lulie C. Taylor
(Address) Kuna, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oberon, N. Dakota Date 6-22-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 7-5, 1938 W. S. Warner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-18-1938

22 I HEREBY CERTIFY, That I attended deceased from April 23, 1938, to June 18, 1938

I last saw her alive on 5-10 1938: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility, Arteriosclerosis and Myocarditis	
Other contributory causes of importance:	
Myocarditis	April 1938

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Bradfield, M. D.

(Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D JUL 7 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109640

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 177 108

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard W. Lockwood

(a) Residence No. 1211 East Bannock Street St.
(Usual place of abode) 2 2 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara B. Lockwood

6. DATE OF BIRTH (month, day, and year) 11-18-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	7	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario County
(State or country) New York

FATHER
13. NAME Eliphalet B. Lockwood
14. BIRTHPLACE (city or town) Columbia County
(State or country) New York

MOTHER
15. MAIDEN NAME Sarah E. Webster
16. BIRTHPLACE (city or town) Ontario County
(State or country) New York

17. INFORMANT Arthur J. Lockwood
(Address) Glendale, California

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6-21- , 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 6-20 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-18 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to June 17, 1938
I last saw him alive on June 18 1938.: death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/13/38

Other contributory causes of importance:

Bronchial Asthma	3 months

Name of operation Intranasal Surgery Date of operation 6/14/38
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible], M. D.
(Address Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109641

JUL 7 - 1938

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 64
(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

78C

2. FULL NAME Joseph G. Frigen

(a) Residence No. ... St. Monango, North Dakota
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Oct. 18, 1915

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	22	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC Enrollee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Dakota

FATHER
13. NAME Andrew Frigen
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ellendale, N.D. Date June, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 6-20, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-18 1938

22 I HEREBY CERTIFY, That I attended deceased from June 12, 1938, to June 18, 1938.
I last saw him alive on June 18, 1938; death is said to have occurred on the date stated above, at 11:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (Mumps)	6-8-38
Other contributory causes of importance:	
Cardiac failure and secondary pulmonary congestion and edema	6-17-38

Name of operation --- Date of ---
What test confirmed diagnosis? Clinical Findings & Spinal Puncture / Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. McCLELLAN, M. D.
(Address) V.A., Boise, Idaho

R.O.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Allen.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109642

JUL 7 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 180

(No. St. Alphonsus Hos) 82a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rachel Lang

(a) Residence No. 1106½ Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Lang

6. DATE OF BIRTH (month, day, and year): April 18-1869

7. AGE: Years 69 | Months 2 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Not obtainable
14. BIRTHPLACE (city or town) (State or country): Not obtainable

MOTHER
15. MAIDEN NAME: Not obtainable
16. BIRTHPLACE (city or town) (State or country): Not obtainable

17. INFORMANT (Address): Mrs. Brown Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/23, 1938

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 6-22-1938 N. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/20 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to June 20, 1938
I last saw h.. alive on 6/20 1938.: death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Resp. (another Hemmorrage)	6/20/38
Other contributory causes of importance:	
Cerebral Hemmorrage	6/10/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. J. Allen, M. D.
(Address 218 Eastman Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109643

Local Registrar's No. 182

137

2. FULL NAME Ervin Shaw

(a) Residence No. St Alphonse Hospital St. Grandview Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alta French

6. DATE OF BIRTH (month, day, and year) Dec. 4, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) _____
(State or country) Minnesota

FATHER

13. NAME William Shaw

14. BIRTHPLACE (city or town) _____
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) _____
(State or country) Unknown

17. INFORMANT Mrs. Ervin Shaw
(Address) Grandview Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain Home Date June 20 193 8

19. UNDERTAKER Zacker-Bey Funeral Home
(Address) Mt. Home, Idaho

20. FILED 6-24, 193 8 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-20 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-2, 1938, to 6-20, 1938

I last saw him alive on 6-20 1938: death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Prostatectomy Date of 6-2-38

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193_____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Quentin W. Mayo M. D.

(Address) 500 Eastman Bldg. Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of 9. Mi: N.W. of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109644

JUL 7 - 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 66

(No.) Died at Rt: 1. 9.Mi: N.W. of Boise
(If death occurred in a hospital or institution, give its name instead of street and number)

166

2. FULL NAME Fern Adelaide Lemon

(a) Residence No. Boise Rt. 1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clyde Lemon

6. DATE OF BIRTH (month, day, and year) 7/20/1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	11	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professional Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. And Artist
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ringold Co
(State or country) Iowa

FATHER
13. NAME William Lemon
14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME Sadie Man
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Ofa Lemon
(Address) Rt:1 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date 6/25, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-25 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 20 1938

22 I HEREBY CERTIFY, That I attended deceased from ..... 193.., to ....., 193.....
I last saw her alive on Dead. 6/23 193 8: death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide. By Drowning	
In Boise River	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. McCann Coroner, M. D.
(Address) Boise Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109645

JUL 7 - 1938

Registration District No. 2
Primary Registration District No. 0004 Local Registrar's No. 178
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 9th

2. FULL NAME James Jr Farrell
(a) Residence No. 1705 Jefferson St St. Boise Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Farrell
6. DATE OF BIRTH (month, day, and year): 11/11/67
7. AGE — Years: 70 | Months: 7 | Days: 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: Idaho City, Idaho

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Sylvester Farrell
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Julia O'Brien
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Alena Farrell (Address) #1705 Jefferson St. Boise
18. BURIAL, CREMATION OR REMOVAL Place St. Johns Date 6-24 193 8
19. UNDERTAKER Pekrenker & McCann (Address)
20. FILED 6-21 193 8 R Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 21 1938
22 I HEREBY CERTIFY, That I attended deceased from 1936, 193~~8~~, to June 21, 1938
I last saw h~~e~~r alive on June 21 193 8: death is said to have occurred on the date stated above, at 1 30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1937

Other **contributory causes** of importance:
Bronchopneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold W Stoll, M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109646

JUL 7 - 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 183

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vern Roscoe Harris

(a) Residence No. 405 South 11th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie Russel Harris

6. DATE OF BIRTH (month, day, and year) 7-4-1898

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	39	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glenns Ferry
(State or country) Idaho

FATHER

13. NAME Thomas J. Harris

14. BIRTHPLACE (city or town)
(State or country) California

MOTHER

15. MAIDEN NAME Nellie Mae Hayward

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Roy Harris
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place [redacted] Morris Hill Date 6-25-, 1938

19. UNDERTAKER William McPratney
(Address) Boise, Idaho

20. FILED 6-25, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-22 1938

22 I HEREBY CERTIFY, That I attended deceased from April, 1936, to 6-22, 1938
I last saw h[redacted] alive on 6-21 1938: death is said to have occurred on the date stated above, at 5:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. B. Sumner, M. D.
(Address) Baine Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Provisional

DO NOT WRITE IN THIS SPACE
State File No. 109647

JUL 7 - 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 184

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Niels. C. Hanson.

(a) Residence No. Overland Hotel. St.
(Usual place of abode)
Length of residence in city or town where death occurred 18 years. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1864.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denmark.
(State or country)

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) Denmark.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Denmark.
(State or country)

17. INFORMANT Mrs. Irene Harker.
(Address) Shelley, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Shelley, Idaho. Date June. 29 1938

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-27 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/26 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 26, 1938
I last saw him alive on June 26 1938: death is said to have occurred on the date stated above, at 11 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/27/38
Other **contributory causes** of importance:	
Arteriosclerotic Heart Disease	?

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Boise, Idaho

Abroad

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109648

JUL 7 - 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 186

(No. St Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME James Lincoln Myers.

(a) Residence No. Grimes Pass, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 17. 1866.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	4	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Street
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Motorman.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois.
(State or country)

FATHER

13. NAME James Myers.

14. BIRTHPLACE (city or town) Kentucky.
(State or country)

MOTHER

15. MAIDEN NAME Anna Gentry.

16. BIRTHPLACE (city or town) Virginia.
(State or country)

17. INFORMANT John. A. Myers.
(Address) Grimes Pass, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Monnis Hill Cemetery. June. 30 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-28., 1938. E. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6 27 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/26, 1938, to 6/27, 1938

I last saw h— alive on 6/27 1938: death is said to have occurred on the date stated above, at 9½ a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
acute dilatation of heart	

Other **contributory causes** of importance:

Diabetes mellitus	?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Alcock, M. D.

(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109649

JUL 7 - 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 185

(No. Salvation Army Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

15 1C

2. FULL NAME David Lawrence Jones

(a) Residence No. 1617 North 24th Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-26-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

FATHER

13. NAME Leo Smith

14. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

MOTHER

15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (city or town) Ogden,
(State or country) Utah

17. INFORMANT Mrs. W. W. Jones
(Address) Emmett, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6-29-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 6-28 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-28 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to June 28, 1938

I last saw h alive on 6-28 1938: death is said to have occurred on the date stated above, at 4:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Heart Defect	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. W. Draper, M.D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109650

JUL 7 - 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 69

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James E. Miller

(a) Residence No. ... St. Lockridge, Iowa
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) April 13, 1919

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	19	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC Enrollee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME William Miller
14. BIRTHPLACE (city or town) Independence (State or country) Kansas

MOTHER
15. MAIDEN NAME Annie Long
16. BIRTHPLACE (city or town) Mammoth (State or country) Arkansas

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lockridge, Iowa Date 7-3-, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 6-30-, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-29 1938

22 I HEREBY CERTIFY, That I attended deceased from June 25, 1938, to June 29, 1938
I last saw him alive on June 29 1938: death is said to have occurred on the date stated above, at 10:30p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Appendicitis	6-24-38
Other **contributory causes** of importance:	
General Peritonitis with Toxemia	6-25-38

Name of operation Appendectomy Date of 6-25-38
What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. McClellan, M. D.
(Address) V.A., Boise, Idaho

AG

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109651

JUL 7 - 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 188

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Jean Maude Good

(a) Residence No. Route #1, Boise, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank J. Good

6. DATE OF BIRTH (month, day, and year) 6-26-1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marsing, (State or country) Idaho

FATHER

13. NAME Mark Price

14. BIRTHPLACE (city or town) Jamestown, (State or country) N. J.

MOTHER

15. MAIDEN NAME Nettie Hickey

16. BIRTHPLACE (city or town) Juneau, (State or country) Idaho

17. INFORMANT Frank J. Good
(Address) Route #1, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cemetery Caldwell, Ida. Date 7-1-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 6-30, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-29 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1937, to June 29, 1938

I last saw her alive on June 29 1938; death is said to have occurred on the date stated above, at 2:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	1936,
Other contributory causes of importance:	
Ureteral Obstruction	May 1938

Name of operation Radium Insertion Date of May 1938

What test confirmed diagnosis? Lab. Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Howard M. Chlamplin M. D.

(Address 411 Eastman Bldg Boise Idaho)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109652

Registration District No. 28

Primary Registration District No. 2804

Local Registrar's No. 68

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John R. Berry

(a) Residence No. ..... St. McCall, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mary L. Berry

6. DATE OF BIRTH (month, day, and year) Oct. 11, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	80	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME James Berry

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Adeline McMillan

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cascade, Idaho Date June 29, 1938

19. UNDERTAKER A. D. Robb
(Address) Cascade, Idaho

20. FILED 6-29, 1938 H. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-29-1938

22 I HEREBY CERTIFY, That I attended deceased from January 15, 1938 to June 29, 1938

I last saw him alive on June 29 1938: death is said to have occurred on the date stated above, at 5:20a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture, femur, right upper third	1-15-38
Other **contributory causes** of importance:	
Pneumonia, lobar, right middle and left upper	6-25-38

Name of operation --- Date of ---

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, ~~SUICIDE OR HOMICIDE~~? Yes Date of injury Jan. 15, 1938

Where did injury occur? McCall, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** industry

Manner of injury Slipped and fell, landing on right leg

Nature of injury Fracture, femur, right

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify as above

(Signed) J. H. McCLELLAN, M. D.

(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109654

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 110

(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wesley C. Davis

(a) Residence No. 605 North Harrison St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Mabel Aldous

6. DATE OF BIRTH (month, day, and year) Aug. 26, 1885.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Soda Springs, Idaho.

FATHER

13. NAME William Clark Davis
14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Eliza Packer
16. BIRTHPLACE (city or town) (State or country) Riverdale, Idaho.

17. INFORMANT Ralph E. Davis
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Richmond, Utah. Date May 31, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED May 31, 1938. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/26/38

22 I HEREBY CERTIFY, That I attended deceased from 5/9/, 1938, to 5/26, 1938.
I last saw h[illegible] alive on 5/26 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	5/9/38
Lobar	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Urquhart M. D.
(Address) Pocatello, Idaho.

PLACE OF DEATH
County of Bannock
City of Pocatello

JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109655

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 111

(No. 82a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Preston Ogden Isham

(a) Residence No. 107 North Hayes St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
~~(or WIFE of)~~ Emma Peterson

6. DATE OF BIRTH (month, day, and year) Oct. 21. 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ogden Isham
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Stoughton Date 6/6/38, 193

19. UNDERTAKER Arthur J. Hall
(Address) Pocatello Idaho

20. FILED 6-3, 193 8 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/2/38

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1938, to June 2, 1938
I last saw him alive on June 1 1938: death is said to have occurred on the date stated above, at 10:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	May 26 19 38

Other contributory causes of importance: Arteriosclerosis Chronic

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William J. Howard M. D.
(Address Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109656

JUL 5- 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 112

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Hatton

(a) Residence No. 711 N. Harrison St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Mar. 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	3	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancashire
(State or country) England

FATHER
13. NAME Thos. Hatton
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Mary Joynson
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs. James Ellis
(Address) 711 N. Arthur

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date June 5, 193 8

19. UNDERTAKER Edwards Funeral Home
(Address) Pocatello Idaho

20. FILED 6-4, 193 8 DC Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 3 193 8

22 I HEREBY CERTIFY, That I attended deceased from May 7, 193 8, to to June 3, 193 8
I last saw h[illegible] alive on 6/3/ 193 8: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene, foot	
+ arteriosclerosis	

Other contributory causes of importance:

Cerebral Embolism, terminal	

Name of operation amputation Date of 5/31/38
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. F. Call, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 5 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109657

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 117

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Bell Stewart

(a) Residence No. 264 Washington Avenue St., Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Aurelius T. Stewart

6. DATE OF BIRTH (month, day, and year) Jan. 25. 1880

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rock Island
(State or country) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Aurelius T. Stewart
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date 6/4/, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED June 4, 1938. D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/3/1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to June 3, 1938.
I last saw h[illegible] alive on [illegible], 1938.; death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus with metastasis	Sept 1937

Other contributory causes of importance:

Name of operation Hysterectomy Date of Sept 1, 1938
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. A. Rockett M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED
JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109658

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 118

(No. St. Anthoney Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME A. G. Killen

(a) Residence No. West Yellowstone, Montana St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14, 1919

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	18	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C C Company
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tullos
(State or country) Winn, Louisiana

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Fannie Killen

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Captain Guestring
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Georgetown, La. Date June 8, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 6-6, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/4 1938

22 I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 4, 1938
I last saw h[illegible] alive on June 4 1938: death is said to have occurred on the date stated above, at 11:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic cerebro-Spinal meningitis (fulminating type)	June 1, 1938
Other contributory causes of importance:	
acute Meningococcemia.	

Name of operation ..... Date of .....
What test confirmed diagnosis? Spinal tap Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert L. Crismon M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109659

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 113

JUL 5 - 1938

(No. R.R. freight car U.P yards
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald Lewis

(a) Residence No. Farnam Nebraska St. Farnam Nebraska
(Usual place of abode) transient (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXX

6. DATE OF BIRTH (month, day, and year) July 1 1917

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	21	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student Nebraska State
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teachers College
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not Known
(State or country)

FATHER

13. NAME Earnest B. Lewis
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT John Parilek
(Address) Crete Nebraska

18. BURIAL, CREMATION OR REMOVAL
Place Gothenburg, Nebraska Date June 8, 1938.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello Idaho

20. FILED June 6, 1938. D. A. Rey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 4th 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed chest and abdomen, while asleep in U.P. freight car loaded with pipe while switching car in yards	
Other contributory causes of importance: (accidental)	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall Coroner
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109660

JUL 5 - 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 114

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Louis Caffar

(a) Residence No. 317 South Third Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Katherine Andrews

6. DATE OF BIRTH (month, day, and year) February 4, 1849.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89.	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France.

FATHER

13. NAME ✓ unknown

14. BIRTHPLACE (city or town) ✓ (State or country) unknown

MOTHER

15. MAIDEN NAME ✓ unknown

16. BIRTHPLACE (city or town) ✓ (State or country) unknown

17. INFORMANT Charles Caffar
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date June 7, 1938.

19. UNDERTAKER Arthur J. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED June 6, 1938. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 4, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1938, to June 4, 1938
I last saw him alive on June 1 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) E. B. Lamm M. D.
(Address Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED
JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109661

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 119

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

9562

2. FULL NAME Niels P. Nielsen

(a) Residence No. 205 North Ninth Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anina Winkler

6. DATE OF BIRTH (month, day, and year) January 21, 1872.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.) 1930. | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ringkjobing, (State or country) Denmark.

FATHER

13. NAME Gustave Nielsen

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Anna Marie Nielsen

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Mrs. J. Ralph Thomas
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date June 9, 1938.

19. UNDERTAKER Arthur J. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED June 6, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/5/1938

22 I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to June 5, 1938.
I last saw h alive on June 4 1938.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	unknown

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. N. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109662

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 115
(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 46

2. FULL NAME Robert Henry Walters

(a) Residence No. (Usual place of abode) Rt 2 St. Blackfoot, Ida.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ambro Nettie Howick Walters

6. DATE OF BIRTH (month, day, and year): Oct 2 1876

7. AGE: Years 61 | Months 7 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West Jordan Utah.

FATHER

13. NAME: Robert Walters
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Emily Bateman
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs J. A. Clough Pingree, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Lomas-Rurnell Date June 7, 1938

19. UNDERTAKER (Address): J. C. Lindberg Blackfoot Idaho

20. FILED 6-6, 1938 D. L. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): June 5 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-26, 1938, to 6-5, 1938, last saw h alive on 6/4 1938: death is said to have occurred on the date stated above, at 12:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (Cancer)	

Other **contributory causes** of importance:

Name of operation: Gastro-jejunostomy Date of: 5/26/38
What test confirmed diagnosis: Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, Specify
(Signed) E. E. Clarke, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109663

JUL 5 - 1938

Registration District No. 38
Primary Registration District No. 2161
Local Registrar's No. 116
(No. St. Anthony)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Adna D. Gerard

(a) Residence No. Darlington Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer-Real Estate Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 3 years
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Harrison, Ohio Hamilton Co.

FATHER

13. NAME Stephen S. Gerard
14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME Lydia H. Snow
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) [illegible] C.S. Gerard-3712 College Kansas City, Mo.

18. BURIAL, CREMATION OR REMOVAL Place Darlington Date 6-6, 1938

19. UNDERTAKER (Address) H. Sandberg Blackfoot Ida

20. FILED 6-7, 1938 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-6 1938

22 I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to June 6, 1938
I last saw him alive on June 6 1938: death is said to have occurred on the date stated above, at 11:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Lobar Pneumonia	June 2. 1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. M. Newton, M. D.
(Address) Pocatello, Ida

...RD. Every item of ...ated EXACTLY. PHYSICIANS should state ...e properly classified. Exact statement of OCCUPA... ...see instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 116

Copy

JUL 20 1938

(No. St Anthony Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Asher D Gerard

(a) Residence No. Darlington Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 12, 1859

7. AGE — Years: 78 | Months: 8 | Days: 6 | If LESS than 1 day ..... hrs or ..... min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: about 40 years

12. BIRTHPLACE (city or town) Harrison
(State or country) Hamilton Co. Ohio

FATHER

13. NAME Stephen S. Gerard

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Lydia H Snow

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT L. S. Gerard
(Address) 3712 College Avenue Ogden Utah

18. BURIAL, CREMATION, OR REMOVAL
Place Darlington Idaho Date June 10, 1938

19. UNDERTAKER J. C. Sandberg
(Address) Blackfoot Idaho

20. FILED June 10, 1938 D. E. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to June 6 1938
I last saw him alive on June 6 1938; death is said to have occurred on the date stated above, at 11:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) A. Thos. Peterson, M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109664

JUL 5 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 121
(No. Lynn Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1078

2. FULL NAME Clarence Walter Lawrence

(a) Residence No. 560 W. Fremont St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosie

6. DATE OF BIRTH (month, day, and year) June 11 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bus. mgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lynn Hosp.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 22 yrs.

12. BIRTHPLACE (city or town) Erie
(State or country) Penn.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Rosie Lawrence
(Address) 560 W. Fremont

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date June 11, 1938

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello

20. FILED 6-10, 1938 D. Healy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 9 1938

22 I HEREBY CERTIFY, That I attended deceased from June 8, 193 8, to June 9, 193 8
I last saw h alive on June 7 193 8: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No Examination

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Lynn, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED
JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109665

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 122
(No.) 5/c
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvin Sylvester McDaniel

(a) Residence No. Princess Apt. #102 St. Blackfoat Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, and year) Feb 25 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Alpine Utah

FATHER
13. NAME George W. McDaniels
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Mary Jane Taylor
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Alice M. Daniel
(Address) Blackfoat Idaho

18. BURIAL, CREMATION OR REMOVAL
Place American Fork Utah Date June 12 1938

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED 6-10, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 9 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to June 9, 1938
I last saw h alive on June 1 1938: death is said to have occurred on the date stated above, at 7 30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	about Jan 1, 1937
Other **contributory causes** of importance: Secondary Carcinoma of both lungs.	about Aug 1937

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193 —
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Dr Vore M.D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Grace, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109666

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 17

JUL 5 - 1938

(No.) 59

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Farrow Welch

(a) Residence. No. Lund, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Welch

6. DATE OF BIRTH (month, day, and year) Sept. 5th, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norfolk England
(State or country)

FATHER

13. NAME Samuel Farrow

14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME Maria Snelling

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT John Welch
(Address) Lund, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Thatcher, Ida. Date 6/16/38 193

19. UNDERTAKER C. D. Whitman
(Address) Soda Springs, Idaho.

20. FILED 6/14/38 1938 Mrs. G. G. Fitz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/13/1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10/ 37, 193..., to 6/13/1938, 193...

I last saw her alive on 6/13/38, 193...: death is said to have occurred on the date stated above, at 6/15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene	
Other contributory causes of importance: 0	

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Kackley Ellis Kackley M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109667

RECEIVED JUL 5 - 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 123
(No. General Delivery)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Jensen

(a) Residence No. (Usual place of abode) St. Montpelier, Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Van Orman Jensen
6. DATE OF BIRTH (month, day, and year): Not known
7. AGE: Years 59; Months Not known; Days Not known; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

FATHER
13. NAME: Christian Jensen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Lena - Not known
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT: Chas. Schmuelt (Address) Montpelier, Ida
18. BURIAL, CREMATION OR REMOVAL: Place Montpelier, Ida. Date June 17, 1938
19. UNDERTAKER: Williams Funeral Home (Address) Montpelier Idaho
20. FILED 6-14, 1938 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6-14 1938
22 I HEREBY CERTIFY, That I attended deceased from 6-14, 1938, to 6-14, 1938
I last saw him alive on 6-14 1938: death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6-12-38

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Griffiths M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 109668

County of Bannock
City of Pocatello

JUL 5 - 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 124

(No. Carlyle Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lawerence Dunn

(a) Residence No. Ogden Utah St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Mar 17 1856

7. AGE — Years: 82 — Months: 2 — Days: 27 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employ of Western Union
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Athens
(State or country) Ohio

FATHER

13. NAME: Michael Dunn
14. BIRTHPLACE (city or town)
(State or country): Ireland

MOTHER

15. MAIDEN NAME: Nora Higgens
16. BIRTHPLACE (city or town)
(State or country): Ireland

17. INFORMANT: Mrs. H. H. Hardy
(Address): Ogden, Utah

18. BURIAL, CREMATION OR REMOVAL
Place: Odgen, Utah Date: June 15, 1938.

19. UNDERTAKER: Arthur V. Hall
(Address): Pocatello, Idaho

20. FILED: June 15, 1938. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6/14/38

22 I HEREBY CERTIFY, That I attended deceased from June. 14., 1938, to June. 14., 1938
I last saw him alive on Dead, 6-14-38 death is said to have occurred on the date stated above, at 5/50. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion.	

Other contributory causes of importance:

Heart. (History.)	

Name of operation: None. Date of
What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury 1938
Where did injury occur? None.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No.
Manner of injury None.
Nature of injury None.

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) F. [illegible] M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

RECEIVED JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109669

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 126

(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

12/16

2. FULL NAME Coral Aleen Chase Humphreys

(a) Residence No. Lava Hot Springs, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 year yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter M. Humphreys

6. DATE OF BIRTH (month, day, and year) Jan. 17, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrisville
(State or country) Utah

FATHER

13. NAME Charles L. Chase

14. BIRTHPLACE (city or town) Harrisville
(State or country) Utah

MOTHER

15. MAIDEN NAME Jane Alice Dunn

16. BIRTHPLACE (city or town) Leni
(State or country) Utah

17. INFORMANT Walter M. Humphreys
(Address) Lava Hot Springs, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date June 18 1938

19. UNDERTAKER Arthur A. Hall
(Address) Pocatello, Idaho

20. FILED 6-20, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/14 1938

22 I HEREBY CERTIFY, That I attended deceased from June 9, 1938, to June 14, 1938.

I last saw h[illegible] alive on June 14 1938; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute dilatation	June 11, 1938
Other contributory causes of importance:	

Name of operation Esophagostomy Date of 6/11/38.
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. N. Urquhart M. D.

(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

RECEIVED JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109670

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 125

(No. General Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy Marie Johnson

(a) Residence No. ..... St. Stillwater Minn

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clarence

6. DATE OF BIRTH (month, day, and year) Apr. 28, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Peoria
(State or country) Illinois

FATHER

13. NAME Jesse Hiram James

14. BIRTHPLACE (city or town) .....
(State or country) Mo.

MOTHER

15. MAIDEN NAME Alice May James

16. BIRTHPLACE (city or town) .....
(State or country) Mo

17. INFORMANT Clarence W. Johnson
(Address) Stillwater Minn

18. BURIAL, CREMATION OR REMOVAL
Place Stillwater Minn Date June, 1938

19. UNDERTAKER Benson Funeral Home
(Address) Malad Idaho

20. FILED 6-16, 1938 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 15 1938

22 I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to June 15, 1938

I last saw h[illegible] alive on 6/6 1938: death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cerebral Thrombosis	
Uremia	
Operation	
Other contributory causes of importance:	
Incomplete bowel obstruction	

Name of operation None Date of 6/7/38

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? N Date of injury ....., 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. Cael, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109671

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 127

JUL 5 - 1938

(No. 711 South 4th Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry E. Reddish

(a) Residence No. 711 South 4th Avenue Pocatello St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Husband of Lillie May Edmonds

6. DATE OF BIRTH (month, day, and year): April 26, 1876

7. AGE: Years 62 | Months 1 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employed at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Coal Co.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nattinghamshire
(State or country) England

FATHER
13. NAME Henry Reddish
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Eliza Hurst
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Lillie May Reddish
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date June 19, 1938

19. UNDERTAKER Arthur J. Hall
(Address) Pocatello, Idaho

20. FILED 6-20, 1938 D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/16 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/15, 1938, to 6/16, 1938
I last saw h.. alive on 6/15, 1938, death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury -, 1938
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place -
Manner of injury -
Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. Hall, M. D.
(Address) Pocatello Ida

AMENDED Sept. 7, 1949

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 109672
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. Temple Hotel
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed ____ days
(g) Lived in this county 5 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. Temple Hotel
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Charles Butler Curtis

3. (b) If veteran, name war World War I
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Hansen Curtis
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) Sept. 24 1887

8. AGE	Years	Months	Days	If less than 1 day
	50	8	23	hrs ____ min.

9. Exact Occupation Painter — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace McHenry, Illinois (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Effie Hansen Curtis
and Address Effie Hansen Curtis Central Hotel, Logan, Utah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1938 (Month) (Day) (Year)
(c) Place: Mountainview, Pocatello, Idaho
18. Funeral Director's **OWN** Signature Arthur M. Hall
and Address Pocatello, Idaho
19. (a) July 7 1949 (Date received and filed) (b) Jessie L. Powell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17 1938
at 8:30 P.M. o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 16 1938, to June 17 1938
I last saw him alive on June 17 1938; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Concussion of brain	
Crushed chest, ruptured liver	
Due to accidental fall from scaffold	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation no Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred June 16 1938 City, county, state where violence occurred Pocatello, Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Painting, Hart Bakery While at work?
Means of injury fall from scaffold, head injury

23. Attendant's **OWN** Signature C. L. Swanson M.D.
(M. D. or other)
and Address Pocatello, Idaho Date July 10 1949
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109672

JUL 5 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 128

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1860

2. FULL NAME Charles Butler Curtis

(a) Residence No. Temple Hotel Pocatello, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Effie Hansen

6. DATE OF BIRTH (month, day, and year) Sept. 24, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McHenry, Illinois
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Effie Hansen
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date 6/19, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 6-20, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/17 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-16-, 193 8, to 6/17, 193 8
I last saw h[illegible] alive on 6/17 193 8: death is said to have occurred on the date stated above, at 8 [illegible] m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gangrene of Bowel Ruptured Bowel Ruptured Liver	

Other **contributory causes** of importance: Accidental Fall from Horse

Name of operation [illegible] Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 6/16/38
193
Where did injury occur? Pocatello Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Painting Hat Bakery
Manner of injury Fall from scaffold
Nature of injury Head Injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. E. Lamm M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of [illegible]

City of [illegible]

JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109673

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 129

(No. 615 North Harrison)

(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Emily Ellen Jenkins Girrard

(a) Residence No. 615 North Harrison Pocatello, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Girrard

6. DATE OF BIRTH (month, day, and year) Jan 1, 1865

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME Thomas Jenkins

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Martha Mathews

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Lyman Girrard
(Address) McCammon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date 6/21, 1938

19. UNDERTAKER
(Address)

20. FILED 6-20, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/18 1938

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1938 to June 18, 1938
I last saw her alive on June 18 1938; death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Chronic
Other **contributory causes** of importance:	
Cerebral Stasm	Feb 1

Name of operation ✓, Date of ✓

What test confirmed diagnosis? Clinical History, Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193...

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓

Manner of injury ✓

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William T Howard M. D.

(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109674

JUL 5 - 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 130
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel Drury Stone

(a) Residence No. 110 Coo del Rio St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
WIFE of Bernice Olone

6. DATE OF BIRTH (month, day and year): Dec 25, 1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mgr. S. L.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hardware Co.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kalamazoo Michigan

FATHER
13. NAME: David Oren Stone
14. BIRTHPLACE (city or town) (State or country): Michigan

MOTHER
15. MAIDEN NAME: Isabell Merritt
16. BIRTHPLACE (city or town) (State or country): Michigan

17. INFORMANT: Bernice Stone (Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake Date June 22 193 8

19. UNDERTAKER: A. L. McClain (Address) Pocatello Idaho

20. FILED June 21, 193 8 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (Month, day and year) June 19 193 8

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938, to June 19, 1938
I last saw him alive on 6/19 1938: death is said to have occurred on the date stated above, at 10:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy -	
Other contributory causes of importance:	
hypertension	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. H. Jones M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109675

JUL 5 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 132
(No. St. Anthony Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

181

2. FULL NAME Mrs. Marie Bosa

(a) Residence No. 435 E. Lewis St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Abele

6. DATE OF BIRTH (month, day, and year) Dec. 7, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Barthomer Bondchino
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Antonia Barri
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Abele Bosa
(Address) 435 E. Lewis

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date June 25 193 8

19. UNDERTAKER Downalds Funeral Home
(Address) Pocatello Idaho

20. FILED 6-24 193 8 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 24 1938

22 I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 24, 1938
I last saw her alive on June 24, 1938: death is said to have occurred on the date stated above, at 2:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second Degree Burn on back	May 22, 1938
Other contributory causes of importance:	
Myocardial Degeneration	June 8, 1938
Broncho-pneumonia	June 20, 1938

Name of operation none Date of
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury ....., 193.....
Where did injury occur? Pocatello, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Burned a electric heating Pad
Nature of injury 2nd degree burn

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Ben C Eisenberg, M. D.
(Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109676

JUL 5 - 1938
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 133

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Hopewell Wright

(a) Residence No. 1020 East Lander St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of William Wright

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1858.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
79	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nottingham,
(State or country) England.

FATHER

13. NAME Joseph Hopewell

14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME Ruth Jewitt

16. BIRTHPLACE (city or town)
(State or country) England.

17. INFORMANT Alfred E. Wright
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date June 28, 1938.

19. UNDERTAKER Arthur J. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED June 28, 1938. D. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/25/1938.

22 I HEREBY CERTIFY, That I attended deceased from May, 1938, to June 26, 1938
I last saw her alive on May 1938; death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Carcinoma	
2 Uremia	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 1938
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. F. Call M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of ..... RECEIVED

City of Grace JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109677

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Christina Peterson Corbett

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of William Corbett

6. DATE OF BIRTH (month, day, and year) April 26, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond
(State or country) Utah

FATHER

13. NAME Hans Peterson

14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER

15. MAIDEN NAME Christina Bergeson

16. BIRTHPLACE (city or town) .....
(State or country) Denmark

17. INFORMENT William Corbett
(Address) Grace, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Smithfield, Idaho Date Jun 28, 1938

19. UNDERTAKER H.O. Lindquist
(Address) Logan Utah

20. FILED June 27, 1938 Mrs. G. G. Fet
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 193...

I last saw h ....alive on ....., 193....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Was called to see her 6/25/38,	
she was dead when I arrive d,	
Death was sudden do not know the	
actual cause of death.	

Other contributory causes of importance:

0

Name of operation 0 Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify No

(Signed) Ellis Kackley M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10967

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 134

JUL 5 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Henry Deim

(a) Residence No. 735 W. Lubbett St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Apr. 1, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beaver Co.
(State or country) Penn.

MOTHER FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) "
(State or country)
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT W. E. Jones
(Address) 335 E. Johnson

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date June 28, 1938

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello Idaho

20. FILED June 27, 1938 D. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 26 1938

22 I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to June 26, 1938
I last saw h. alive on June 25 1938: death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic prostatitis & infection of bladder. Chronic cystitis. Myocarditis.	
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. M. Newton, M. D.
(Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109679

JUL 5 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 137

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William J. Thompson

(a) Residence No. 218 S. Johnson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth R. Thompson

6. DATE OF BIRTH (month, day, and year) April 22, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER
13. NAME William J. Thompson
14. BIRTHPLACE (city or town) Unknown (State or country) Iowa

MOTHER
15. MAIDEN NAME Lizie Newkirk
16. BIRTHPLACE (city or town) Unknown (State or country) Iowa

17. INFORMANT Elizabeth R. Thompson (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date , 193

19. UNDERTAKER McCullough Mortuary (Address) Burley Idaho

20. FILED July 5, 1938 Burley Idaho Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 30 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wound in head. (Suicidal)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state).
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur J. Hall Coroner
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109680

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 7

JUL 11 1938

(No Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Boam

(a) Residence No. Cambridge, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Eilleen Barley

6. DATE OF BIRTH (month, day, and year) Feb. 26. 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	3	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER
13. NAME Thomas Boam,
14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER
15. MAIDEN NAME Mary Miller
16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Eilleen Boam
(Address) Cambridge, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Downey. Date 6/10, 1938

19. UNDERTAKER Arthur J. Hall
(Address) Pocatello, Idaho

20. FILED 6/8/38, 1938 Mary E. Coffin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to June 7, 1938
I last saw h.~~i~~m alive on June 6 1938: death is said to have occurred on the date stated above, at 330A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 12, 1938
Other contributory causes of importance:	
Partial Heart Block	Jan 12, 1938

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl Ashcraft M. D.
(Address) Downey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109681

JUL 8 = 152

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 15 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gary Austin Kimball

(a) Residence No. ..... St. Garden City, Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 14, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho.

FATHER

13. NAME Leslie C. Kimball,
14. BIRTHPLACE (city or town) Garden City,
(State or country) Utah

MOTHER

15. MAIDEN NAME Ruth Austin
16. BIRTHPLACE (city or town) Liberty,
(State or country) Idaho.

17. INFORMANT Leslie C. Kimball,
(Address) Garden, City, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Garden City Utah Date June 17, 1938

19. UNDERTAKER F. M. Williams
(Address) Montpelier Ida.

20. FILED June 15, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 16 1938

22 I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 16, 1938
I last saw him alive on June 15, 1938: death is said to have occurred on the date stated above, at 8.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Infant Foreman Ovale.	
Other **contributory causes** of importance:	

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy? Hemorrhage Prematurity Congenital Malformation Asphyxia

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Grace Hughes, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109682

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 31
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delia Ann Gilman
(a) Residence No. Eight St., Carroll Lights St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Perry Gilman

6. DATE OF BIRTH (month, day, and year) Aug. 18, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	9	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 6/37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandusky (State or country) Ohio

FATHER
13. NAME Ludwig Becker
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. S. Gilman
(Address) St. Maries, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~, St. Maries
Place Woodlawn Date 6/19, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED July 9, 1938 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 16, 1938
I last saw her alive on June 15 1938: death is said to have occurred on the date stated above, at 2:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
General Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? No injury
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. D. Heath, M. D.
(Address) St Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109683

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 32

48

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Bernadine Caswell

(a) Residence. No. 220 - 5th St. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Vance Caswell

6. DATE OF BIRTH (month, day, and year): July 23 - 1905

7. AGE: Years 32 | Months 11 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Home

10. Date deceased last worked at this occupation (mo. and yr.): July 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). (State or country): Spokane Wash

FATHER

13. NAME: Edwin S. Tobin

14. BIRTHPLACE (city or town). (State or country): Hartford Conn.

MOTHER

15. MAIDEN NAME: Maude Justice

16. BIRTHPLACE (city or town): Corvallis (State or country): Oregon

17. INFORMANT: W. V. Caswell (Address): St. Maries

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place: Coeur d'Alene Ida. Date: July 2, 1938

19. UNDERTAKER: STAPISH FUNERAL HOME (Address): ST. MARIES IDAHO

20. FILED: July 9, 1938 S. Walter Coberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 23rd, 1937, to June 29th, 1938.

I last saw her alive on June 29th 1938; death is said to have occurred on the date stated above, at 6:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus (Beginning in cervix)	1936

Other **contributory causes** of importance:

Name of operation: None Date of: ....

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? Home injury
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Robins M. D.

(Address) St. Maries, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109684

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 34

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Elene Kamp

(a) Residence. No. Farm near Harrison Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 19- 1928

7. AGE: Years 10 | Months 3 | Days 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: schoolgirl
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: School
10. Date deceased last worked at this occupation (mo. and yr.): May 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harden Mont.

FATHER

13. NAME: Arie B. Kamp
14. BIRTHPLACE (city or town) (State or country): Billings Mont.

MOTHER

15. MAIDEN NAME: Louise E. Mayer
16. BIRTHPLACE (city or town) (State or country): La Crosse Wisc.

17. INFORMANT (Address): A. B. Kamp Harrison Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place St. Maries Date July 3 1938

19. UNDERTAKER (Address): Hepish Funeral Home St. Maries Ida.

20. FILED July 9, 1938 E. Walter Coberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/30 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/30, 193.8., to 6/30, 193.8.
I last saw h.r alive on 6/30., 193.8.: death is said to have occurred on the date stated above, at 9 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a.	
Pulmonary embolism	June 30

Other **contributory causes** of importance:

Acute suppuration appendicitis	June 24

Name of operation: Appendectomy Date of: 6/30-38

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) H. E. Cranwell M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109685

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 33

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Necia Ann Krebs

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29, 1938

7. AGE Years	Months	Days	If LESS than 1 day 21 hrs. 50 min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

FATHER

13. NAME Roy Krebs
14. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

MOTHER

15. MAIDEN NAME Eleanor Meikle
16. BIRTHPLACE (city or town) Harrison
(State or country) Idaho

17. INFORMANT Roy Krebs
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 7/1, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED July 9, 1938 Walter D. Berg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 29th, 1938, to June 30th, 1938
I last saw her alive on June 30th 1938: death is said to have occurred on the date stated above, at 5:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	
Toxemia of pregnancy in mother	May 1938

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 1938
Where did injury occur? no injury
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. A. Robins M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109686

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 9

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nelson Racehorse

(a) Residence No. Fort Hall Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 32-I0-20 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Ban. 4/4	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maud Pocatello

6. DATE OF BIRTH (month, day, and year) Juli, I906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	I0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Oct. I937
11. Total time (years) spent in this occupation I0

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME John Racehorse
14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME Hubenish
16. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

17. INFORMANT Mrs. Nelson Racehorse
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Fort Hall Idaho Date - - - -, 193

19. UNDERTAKER None
(Address)

20. FILED July 3, 193 8 Wm Nelson E Fabrie
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-3I 193 8

22 I HEREBY CERTIFY, That I attended deceased from Apr. 26, 193 8, to May 3I, 193 8
I last saw him alive on May 30 193 8; death is said to have occurred on the date stated above, at Unknown m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis - advanced	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Norman Fisherger M. D.
(Address) Fort Hall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot R. 3,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10965

Registration District No. 121
Primary Registration District No. 214
Local Registrar's No. 81
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 6 1938

2. FULL NAME Vane William Sunby

(a) Residence No. 770 E Judicial St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Bonnie Parrish Sunby

6. DATE OF BIRTH (month, day, and year): Dec. 20, 1915

7. AGE: Years 22 | Months 5 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Texas Co. Missouri

FATHER
13. NAME: Charles Samuel Sunby

14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER
15. MAIDEN NAME: Abgail Dodson
16. BIRTHPLACE (city or town) (State or country): Jefferson City Missouri

17. INFORMANT (Address): Bonnie P. Sunby Blackfoot Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Riverview Falls Date: January 5, 1938

19. UNDERTAKER (Address): J. C. Sandley Blackfoot Ida.

20. FILED: June 2, 1938 Mrs Nadeen Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): June 2 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 6:57 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broken Back Fractured 3rd Vertebrae	cervical
Ruptured abdominal wall Disembowlment. Ruptured	and liver.
Other **contributory causes** of importance:	
Laceration on back of head.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? Wapello crossing Ro. north of Blackfoot (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Auto struck by train.
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Sandley Coroner M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH (Supplementary Report)

County of .....

City of .....

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. .....

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. 81

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vare William Surby

(a) Residence No. 770 E. Judicial St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 20. 1915

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	22	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Texas Co.
(State or country) Missouri

FATHER

13. NAME Charles Samuel Surby

14. BIRTHPLACE (city or town) .....
(State or country) Kansas

MOTHER

15. MAIDEN NAME Abgail Hodson

16. BIRTHPLACE (city or town) Jefferson City
(State or country) Missouri

17. INFORMANT Bonnie P. Surby
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
American Falls, Date June 5, 1938

19. UNDERTAKER J. C. Salisbury
(Address) Blackfoot, Ida.

20. FILED June 4, 1938 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
Other **contributory causes** of importance:	.....
.....	.....
.....	.....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109688

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 79
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 6 1938

2. FULL NAME Thomas Frank Palmer
(a) Residence No. 610 E. Court St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ~~Single~~
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 22, 1918
7. AGE: Years: 20 | Months: 1 | Days: 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Blackfoot, (State or country) Idaho

FATHER
13. NAME Frank Palmer
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Jannie Fisher
16. BIRTHPLACE (city or town) (State or country) No. Carolina

17. INFORMANT Frank Palmer
(Address) Blackfoot Idaho
18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot Date June 5, 1938
19. UNDERTAKER J. C. Sandberg
(Address) Blackfoot
20. FILED June 7 1938 W. M. Wales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) June 2 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 6:51 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Internal injuries, multiple lacerations of face	
Ruptured abdominal organs.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? Rail Road Crossing at Wapello (Specify whether in or about house, factory, street, farm, or office building, etc.)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Auto struck by train
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Sandberg Coroner M. D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109689

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 80
JUN 6 1938
(No. 2049)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Palmer

(a) Residence No. 614 E. Court St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): August 3, 1920

7. AGE: Years 17 | Months 9 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER
13. NAME Frank Palmer
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Jannie Fisher
16. BIRTHPLACE (city or town) No. Carolina
(State or country)

17. INFORMANT Frank Palmer
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date June 6 1938

19. UNDERTAKER J. C. Handley
(Address) Blackfoot Idaho

20. FILED June 6 1938 Thos. Malone Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) June 3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 6:15 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Ruptured Abdominal Organs.	

Other contributory causes of importance:
Auto struck by train at crossing.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? Wapello crossing north of Blackfoot
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Auto struck by train.
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. C. Handley, Coroner M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109690

JUN 6 1938

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 82
(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Fuckleton

(a) Residence No. 617 E Court St
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 28, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot, Idaho
(State or country)

FATHER
13. NAME Lorar Fuckleton
14. BIRTHPLACE (city or town) Sterling Utah
(State or country)

MOTHER
15. MAIDEN NAME Bessie A. Clark
16. BIRTHPLACE (city or town) Rapid City So. Dak.
(State or country)

17. INFORMANT Lyle Fuckleton
(Address) Blackfoot, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date June 5, 1938

19. UNDERTAKER J. C. Sandberg
(Address) Blackfoot Idaho

20. FILED June 2, 1938 Mrs. Hallie E. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 3 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 3, 1938
I last saw him alive on June 3 1938: death is said to have occurred on the date stated above, at 4:40 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal fracture - occipital,	
Fracture right femur	Mid 3rd
Fracture humerus R.	Mid 3rd.
Other **contributory causes** of importance:	
Crushed chest etc	

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? Mapello Canning
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Train Struck car
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. D. Hampton M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109691

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 83

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E. Parker

(a) Residence No. 124 N. Maple St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wiley N. Parker

6. DATE OF BIRTH (month, day, and year) Oct 23, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah.

FATHER
13. NAME Simeon E Peabody
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Francis Clark
16. BIRTHPLACE (city or town) (State or country) Malad Idaho.

17. INFORMANT Isaac Peabody (Address) Malad, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot Ida. Date June 5, 1938

19. UNDERTAKER J. C. Standing (Address) Blackfoot Ida.

20. FILED June 8, 1938 Mrs. Pauline Farrell Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 3 1938

22 I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to June 3, 1938
I last saw her alive on June 2, 1938: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 25, 1938
Other **contributory causes** of importance:	
Hypertension	Indefinite
Arteriosclerosis	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. H. Beck M.D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109692

Registration District No. 116

Primary Registration District No. 2195 Local Registrar's No. 8

JUL 11 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Lucille Pierce

(a) Residence. No. St. Aberdeen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Feb. 25, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (mo. and yr.) --

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Aberdeen, Idaho
(State or country)

FATHER

13. NAME Ralph T Pierce

14. BIRTHPLACE (city or town) Salem, Utah
(State or country)

MOTHER

15. MAIDEN NAME Grace Eleanor Carr

16. BIRTHPLACE (city or town) Manleton, Utah
(State or country)

17. INFORMANT Ralph T Pierce
(Address) Aberdeen, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Idaho Date June 7, 1938

19. UNDERTAKER Friends
(Address) Aberdeen, Idaho

20. FILED June 8, 1938 M. C. McKinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at Between 2 to 4:00 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural but undetermined causes.	

Other contributory causes of importance:

Found dead in bed in a 2 hours after having been there.	placed

Name of operation None Date of

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. C. McKinnon, M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109693

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 84

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

53

2. FULL NAME Katherine Newman

(a) Residence No. ..... St. Arco, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 1 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Tom Newman

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Nels L. Lund

14. BIRTHPLACE (city or town) (State or country) No data

MOTHER

15. MAIDEN NAME Katherine Christensen

16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Records State Hospital South
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Arco Date 6/13, 1938

19. UNDERTAKER W. F. Maxwell
(Address) Arco Idaho

20. FILED June 6, 1938 Mrs. Barbara E. Hamill
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/10 1938

22 I HEREBY CERTIFY, That I attended deceased from June 3, 1938, to June 10, 1938

I last saw her alive on June 9 1938: death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Intra Thoracic glands	Indefinite

Other contributory causes of importance:

Carcinoma of left breast	Unknown

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938.....

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury none

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W W Beck, M. D.

(Address Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARG. ...VED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Firth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D JUL 6 - 1938

Registration District No. 121
Primary Registration District No. 2191

DO NOT WRITE IN THIS SPACE
State File No. 109694

Local Registrar's No. 85

94 45

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Smith Hutchinson

(a) Residence No. Firth Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

51

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ellen Louise Hutchinson

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business Man

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Randolph
(State or country) Utah

FATHER

13. NAME Jacob Hutchinson

14. BIRTHPLACE (city or town) Ill
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Dickey
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Basalt Ida. Date 6-17-, 1938

19. UNDERTAKER L. Hunsaker Sons
(Address) Shelley Idaho

20. FILED 6-18, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/13/1938

22 I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to death 6-13, 1938.

I last saw him alive on 6-13 1938: death is said to have occurred on the date stated above, at 11.15 PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	?
Particularly	
Coronary Sclerosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Cutler, M. D.
(Address Box 66 Shelley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 11 1938

DO NOT WRITE IN THIS SPACE
State File No. 10695

Registration District No. 116
Primary Registration District No. 2195 Local Registrar's No. 9

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loren E. Whitehouse

(a) Residence No. Turner, Michigan St. Aberdeen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Renchart

6. DATE OF BIRTH (month, day, and year) Sept 27 1881

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About	56	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter +
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paperhanger
10. Date deceased last worked at this occupation (mo. and yr.) June 14, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Escanaba,
(State or country) Michigan

MOTHER FATHER

13. NAME William Samson Whitehouse
14. BIRTHPLACE (city or town) Dover,
(State or country) New Hampshire
15. MAIDEN NAME Alia Allgen
16. BIRTHPLACE (city or town) Escanaba
(State or country) Mich

17. INFORMANT Mrs. Will Turner
(Address) ~~Industrial Accident Board~~ ~~State of Montana, Helena, Mont.~~ Turner, Mich.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date June 25, 1938

19. UNDERTAKER J. C. Handley
(Address) Blackfoot, Idaho.

20. FILED June 24, 1938 Mahonk Kinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 15 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 4:25 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
No Doctor in attendance	
Probable Heart Disease.	

Other **contributory causes** of importance:

-over-

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Handley Coroner
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Copy JUL 7 1938

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No.

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loren E. Whitehouse

(a) Residence No. Home town Turner Michigan St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): ~~Deceased~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Rose Pinchart

6. DATE OF BIRTH (month, day, and year): Sept 27, 1881

7. AGE: Years 56 | Months 8 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger + Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.): June 17, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Escanaba Mich.

FATHER

13. NAME: ~~William Edward~~ Williams Sayer Whitehouse

14. BIRTHPLACE (city or town) (State or country): Hoover ~~Escanaba~~ New Hampshire

MOTHER

15. MAIDEN NAME: Celia Alger

16. BIRTHPLACE (city or town) (State or country): Escanaba Mich

17. INFORMANT (Address): Mrs. Will Vance Turner Mich.

18. BURIAL, CREMATION, OR REMOVAL Place: Blackfoot Ida. Date: June 25 1938

19. UNDERTAKER (Address): John C. Sandhey Blackfoot.

20. FILED ....., 193..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): June 25 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4:25 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probable Heart Disease	
No physician in Attendance	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. C. Sandhey Coroner, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 6 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109697

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 87

(No. Bingham County Hosp. Residence.) 87
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clyde Davis Currie

(a) Residence No. Squirrel, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	no data.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of No data.

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) No data
(State or country)

FATHER
13. NAME No data
14. BIRTHPLACE (city or town)
(State or country) no Data.

MOTHER
15. MAIDEN NAME no Data.
16. BIRTHPLACE (city or town)
(State or country) no Data.

17. INFORMANT Soc. Sec. Card #519-05-1682
(Address) Blackfoot. Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Blf't. Ida. Date June 18, 193 8

19. UNDERTAKER
(Address) Blackfoot, Idaho.

20. FILED June 17, 193 8 Mrs Nelson E Latimer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 17 193 8

22 I HEREBY CERTIFY, That I attended deceased from 6-10, 193 8, to 6-16, 193 8
I last saw h— alive on 6-16 193 8: death is said to have occurred on the date stated above, at 1:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-10-38
Other contributory causes of importance:	
Hypertension	unknown

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Humphrey M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 6 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109698

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henrietta Melissa Bills

(a) Residence No. S. University St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William A. Bills

6. DATE OF BIRTH (month) September (day) 30 (year) 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mc Henry
(State or country) Illinois

FATHER
13. NAME Philip Nell
14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER
15. MAIDEN NAME Clara R Rookus
16. BIRTHPLACE (city or town) Mc Henry Co.
(State or country) Illinois.

17. INFORMANT W.C. Bills
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Blackfoot Date June 21, 1938

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot, Idaho

20. FILED June 20 1938 E. M. Hale Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) June (day) 19 (year) 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.7., to May 31, 193.8
I last saw her alive on May 31 193.8: death is said to have occurred on the date stated above, at 4:30a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1936.
Other **contributory causes** of importance: Metastatic Ca. of Liver	About July 1937.

Name of operation None Date of —
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W W Beer per H. M. Beer M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109699

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 95

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clyde Seaman

(a) Residence No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, and year) March 5, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME Gordon Seaman
14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME Marie Holbrook
16. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Fort Hall Idaho Date - - - , 193

19. UNDERTAKER None
(Address)

20. FILED July 5, 1938 Mrs Nellie E. Price
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-21 1938

22 I HEREBY CERTIFY, That I attended deceased from Unattended, 193, to , 193
I last saw h alive on 193; death is said to have occurred on the date stated above, at unknown m.

The **principal cause of death** and related causes of importance were as follows: — Date of onset

Unknown.

No attending physician.

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Herman W. Schaeffer, M. D.
(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109700

Registration District No. 121
Primary Registration District No. 2191
Local Registrar's No. 89

(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theodore Tyler Wilson

(a) Residence No. ..... St. Star, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) 11/24/59

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Edwin Wilson
14. BIRTHPLACE (city or town) (State or country) No data

MOTHER
15. MAIDEN NAME Jane Jefferies
16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Records, State Hospital South
(Address) Blackfoot, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Meridian Cem. Date 6-23, 1938

19. UNDERTAKER B W Robison
(Address)

20. FILED June 27, 1938 Mrs Valentine Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/22 1938

22 I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to June 22, 1938
I last saw him alive on June 21 1938: death is said to have occurred on the date stated above, at 1:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	June 9, 1938

Other **contributory causes** of importance:

Gen. arteriosclerosis	about 25 yr.
Senile psychosis	about 2 yr.

Name of operation None Date of —
What test confirmed diagnosis? —. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. W. Beck Jr., M. D.
(Address Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 6 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109701

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 250

(No. Bingham County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John J. Ellingsen

(a) Residence No. 225 So. Maple St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goodhas,
(State or country) Minn.

FATHER
13. NAME John Ellingsen
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER
15. MAIDEN NAME Engebor Lue
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Mrs Arthur Flom
(Address) 3312 - 18 Ave. So. Minneapolis Minn

18. BURIAL, CREMATION OR REMOVAL
Place Blf't. Ida. Date June 27, 1938

19. UNDERTAKER E J Peck
(Address) Blackfoot, Ida.

20. FILED June 27, 1938 Mrs Hazel E Palmer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 24 1938

22 I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to June 24, 1938
I last saw him alive on June 23 1938; death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage ?	6 mo
stomach ?	
Other contributory causes of importance:	

Name of operation None Date
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Hamilton M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109702

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 91

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Paulson

(a) Residence No. 608 15th Ave North St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/-/72

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	2	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) (State or country) No data

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Records State Hospital South
(Address)

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Nampa Date Jun 30, 1938

19. UNDERTAKER E. S. Parker
(Address) Blackfoot, Idaho

20. FILED June 29 1938 Mrs. Hales E. Hurst
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/28 1938

22 I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to June 27, 1938

I last saw him alive on June 23 1938: death is said to have occurred on the date stated above, at 4/15 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	6 yrs.
Cerebral thrombosis	6 Days
Other **contributory causes** of importance:	
Intermittent bronchopneumonia	2 months

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. S. Parker M. D.

(Address Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Goshen

RECEIVED
JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109703

Registration District No. 121
Primary Registration District No. 21 9th
Local Registrar's No. 92
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

9

2. FULL NAME Harvey Lee McInelly

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 1 14

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of BABE

6. DATE OF BIRTH (month, day, and year) 5-15-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Goshen
(State or country) Idaho

FATHER

13. NAME Carldon J. McInelly
14. BIRTHPLACE (city or town) Escalante
(State or country) Utah

MOTHER

15. MAIDEN NAME Virginia Le Cheminant
16. BIRTHPLACE (city or town) Magna
(State or country) Utah

17. INFORMANT Carldon J. McInelly
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Goshen Date 7-1-, 1938

19. UNDERTAKER Empire
(Address) Shelley Idaho

20. FILED July 1, 1938 Mrs Hales E Hales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-29-38

22 I HEREBY CERTIFY, That I attended deceased from 6-24-, 1938, to 6-28-, 1938

I last saw h.m alive on 6-28-1938: death is said to have occurred on the date stated above, at 10:45A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Whooping Cough.	6-15-38

Other **contributory causes** of importance:
Mal nutrition from birth.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edwin Culp M. D.
(Address) Box 86 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109704

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 93

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number)

1860

2. FULL NAME William T. Ball

(a) Residence No. ..... St. Parma, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. 22 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) 2/--/62

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	4	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stockton Missouri

MOTHER FATHER

13. NAME No data

14. BIRTHPLACE (city or town) (State or country) No data

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Records, State Hospital South
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Parma, Idaho Date July 3-38 193

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED July 4, 1938 Mrs. Nadine E. Hearle
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/29 1938

22 I HEREBY CERTIFY, That I attended deceased ~~from~~ on June 29 193 8, ~~to~~ ....., 193 ~~-~~

I last saw him alive on June 29 193 8: death is said to have occurred on the date stated above, at 3:25p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull. Head injury Due to fall while in epileptic convulsion	10:30 A.M. June 1 38
Other contributory causes of importance:	
Chronic epilepsy. Senility	Life.

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide Acc. Date of injury June 29 193 8

Where did injury occur? home Blackfoot Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place State hospital Farm

Manner of injury Fall while in convulsion

Nature of injury Fractured skull

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. W. Case M. D.

(Address Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 14 1938

DO NOT WRITE IN THIS SPACE

State File No. 109705

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 27

1072

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Raymond Base

(a) Residence No. .... Rich field, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 15-1937

7. AGE — Years: 1 | Months: 5 1/2 | Days: | If LESS than 1 day ..... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rich field Idaho.

FATHER

13. NAME: John Base

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Bessie Kral

16. BIRTHPLACE (city or town) (State or country): Okla.

17. INFORMANT: John Base
(Address): Rich field Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date June 3, 1938

19. UNDERTAKER: Myrtle C. Merideth # E290
(Address) Shoshone Idaho

20. FILED 7-7, 1938 Albert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/1 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1938, to 6/1, 1938

I last saw h— alive on 6/1 1938: death is said to have occurred on the date stated above, at 1.3 P.M.

The **principal cause of death** and related causes of importance were as follows:

Emphysema — Date of onset Jan. 1938

Pancreatic Lung — "

Other **contributory causes** of importance:

Bronchopneumonia — Jan 1938

Name of operation Aspiration of Date of 5/22-38

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No so, specify

(Signed) S. W. Pt. M. D.

(Address) Hailey, Idaho

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL. 1 1938

Registration District No. 57
Primary Registration District No. 20221

DO NOT WRITE IN THIS SPACE
State File No. 10706

Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matt Adzia

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced (write the word)~~
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Bolistra, Austria
(State or country)

FATHER

13. NAME Geo. Adzia
14. BIRTHPLACE (city or town) Austria
(State or country)

MOTHER

15. MAIDEN NAME Caga Stikvonich
16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMANT Dorothy Ayestas
(Address) Hailey, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hailey Date 6-21, 1938

19. UNDERTAKER Ray McGoldrick
(Address) Hailey Idaho

20. FILED 7-7, 1938 Peter H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/19 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/1 1938 to 6/19 1938

I last saw h— alive on 6/19 1938: death is said to have occurred on the date stated above, at 9 57/10 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mo
Other **contributory causes** of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ~~Was there~~ an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way ~~related~~ to occupation of deceased? No If so, specify .....

(Signed) [illegible] E. W. [illegible] M. D.
(Address [illegible])

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

JUL 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109708

Registration District No. 57
Primary Registration District No. 3022
Local Registrar's No. 30

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. S. Williams

(a) Residence No. Hailey, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Viola Davis Deceased

6. DATE OF BIRTH (month, day, and year) 2-11-1861

7. AGE: Years 77 | Months 4 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Lebanon (State or country) Oregon

FATHER
13. NAME Charles Williams
14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER
15. MAIDEN NAME unkown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lela Jackson (Address) Hailey, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Hailey, Ida Date 6-21-, 1938

19. UNDERTAKER Ray McGoldrick (Address) Hailey Idaho

20. FILED 7-7, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-20 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938, to June 20, 1938
I last saw h— alive on June 20 1938: death is said to have occurred on the date stated above, at 12:45 A m.

The **principal cause of death** and related causes of importance were as follows: | Date of onset

Intestinal Obstruction — Jan 7-1938

Other **contributory causes** of importance:

Name of operation Jan 20-38 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Ketchum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 109709

Local Registrar's No. 32

JUL 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earnest Milton Worley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Gannon

6. DATE OF BIRTH (month, day, and year) April 5-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

FATHER

13. NAME Albert M. Worley

14. BIRTHPLACE (city or town) (State or country) do not know Nebraska

MOTHER

15. MAIDEN NAME Marie Farnsworth

16. BIRTHPLACE (city or town) (State or country) do not know Wisconsin

17. INFORMENT (Address) Mary Worley Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Masonic Plot Date July 1, 1938

19. UNDERTAKER (Address) L. P. Harris Hailey Idaho

20. FILED 7-7, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1938

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938, to June 28, 1938

I last saw h. alive on , 193 : death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute exhaustion	June 28
Myocarditis	

Other contributory causes of importance:

Chronic Myocarditis

Name of operation NO Date of NO

What test confirmed diagnosis? NO Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury , 193

Where did injury occur? NO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. NO

Manner of injury NO

Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Evan W. Lewis M.D.

(Address) Ketchum Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

JUL 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
109710
State File No.

Local Registrar's No. 33

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Al W. Fields

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Emma S. Fields

6. DATE OF BIRTH (month, day, and year) May 1 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owensboro Kentucky

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Emma S. Fields Spokane - Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Hailey Ida Date 7-3-38, 193

19. UNDERTAKER (Address) H. C. Fredrick Hailey -

20. FILED 7-7, 1938 Total H. W. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...; death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	
Found dead in bed	

Other contributory causes of importance:

Chronic Alcoholism	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert F. Wright, M. D.

(Address) Blaine Co - Coroner - Hailey -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of Banks

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109711

Registration District No. 12
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 8 - 1938

183

2. FULL NAME Virginia Merle Banks
(a) Residence No. Banks, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/7-1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Banks
(State or country) Idaho

FATHER
13. NAME Merle R. Banks
14. BIRTHPLACE (city or town) Longmont
(State or country) Colo

MOTHER
15. MAIDEN NAME Inez Sullivan
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT J. M. Banks
(Address) Banks Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 6/29, 1938

19. UNDERTAKER C. O. Buckmaster
(Address) Emmett Idaho

20. FILED 6/28, 1938 Curtis Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/26 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____ 193...: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other **contributory causes** of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. E. Shoemaker M. D.
(Address Idaho City, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—The MARGIN is RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boise
City of Idaho City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109712

JUL 8 - 1938

Registration District No. 12
Primary Registration District No. ____ Local Registrar's No. ____

(No. Died at Home in Idaho City
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bryant Michel Powell

(a) Residence No. ____ St. Elk City Oklahoma
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mintie Powell

6. DATE OF BIRTH (month, day, and year) 11/8/1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	7	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Buyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Beyhalia
(State or country) Miss:

FATHER
13. NAME George Powell
14. BIRTHPLACE (city or town) ____
(State or country) U.S.A.

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) ____
(State or country) U.S.A.

17. INFORMANT Mark Powell
(Address) Idaho City Idaho

18. ~~BURIAL~~, ~~CREMATION OR~~ REMOVAL
Place Elk City Okla. Date 7/1/1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7/7, 1938 Geo R S Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 1st. 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193__ to ____, 193__
I last saw him Dead 7/1 1938: death is said to have occurred on the date stated above, at 1: A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural	
Died Suddenly And	
Without Medical Attendance	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) I E Shumaker M. D.
(Address) Idaho City

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah.
City of Blanchard.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109713

JUN 20 1938

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 7
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse R. Mace

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	white	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margarette E. Mace.

6. DATE OF BIRTH (month, day, and year) Oct 2d - 1862

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
75	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. any-work.
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Benton Co
(State or country) Ohio

FATHER
13. NAME David F. Mace.
14. BIRTHPLACE (city or town) Fayett Co
(State or country) Ohio

MOTHER
15. MAIDEN NAME Morris
16. BIRTHPLACE (city or town) ____
(State or country)

17. INFORMANT Margarette E. Mace
(Address) Blanchard Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Fairmont Cemetery Spokane Wash. Date 4-16, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Cathedral Ave.

20. FILED 4/15, 1938 AC Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1938, to 4-14, 1938
I last saw him alive on 4-13, 1938; death is said to have occurred on the date stated above, at 7:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease	
Cerebral Hemorrhage	2-24-38.

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Forrest Tomlinson M. D.
(Address) Spirit Lake Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109714

JUL 11 1938

Registration District No. 78
Primary Registration District No. 2155. Local Registrar's No. 44
(No. Graham Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~Stillbirth~~ Hamilton

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ~~Stillbirth~~

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2, 1938

7. AGE — Years: ~~Stillbirth~~ | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho.

FATHER

13. NAME Floyd Hamilton
14. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

MOTHER

15. MAIDEN NAME Elmeda Davol
16. BIRTHPLACE (city or town) Unknown
(State or country) Kentucky

17. INFORMANT Floyd Hamilton
(Address) Clarks Fork, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Ida. Date June 3, 1938

19. UNDERTAKER H. G. Moon
(Address) Sandpoint Ida.

20. FILED July 9, 1938 E. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 2, 1938

22 I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 2, 1938
I last saw her alive on June 2 1938: death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis of lungs	June 2 1938
Other contributory causes of importance:	
Prematurity	

Name of operation None Date of
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Kinyon M. D.
(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109715

Local Registrar's No. 40

92 25

2. FULL NAME Frank Williams

(a) Residence No. ____ St. Sagle, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ruby Williams

6. DATE OF BIRTH (month, day and year) December 29, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 29 yrs

12. BIRTHPLACE (city or town) Jamestown
(State or country) Mo.

FATHER

13. NAME Richard Williams

14. BIRTHPLACE (city or town) Unknown
(State or country) New York

MOTHER

15. MAIDEN NAME — Butterfield

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Bert Williams
(Address) Sagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cem.
Place Sandpoint, Ida. Date June 6, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED June 9, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1938, to June 3, 1938
I last saw him alive on June 3 1938: death is said to have occurred on the date stated above, at 4 05 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	1930
Other **contributory causes** of importance:	
Arterio Sclerosis	1930
Rheumatism	1930

Name of operation None Date of
What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109716

JUL 11 1938

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 47

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 D 2

2. FULL NAME Ira Franklin Carter

(a) Residence No. R. F. D. 1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mabelle Carter

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawyer Logging Camp
10. Date deceased last worked at this occupation (mo. and yr.) June 1936
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Amber (State or country) Mich

FATHER

13. NAME William Carter
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Ira Carter (Address) Sandpoint Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem Place Sandpoint Ida. Date June 15, 193 8

19. UNDERTAKER L. D. Moon (Address) Sandpoint Idaho.

20. FILED July 9, 1938 J. C. Goodsell Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 12 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 1937 to June 13 1938
I last saw him alive on June 12 1938 death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio - Renal disease	1935
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Floyd G. Wendle M. D.
(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109717

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 48

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Jack Nelson

(a) Residence No. 1217 Superior St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 3, 1855

7. AGE: Years 82 | Months 7 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Age Pension
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Old Age Pension
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint, Ida June 20 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED July 9, 1938 W. E. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (month) 12, 1938 (day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from May 22, 1938 to June 12, 1938

I last saw him alive on June 12 1938: death is said to have occurred on the date stated above, at 12:20a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other contributory causes of importance:	
Arterio Sclerosis	1930

Name of operation NO Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109718

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 49
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Leon La Verne Scott

(a) Residence No. S. Pacific St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 16, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spokane
(State or country) Washington.

FATHER

13. NAME La Verne Jackson
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Evelyne Scott
16. BIRTHPLACE (city or town) Eureka
(State or country) Montana

17. INFORMANT Mrs. Evelyne Scott
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida Date June 23, 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED July 9 1938 V. C. Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 12:20p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? none. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? acc Date of injury....., 193.....
Where did injury occur? Bonner County Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** public place
Manner of injury.....
Nature of injury acc. drowning

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) L. G. Moon Coroner
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109720

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 15-38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sadie Bertha Lazon

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred a yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Raymond Lazon

6. DATE OF BIRTH (month, day, and year) Mar. 2, 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	3	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) 6-15-38
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Wheelock
(State or country) N. Dakota.

FATHER
13. NAME Spruce Mc Coy Gibbs
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Estella Robinson
16. BIRTHPLACE (city or town) .....
(State or country) Minn

17. INFORMANT Raymond Lazon
(Address) Priest River, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date June 28 193 8

19. UNDERTAKER L.G.Moon
(Address) Sandpoint, Idaho.

20. FILED 7-1, 193 8 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 26, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from June 21, 193 8, to June 26, 193 8
I last saw her alive on June 26 193 8: death is said to have occurred on the date stated above, at 2:45a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (lobar)	June 24-1938
Other **contributory causes** of importance:	
influenza	June 7-1938

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Leslie J. Stauffer, M. D.
(Address Priest River, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109721

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 50
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JAMES LAMONT

(a) Residence No. COUNTY POOR FARM St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month) UNKNOWN (year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Page Hospital (Address) Sandpoint, Idaho,

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem Place Sandpoint, Ida Date June 28, 1938

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.

20. FILED July 1, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 26th 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to June 26, 1938
I last saw him alive on June 26 1938: death is said to have occurred on the date stated above, at 11:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other **contributory causes** of importance:	
Arteria Sclerosis	1934

Name of operation NO : Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) Wm H. Taylor M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109722

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 51

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Wesley King

(a) Residence No. 15 E. Lake Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha King

6. DATE OF BIRTH (month, day and year) Nov 24 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maintenance Power Plant

10. Date deceased last worked at this occupation (mo. and yr.) June 1938

11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (city or town) Warrenburg
(State or country) Missouri

FATHER

13. NAME Robert T. King

14. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

MOTHER

15. MAIDEN NAME Rebecca Mabley

16. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

17. INFORMANT Mrs. Bertha King
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Portland, Ore. Date June 29 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho

20. FILED 6/29/38, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 27, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from May 12, 1938, to June 27, 193 8

I last saw him alive on June 24 1938: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1937
Right	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. P. Staccheus M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109723

Registration District No. 7 2
Primary Registration District No. 2 1 4 0
Local Registrar's No. 110
(No. 240 S. Hoth)
(If death occurred in a hospital or institution, give its name instead of street and number)

1938

2. FULL NAME Nelse Nelson

(a) Residence No. Kilgore Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Soren Nelson
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Dorthy Jorgenson
16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Mrs Christena Christensen
(Address) Dillon Mont

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date June 5 193 8

19. UNDERTAKER Rolf Hayes
(Address) Idaho Falls

20. FILED June 7, 193 8 Geo Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 3 193 8

22. I HEREBY CERTIFY, That I attended deceased from May 26, 193 , to June 3, 193 8
I last saw h alive on June 3 193 8 : death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109725

Registration District No. 13
Primary Registration District No. 2100
Local Registrar's No. 111
(No. Allen Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nettie Munro Burnham

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Burnham

6. DATE OF BIRTH (month, day, and year) May 22, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tryon
(State or country) Nebraska

FATHER

13. NAME Robert Munro
14. BIRTHPLACE (city or town) Streeter
(State or country) Illinois

MOTHER

15. MAIDEN NAME Elizabeth Cunningham
16. BIRTHPLACE (city or town) .....
(State or country) Illinois

17. INFORMANT William Burnham
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Tryon, Neb. Date June 10, 1938

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED June 7, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/4 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-20, 1938, to 6-4, 1938.
I last saw her alive on 6/4 1938; death is said to have occurred on the date stated above, at 3-55 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & intestines	not known
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [signature], M.D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109726

JUL 11 1938

Registration District No. 13
Primary Registration District No. 2140 Local Registrar's No. 114
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Ricks Turman

(a) Residence No. 364 Maple St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Selma Turman

6. DATE OF BIRTH (month, day, and year) Nov 8, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	7	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan Utah
(State or country)

FATHER
13. NAME James R. Turman
14. BIRTHPLACE (city or town) Kentucky
(State or country)

MOTHER
15. MAIDEN NAME Sarah Ricks
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Mrs. James R. Turman
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date June 9, 1938

19. UNDERTAKER Jack G. W. Ford
(Address) Idaho Falls.

20. FILED June 10, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/7 1938

22 I HEREBY CERTIFY, That I attended deceased from ? , 193 , to 6/7 , 1938
I last saw h alive on 6/7 , 1938 ; death is said to have occurred on the date stated above, at 9-35 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Gangrene Left foot	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. R. Carr Attending Physician M. D.
(Address) Idaho Falls Idaho

PLACE OF DEATH

County of Bonneville

City of Idaho Falls Rt #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109727

Registration District No. 73

Primary Registration District No. 2117-D

Local Registrar's No. 115

JUL 11 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

(No.)

2. FULL NAME Manuel Venegas

(a) Residence No. Idaho Falls Rt #1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mexico

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT Edsel Porter (Address) Idaho Falls Rt #1

18. BURIAL, CREMATION OR REMOVAL Place Iona, Idaho Date June 10, 1938

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED 6/11, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-2, 1938, to 6-8, 1938

I last saw him alive on 6-4 1938: death is said to have occurred on the date stated above, at 7:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Chronic myocarditis	D. K.
Chronic nephritis	D. K.
Other **contributory causes** of importance:	
Pneumonia	D. K.

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Erickson, M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109729

JUL 11 1938

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 120
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Mrs Belva Beesley
(a) Residence No. ~~Idaho Falls L.D.S. Hospital~~ St. Driggs Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Henry Adelbert Beesley

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lyman Idaho
(State or country)

FATHER
13. NAME Niels Christensen
14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER
15. MAIDEN NAME Ellen Nielson
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT Henry A. Beesley
(Address) Driggs Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Victor Date 6/12, 1938

19. UNDERTAKER W. M. Johnson
(Address) St. Anthony Idaho

20. FILED 6/10, 193 8 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/10 1938

22 I HEREBY CERTIFY, That I attended deceased from June 9, 1938 to June 10, 1938
I last saw her alive on June 10 1938: death is said to have occurred on the date stated above, at 9:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Embolism (Puerperal)	6/10/38
Toxic nephritis	Before
from Hemorrhagic Toxic	
Uremia	
Other **contributory causes** of importance:	
Child Birth	6/10/38 5:57 A.M.

Name of operation normal Childbirth Date of 6/10/38
What test confirmed diagnosis? Was there an autopsy? Clinical

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109730

Registration District No. 13
Primary Registration District No. 21 1 0. Local Registrar's No. 116
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

15-10

2. FULL NAME Gaylon H. Hill
(a) Residence No. E. College St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 5 1937
7. AGE: Years | Months | Days: 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Jesse L. Hill
14. BIRTHPLACE (city or town) (State or country): Lewisville Idaho

MOTHER
15. MAIDEN NAME: Sarah C. Young
16. BIRTHPLACE (city or town) (State or country): Iona Idaho

17. INFORMANT (Address): Jesse L. Hill Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Iona, Idaho Date: June 13, 1938

19. UNDERTAKER (Address): Jack G. Wood Idaho Falls.

20. FILED: 6/14, 1938

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6/12 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1938 to June 11, 1938
I last saw him alive on June 11 1938; death is said to have occurred on the date stated above, at 7-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Undeveloped digestive tract	

Other contributory causes of importance:

Would not take nourishment	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. A. Anderle D. O. M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109731

JUL 11 1938

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 117
(No. R. 10. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry Reed Phillips

(a) Residence No. 704 J St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) [illegible] 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6.	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country)

MOTHER
13. NAME Reed Phillips
14. BIRTHPLACE (city or town) Dayton
(State or country) Ida

FATHER
15. MAIDEN NAME Grace Peterson
16. BIRTHPLACE (city or town) Idaho Falls
(State or country) Ida.

17. INFORMANT Reed Phillips
(Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date June 15, 1938

19. UNDERTAKER Cliff Hayes
(Address) Idaho Falls Ida.

20. FILED 6/14/38, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH June 13. (month, day and year) 1938

22 I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to June 13, 1938
I last saw him alive on June 13 1938: death is said to have occurred on the date stated above, at 4:40 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	May 26.
(2)	

Other **contributory causes** of importance:
Malnutrition & Pneumonia

Name of operation Spinal Puncture Date of June 7 '38
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193.....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. R. West M. D.
(Address) Idaho Falls, Idaho

Dr. R. West

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109732

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 119
(No. L. D. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Joyce Price Porter

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nels Porter

6. DATE OF BIRTH (month, day, and year) May 26, 1870

7. AGE: Years 68 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lester England

FATHER
13. NAME Henry Joyce
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Hill
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Goldie Stone (Address) Soda Ally, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Nels, Idaho Date June 16, 1938
19. UNDERTAKER Jack C. Wood (Address) Idaho Falls, Idaho
20. FILED June 17, 1938 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/13 1938
22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1938, to 6/13, 1938
I last saw h..... alive on 6/13 1938: death is said to have occurred on the date stated above, at 9-30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Dillman M. D.
(Address) Idaho Falls, Idaho

PLACE OF DEATH

County of Bannock

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109733

Registration District No. 73

Primary Registration District No. 2170

Local Registrar's No. 122

(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 11 1938

2. FULL NAME Jesse Sinclair

(a) Residence No. Declo St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced.
HUSBAND of ~~(or) WIFE of~~ Ellen Potts Sinclair

6. DATE OF BIRTH (month, day, and year) May 4 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER FATHER

13. NAME Peter Sinclair

14. BIRTHPLACE (city or town) Orkney Island
(State or country) Scotland

15. MAIDEN NAME Jeanette Crookston

16. BIRTHPLACE (city or town) Fifeshire
(State or country) Scotland

17. INFORMANT Mrs Jesse Sinclair
(Address) Declo Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Declo Date 6/16, 1938

19. UNDERTAKER F. M. Hansen
(Address) St. Anthony Idaho.

20. FILED 6/14, 193 8 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 13 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to June 13, 1938

I last saw h~~im~~ alive on 6/13 1938; death is said to have occurred on the date stated above, at 12:20 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Perforated Duodenal ulcer	6,8,38
Other **contributory causes** of importance:	

Name of operation Closure of ulcer Date 6-8-38

What test confirmed diagnosis? op Was there an autopsy? no

26. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Ray Hoke, M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Swan Valley,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109734

JUL 11 1938

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 32

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Ferdinand Ossmen.

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/31/1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 6/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

FATHER

13. NAME Axel Ferdinand Ossmen.
14. BIRTHPLACE (city or town) Sweden.
(State or country)

MOTHER

15. MAIDEN NAME Clara Howarth.
16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT. Elvin V. Ossmen
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho Date 6/27, 1938

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 6 Jul, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/16 1938

22 I HEREBY CERTIFY, That [redacted], 193..
[redacted]: death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Drownday in S. Fork of Snake River. Car ran in river	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury 6/16, 1938
Where did injury occur? June Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Car ran in river
Manner of injury Drownded.
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) Fred Dorton Coroner
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109735

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 123

JUL 11 1938

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Selina Thornock

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Henry Thornock

6. DATE OF BIRTH (month, day, and year) March 24, 1869

7. AGE: Years 69 | Months 2 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paris (State or country) Idaho

FATHER
13. NAME Thomas Passey
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Cecilia Theobald
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT R. S. Thornock
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date June 22 1938

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED 6/22, 1938 Cyril Redmond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/20 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1938, to June 20, 1938
I last saw her alive on June 19 1938: death is said to have occurred on the date stated above, at 4:15 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	June 12
Acute Myocarditis	June 20

Other **contributory causes** of importance:

Pleurisy Influenza	June 20

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury ~~occurred~~ in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) [illegible] M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED
JUN 28 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109736

Registration District No. 73
Primary Registration District No. 210
Local Registrar's No. 127
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Ferdinand Batliner
(a) Residence No. (Usual place of abode) St. Rupert, Ida.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Leontonia Kovar Batliner

6. DATE OF BIRTH (month, day, and year) 29 1861

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
77	0	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bldg. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self employed
10. Date deceased last worked at this occupation (mo. and yr.) 6/7/35
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Mauren
(State or country) Liechtenstein

FATHER
13. NAME Martin Batliner
14. BIRTHPLACE (city or town)
(State or country) Liechtenstein

MOTHER
15. MAIDEN NAME Katherine
16. BIRTHPLACE (city or town)
(State or country) Liechtenstein

17. INFORMANT Mrs. John F. Batliner
(Address) Rupert Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Boise Ida. Date 6/25, 1938

19. UNDERTAKER McInnis Funeral Home
(Address) Idaho Falls Ida

20. FILED June 27, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) June 20 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938 to June 20, 1938
I last saw him alive on June 20 1938: death is said to have occurred on the date stated above, at 11:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	6-19-38
Diabetes Mellitus (Severe)	unknown
Fracture rt. patella Contusion Left Knee Laceration of forehead } accidental	6.6.38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Contributory.
Accident, suicide, or homicide? ..... Date of injury 6/6/38, 193...
Where did injury occur? Yellowstone Hig Hiway Nr Island Park, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public
Manner of injury Auto wreck
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) H. L. Wilson M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109737

JUL 11 1938

Registration District No. 718-0
Primary Registration District No. 9
Local Registrar's No. 123

(No. Allen's Health Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LaPreal Walker Covert

(a) Residence No. ..... St. Ammon, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Smith Covert

6. DATE OF BIRTH (month, day, and year) Dec. 11, 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ammon (State or country) Idaho

FATHER
13. NAME H. H. Walker
14. BIRTHPLACE (city or town) Cedar City (State or country) Utah

MOTHER
15. MAIDEN NAME Marcia Ann Waters
16. BIRTHPLACE (city or town) Selina (State or country) Utah

17. INFORMANT Lucile Covert (Address) Idaho Falls, Rt #3

18. BURIAL, CREMATION OR REMOVAL
Place Ammon, Idaho Date June 24, 1938

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED 6/24, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 20 1938

22 I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to June 20, 1938

I last saw her alive on June 20 1938; death is said to have occurred on the date stated above, at 7P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Puerperal Albuminuria and convulsions at Child Birth.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Bowcutt, M.D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JUN 28 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 21 4 0

DO NOT WRITE IN THIS SPACE
State File No. 10973

Local Registrar's No. 126

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. Michael Theurer

(a) Residence No. 14 E Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 30, 1937

7. AGE: Years 1 | Months 6 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Clark Theurer
14. BIRTHPLACE (city or town) Providence
(State or country) Utah

MOTHER
15. MAIDEN NAME Julia Conard
16. BIRTHPLACE (city or town) Logan
(State or country) Utah

17. INFORMANT Clark Theurer
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date June 23, 1938

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED 6/27, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938 to June 21, 1938.
I last saw him alive on June 21 1938: death is said to have occurred on the date stated above, at 9-15 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull Fracture & Shock.	June 21 1938
Automobile accident	
Other **contributory causes** of importance:	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy? ✓

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 21 1938
Where did injury occur? Jefferson Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** In home
Manner of injury Car accident
Nature of injury Skull Fracture

24 Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) W. R. Wise M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn
City of Ida. Falls

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109739

Registration District No. 13
Primary Registration District No. 21-4-0
Local Registrar's No. 128
(No. I.F.D.H. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew J. Wiklund
(a) Residence No. (Usual place of abode) St. Shelley, Ida.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Wiklund

6. DATE OF BIRTH (month, day and year) August 30 1856

7. AGE: Years 81 | Months 9 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self employed
10. Date deceased last worked at this occupation (mo. and yr.) 1931
11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Elmer J. Wiklund
(Address) Shelley, Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Firth, Ida. Date June 24, 1938

19. UNDERTAKER C. E. Beck
(Address) Ida. Falls Ida.

20. FILED 6/27, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 21 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to June 21, 1938
I last saw him alive on June 21 1938: death is said to have occurred on the date stated above, at 1.03 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/15/38
Bronchitis	6/1/38

Other contributory causes of importance:
Chronic Myocarditis
Chronic Nephritis
Chronic Prostatis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Denied

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH.
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109740

JUL 11 1938

Registration District No. 13
Primary Registration District No. 14-0
Local Registrar's No. 130

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elene C. Austin

(a) Residence No. 1475 Idaho Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Victor Austin

6. DATE OF BIRTH (month, day, and year): Feb 6, 189[illegible]

7. AGE — Years: 46 — Months: 4 — Days: 17 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cashon Utah

FATHER
13. NAME: Wm Ercanbrack
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Ruth Ann Leatherwood
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Victor H. Austin Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Idaho Falls Date: June 26, 1938

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED 6/27, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6/23 1938

22 I HEREBY CERTIFY, That I attended deceased from Died not attended deceased, 193[illegible]; I last saw h[illegible] alive on ..... 193[illegible]; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/13/38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193[illegible]
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109741

Registration District No. 13

Primary Registration District No. 21-D

Local Registrar's No. 131

159

(No. 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Drowns

(a) Residence No. Ridge Road St. Idaho Falls Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 24 1938

7. AGE — Years | Months | Days | If LESS than 1 day 2 hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME Oscar Drowns

14. BIRTHPLACE (city or town) Indian Cr.
(State or country) Idaho

MOTHER

15. MAIDEN NAME Elza Rhea

16. BIRTHPLACE (city or town) Nevada
(State or country) Idaho

17. INFORMANT Mrs. Oscar Drowns
(Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date June 27 193 8

19. UNDERTAKER [illegible] FUNERAL HOME
(Address) 3[illegible] Idaho Falls Ida

20. FILED 6/27, 193 8 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 24 193 8

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1938, to June 28, 1938

I last saw him alive on June 24 1938: death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
(6 mo gestation)	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Abbott M. D.

(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109742

JUL 11 1938

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 129
(No. L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida May Leonardson
(a) Residence No. St. Anthony, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Leonardson
6. DATE OF BIRTH (month, day, and year): Oct. 30, 1859
7. AGE: Years 78 | Months 7 | Days 22 | If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (mo. and yr.): May 1938
11. Total time (years) spent in this occupation: 54

12. BIRTHPLACE (city or town) Providence
(State or country) Rhode Island

FATHER
13. NAME: Henry G. Sawley
14. BIRTHPLACE (city or town) Providence
(State or country) Rhode Island

MOTHER
15. MAIDEN NAME: Angeline Frances Green
16. BIRTHPLACE (city or town) Providence
(State or country) Rhode Island

17. INFORMANT: Earl Leonardson
(Address) Dubois, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Dubois, Idaho Date: June 28, 1938

19. UNDERTAKER: W. Buck
(Address) Idaho Falls, Ida.

20. FILED: 6/x/t, 193t. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): June 25 1938

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to June 25, 1938
I last saw her alive on June 24 1938: death is said to have occurred on the date stated above, at 7:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1928
Other **contributory causes** of importance:	
Senility	

Name of operation: ___ Date of: ___
What test confirmed diagnosis? Blood & Urine Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 193___
Where did injury occur? ___
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ___
Manner of injury ___
Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___
(Signed) H. L. Gibson M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of IdahoFalls

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 7-0

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 109743

Local Registrar's No. 135

53

2. FULL NAME Charles Edgar Higgins

(a) Residence No. Cottage Hotel St. Blackfoot, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 20-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harris
(State or country) Mo.

FATHER

13. NAME Alfred J. Higgins

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Louisa Barbee

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Claire D. McKee
(Address) 40 E. Elm st., Chicago

18. BURIAL, CREMATION OR REMOVAL
Place Blf't, Ida. Date June 28, 1938.

19. UNDERTAKER Est Peck
(Address) Blackfoot, Idaho.

20. FILED 6/27, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 1938

22 I HEREBY CERTIFY, That I attended deceased from June 23, 1938 to June 26, 1938.

I last saw h[illegible] alive on June 26 1938: death is said to have occurred on the date stated above, at 12:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Following Operation for Carcinoma of Bladder, Prostate obstruction	
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation Date of 6/24/38

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109744

JUL 11 1938

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 136

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Ruefly

(a) Residence No. 357 11th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth 91 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert Ruefly

6. DATE OF BIRTH (month, day, and year) July 17, 1843

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	94	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1932

11. Total time (years) spent in this occupation 67

12. BIRTHPLACE (city or town) Bern
(State or country) Switzerland

FATHER

13. NAME Winzenreid

14. BIRTHPLACE (city or town) Bern
(State or country) Switzerland

MOTHER

15. MAIDEN NAME Kole

16. BIRTHPLACE (city or town) Bern
(State or country) Switzerland

17. INFORMANT Harry Ruefly
(Address) Idaho Falls, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Salida Colo. Date June 30 1938

19. UNDERTAKER O. C. Buck
(Address) Idaho Falls, Idaho

20. FILED 6/29, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 29 1938

22 I HEREBY CERTIFY, That I attended deceased from June 20th, 1938, to ~~night~~ Jan 22th 1938
I last saw h[illegible] alive on June 27 1938: death is said to have occurred on the date stated above, at 8:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,	
Lobar lower Right	
Other contributory causes of importance:	

Name of operation ~~—~~ Date of ~~—~~
What test confirmed diagnosis? ~~—~~ Was there an autopsy? ~~—~~

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~—~~ Date of injury ~~—~~, 193[illegible]
Where did injury occur? ~~—~~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ~~—~~
Manner of injury ~~—~~
Nature of injury ~~—~~

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thomas G Wilson M. D.
(Address 124 N Eastern ave
Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109745

JUL 11 1938

Registration District No. 13
Primary Registration District No. 2170 Local Registrar's No. 138
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry J. Wartchow

(a) Residence No. R.F.D. #4 St. ...
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Etta Wartchow

6. DATE OF BIRTH (month, day, and year): June 15, 1866

7. AGE — Years: 72 | Months: 0 | Days: 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self employed
10. Date deceased last worked at this occupation (mo. and yr.): June 1937
11. Total time (years) spent in this occupation: 54

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER

13. NAME: Henry J. Wartchow
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs. Etta Wartchow, Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Idaho Falls Date: July 3, 1938

19. UNDERTAKER: O. L. Buck
(Address): Ida. Falls, Ida.

20. FILED: July 7, 1938 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): June 30 1938

22 I HEREBY CERTIFY, That I attended deceased from August 1, 1937, to June 30, 1938

I last saw h.im alive on June 30 1938: death is said to have occurred on the date stated above, at 11 00 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pericarditis	About 2 yrs ago
Nephritis	

Other **contributory causes** of importance:

Chronic Prostatitis	
Cystitis Suppurative	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Andrew M. Cauley, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109746

JUL 11 1938

Registration District No. 73
Primary Registration District No. 2 1 V-0
Local Registrar's No. 139

(No. •)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George H. Kelley

(a) Residence No. Shelley, Idaho St.
(Usual place of abode) EMMETT IAHO (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of SINGLE

6. DATE OF BIRTH (month, day, and year) 10-10-1878

7. AGE: Years 59 | Months 8 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Apr. 38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) American Fork
(State or country) Utah

FATHER

13. NAME John P. Kelley

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Clark

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Floyd G. Kelley
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Ida Date July 3, 1938

19. UNDERTAKER Gingnalder
(Address) Shelley, Idaho

20. FILED July 7, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-30 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-19-, 1938, to 4-30, 1938
I last saw him alive on 6-26, 1938; death is said to have occurred on the date stated above, at 4:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pan Carditis	4-1-38
Other contributory causes of importance:	

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) Edward Cuttle M. D.
(Address) Box 66 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County [redacted]onneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109747

JUL 11 1938

Registration District No. 73
Primary Registration District No. 21-D
Local Registrar's No. 140

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Reed Haws

(a) Residence No. Idaho Falls. R.F.D. #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Virge H. Haws

6. DATE OF BIRTH (month, day, and year) Jan. 16 1904

7. AGE: Years 34 | Months 5 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tremonton (State or country) Utah

FATHER
13. NAME Joseph H. Haws
14. BIRTHPLACE (city or town) Mona (State or country) Utah

MOTHER
15. MAIDEN NAME Inez Rose
16. BIRTHPLACE (city or town) Farmington (State or country) Utah

17. INFORMANT Mrs. J. H. Haws (Address) R.F.D. #3

18. BURIAL, CREMATION, OR REMOVAL
Place Rose Hill Date July 3, 1938

19. UNDERTAKER Jack A. Hood (Address) Idaho Falls, Idaho

20. FILED July 7, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 1 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 1, 1938
I last saw h[illegible] alive on [illegible] 193..: death is said to have occurred on the date stated above, at 5:27 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death by lightning	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 1, 1938
Where did injury occur? Bonneville County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Out town
Manner of injury Struck by lightning
Nature of injury Electric Burns

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farming

(Signed) [illegible] M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109748

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No. 1

(No. .....)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Eleanora Hanson

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Hanson

6. DATE OF BIRTH (month, day, and year) Jan. 15 - 1866

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) London England

MOTHER FATHER

13. NAME Charles Gregory

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Elizabeth Ellison

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Andrew Hanson (Address) Naples, Ida

18. BURIAL, CREMATION OR REMOVAL Place McArthur, Ida. Date June 5 1938

19. UNDERTAKER H. P. Crouch (Address) Bonners Ferry, Ida

20. FILED 6/4, 1938 Rue Sowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4/1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938., to June 4, 1938.

I last saw her alive on June 1, 1938.; death is said to have occurred on the date stated above, at 2:12 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Anemia	

Other **contributory causes** of importance:

Myocardial failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Rue Sowell, M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

JUL 8 - 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109749

Registration District No. 79
Primary Registration District No. 7-1-6 Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernley Jean Hall

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): April 4 1930
7. AGE: Years | Months: 2 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bonners Ferry Idaho

MOTHER FATHER
13. NAME: Jay Hall
14. BIRTHPLACE (city or town) (State or country): Snohomish Wash.
15. MAIDEN NAME: Leona Callahan
16. BIRTHPLACE (city or town) (State or country): Bonners Ferry Idaho

17. INFORMANT (Address): Jay Hall Naples Ida.
18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Ida. Date: June 4, 1930
19. UNDERTAKER (Address): H. C. Crouch Bonners Ferry Ida
20. FILED: 6/4, 1930. E. M. Bonnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 4 1930
22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1930, to June 4, 1930
I last saw ~~her~~ alive on June 4, 1930; death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	
Ileocolitis	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1930
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. M. Bonnell, M. D.
(Address) Bonners Ferry Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109750

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No.

JUL 8 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

932

2. FULL NAME Clarence Ryes Baker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Nell Baker
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 25-1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 2 ... 2 ...

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME J. J. Baker

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Cora Ryes

16. BIRTHPLACE (city or town) (State or country) Kingston Canada

17. INFORMANT Mrs. Nell Baker
(Address) Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL
Bonners Ferry June 25 1938

19. UNDERTAKER R. P. Peacock
(Address) Bonners Ferry Idaho

20. FILED June 27 1938 R. M. Corbett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1938, to June 25 1938.

I last saw him alive on June 13 1938; death is said to have occurred on the date stated above, 8:15 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Coronary Thrombosis	

Other **contributory causes** of importance:

Bronchial Asthma	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. W. Lawson M. D.
(Address) Bonners Ferry, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109751

Registration District No. 79

Primary Registration District No. 21-6 Local Registrar's No.

(No. Bonners Ferry Idaho - Hospital

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlie Fields

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Georgia
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Ida. Date July 7, 1938

19. UNDERTAKER H. R. Kovach
(Address) Bonners Ferry Ida

20. FILED June 30, 1938 Ben Burrell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 29 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to June 29, 1938

I last saw him alive on June 28, 1938.: death is said to have occurred on the date stated above, at 12 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Auto Accident	
Basilar Skull Fracture	6/27/38
Other contributory causes of importance:	
Acute Alcoholism	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/27/1938

Where did injury occur? Highway near Bonners Ferry
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. State Highway

Manner of injury Car Collision

Nature of injury Basilar Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ben Burrell M. D.

(Address) Bonners Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Butte
City of Arco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 5-9
Primary Registration District No. 2129

DO NOT WRITE IN THIS SPACE
State File No. 109752

Local Registrar's No. 7

JUL 12 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles G. Ibert

(a) Residence. No. .... Arco St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) not known

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
about 56 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. trapper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) ....

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ....

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Mother Butte Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clyde Idaho Date 6/10, 1938

19. UNDERTAKER W. S. Mauel (Address) Arco

20. FILED June 12, 1938 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) about 2/12 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193 ...

I last saw h .. alive on ....., 193 ...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Killed in snow slide	
Body just recovered	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? yes Date of injury unknown, 193 .

Where did injury occur? Clyde Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Killed in snow slide

Manner of injury in mountains.

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify no

(Signed) W. S. Mauel (coroner), M. D.

(Address) Arco Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Butte
City of Arco

JUL 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 29
Primary Registration District No. 2129

DO NOT WRITE IN THIS SPACE
State File No. 109753

Local Registrar's No. 8

(No. 470)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mary Marsden Stewart

(a) Residence. No. 1 St. Arco
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter J. Stewart

6. DATE OF BIRTH (month, day, and year) 8/17/1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Tooele Utah

FATHER

13. NAME John Marsden

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Walter J. Stewart Arco, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Tooele, Utah Date 6/9, 1938

19. UNDERTAKER W. S. Mauk (# 332) (Address) Arco, Idaho

20. FILED 6/6, 1938 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/5 1938

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938, to June 5, 1938

I last saw her alive on June 5, 1938; death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 30-38
Other contributory causes of importance:	
Hypertension	1935
Arterio sclerosis	

Name of operation None Date of June 7. 38

What test confirmed diagnosis? Physical exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. R. Egbert, M. D.

(Address) Arco Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109[illegible]

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 10

(No. 524 - 13th Ave So)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Idel Poynter

(a) Residence No. 524 - 13th Ave So St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Adaulfus D. Poynter

6. DATE OF BIRTH (month, day, and year) May 26, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Beachville
(State or country) Kentucky

FATHER

13. NAME J. W. Masters

14. BIRTHPLACE (city or town) .....
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Amanday J. Stark

16. BIRTHPLACE (city or town) .....
(State or country) Kentucky

17. INFORMANT A. Poynter
(Address) Nampa Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Kohler Lawn Date May 9, 193 8

19. UNDERTAKER Wm D. Tally
(Address) Nampa Idaho

20. FILED July 9, 193 8 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/8 1938

22 I HEREBY CERTIFY, That I attended deceased from May 1st, 193 8, to May 8, 193 8

I last saw him alive on May 8 193 8: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemiplegia	May 1

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo. R. Proctor M. D.

(Address Nampa

(over)

Did this death involve cerebral hemorrhage?

inasmuch as the onset was May 1st. and death May 8, the supposition would be cerebral hemorrhage. In the absence of post mortem examination no positive statement could be made.

Bureau of Vital Statistics

G. R. P.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109755

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 77

JUN 10 1938

(No. Mercy Home) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME not named Smith

(a) Residence No. Nampa - R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): 4-12-8

7. AGE — Years | Months | Days: 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nampa, Ida

FATHER

13. NAME: Jas Smith
14. BIRTHPLACE (city or town) (State or country): Ark

MOTHER

15. MAIDEN NAME: Wright
16. BIRTHPLACE (city or town) (State or country): Ark.

17. INFORMANT (Address): Jas Smith Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Nampa Date: 5-16, 1938

19. UNDERTAKER: F. K. Robuck
(Address) Nampa Ida

20. FILED June 7, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 5/14 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-13, 1938, to 5-14, 1938

I last saw him alive on 5-14 1938: death is said to have occurred on the date stated above, at am m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia / Bronchial following Whooping cough	
Other **contributory causes** of importance: Whooping cough.	

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Horace P. Bethune, M. D.
(Address) Nampa Ida

13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109756

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 119
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Kelly
(a) Residence No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/16/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

FATHER
13. NAME Marion F. Kelly
14. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

MOTHER
15. MAIDEN NAME McMillan
16. BIRTHPLACE (city or town) Sweet Idaho
(State or country)

17. INFORMANT M. F. Kelly
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 5/16, 1938

19. UNDERTAKER E. P. Robinson
(Address) Nampa Idaho

20. FILED July 8, 1938 Fydd Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/16 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-16, 1938, to 5-16, 1938

I last saw h~~e~~ alive on 5-16 1938: death is said to have occurred on the date stated above, at — m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 6½ mo	
Membranes ruptured spontaneous,	
Other **contributory causes** of importance:	
Premature Uterus	
Still Born	

Name of operation None Date of
What test confirmed diagnosis? Observed Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury Still born
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ernest Bellows M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell
JUL 1 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109757

Registration District No. 2007
Primary Registration District No. 3
Local Registrar's No. 113

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Thankful Fitzwater

(a) Residence. No. Parma Route #1 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Fitzwater

6. DATE OF BIRTH (month, day, and year) June 11, 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Washington Co. Iowa

FATHER
13. NAME William Dungbury
14. BIRTHPLACE (city or town) (State or country) Swanton Maryland

MOTHER
15. MAIDEN NAME Elizabeth Windsor
16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Mrs. Elizabeth Mumstead (Address) Parma Route #1

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Home Date May 20, 1938

19. UNDERTAKER Zacker-Bay Funeral Home (Address) Mountain Home Idaho

20. FILED 6-10-1938 Mrs Alice Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 18, 1938
I last saw her alive on May 18, 1938: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Other contributory causes of importance:	
Senility	
Myocarditis	

Name of operation No Date of ....
What test confirmed diagnosis? None Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) W M Mitchell M. D.
(Address) Parma Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109758

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 102
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 8 - 1938

2. FULL NAME Gustave Hoffmann

(a) Residence No. Nampa, Idaho 416-9th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-18-65

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carl Hoffmann
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date April 24 1938

19. UNDERTAKER K. K. Of Lyman
(Address) Nampa Idaho

20. FILED July 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-22 1938

22 I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to May 22, 1938
I last saw him alive on May 22 1938: death is said to have occurred on the date stated above, at 2 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W C Holt, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109759

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 58

JUL 8 - 38

(No. ....)

(If death occurred in a hospital or institution, give its ~~name~~ instead of street and number)

2. FULL NAME William Riley Ford

(a) Residence No. Caldwell Idaho, 201 Arlington

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S., if of foreign birth? ..... yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E. Ford

6. DATE OF BIRTH (month, day, and year): 12/28/1856

7. AGE — Years: 81 | Months: 5 | Days: 15 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ellajay Georgia

FATHER

13. NAME: Thomas C. Ford

14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER

15. MAIDEN NAME: Barbara Tilly

16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMANT (Address): See Ford Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL — Place: Rosecrest Cem. Date: 5/26, 1938

19. UNDERTAKER (Address): V. E. Eshelman Caldwell Ida

20. FILED 6/9, 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): May 23 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1936, to May 23, 1938

I last saw him alive on May 21 1938; death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1936
Chronic nephritis	1930
ascites	May 1-38

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Talbot, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109760

Registration District No. 2007

Primary Registration District No. 3

Local Registrar's No. 114

(If death occurred in a hospital or institution, give its name instead of street and number)

July 1 - 1938

2. FULL NAME Melrose Youmans

(a) Residence. No. Caldwell St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

93C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 31-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ont Canada

FATHER

13. NAME David Youmans

14. BIRTHPLACE (city or town) (State or country) Unknown,

MOTHER

15. MAIDEN NAME Catherine Gilray

16. BIRTHPLACE (city or town) (State or country) Ont. Canada

17. INFORMANT (Address) R. Bartinkemper Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Nampa Cem. Date 6-4-, 1938

19. UNDERTAKER (Address) C. V. Buckhaus Caldwell Ida

20. FILED 6-30-1938 Mrs. Alice [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) about 5/30 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193....: death is said to have occurred on the date stated above, at 4 Prev 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead Gas Leak	
Probably Myocarditis.	
Other contributory causes of importance:	
No History	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. D. Talley Coroner

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109761

JUL 8 - 1938

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 103

(No.) Samaritan Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME John Daniel Manguson

(a) Residence No. Nampa, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): 1854 - 5/12,

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84 Yrs		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Spading - Stockroom

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (mo. and yr.): —

11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Tyler Texas

FATHER

13. NAME: John Daniel Manguson

14. BIRTHPLACE (city or town) (State or country): Tyler Texas

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Dr. Thos. E. Manguson Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Idaho Date 5 - 31, 1938

19. UNDERTAKER F. K. Robinson

(Address) Nampa Idaho

20. FILED July 2, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-30 1938

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to May 29, 1938

I last saw him alive on May 30 1938: death is said to have occurred on the date stated above, at 2:20 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis & Cirrhosis of the liver	
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? —

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. C. Nutt, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109762

JUL 6 1938

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 98

(No. Samaritan Hospl.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy L. Livesay

(a) Residence No. Emmett St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laurel F. Livesay

6. DATE OF BIRTH (month, day, and year) 2-9-1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturing

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lindsay Oklahoma

FATHER

13. NAME S. O. Livesay

14. BIRTHPLACE (city or town) (State or country) Speedville Tennessee

MOTHER

15. MAIDEN NAME Lucy Blackburn

16. BIRTHPLACE (city or town) (State or country) Speedville Tennessee

17. INFORMANT Laurel Livesay
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fairview Cem. Date 6-1, 1938

19. UNDERTAKER V. Eckhardt
(Address) Caldwell Ida.

20. FILED July 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 30 1938

22 I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to May 30, 1938

I last saw him alive on May 4 1938: death is said to have occurred on the date stated above, at 3:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of 5-27-38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. C. Gulick M. D.

(Address Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109763

JUL 8 - 1938

Registration District No. 2005
Primary Registration District No. 2005
Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Daniel Anderson

(a) Residence No. Caldwell Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
~~(or) WIFE of~~ HUSBAND of Angelyn Anderson

6. DATE OF BIRTH (month, day and year) July -

7. AGE: Years 73 | Months | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Providence Anderson
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Ruth Walker
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Angelyn Anderson
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Spring Hill Date 6-5-, 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 6/7, 1938 Mrs. Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 3 1938

22. I HEREBY CERTIFY, That I attended deceased from June -, 193- to June 3, 1938
I last saw h. alive on June 1 1938; death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardio Vascular	7
Renal Disease	-
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. A. Walker, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

RECD JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109764

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William James Gordon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 9-1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dillon (State or country) Montana

FATHER

13. NAME H. E. Gordon

14. BIRTHPLACE (city or town) Ava (State or country) Ills.

MOTHER

15. MAIDEN NAME Hattie E. Roach

16. BIRTHPLACE (city or town) Ava (State or country) Ills.

17. INFORMANT H. E. Gordon
(Address) RFD Parma Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date ....., 193..

19. UNDERTAKER Paul L. Cook
(Address) Caldwell Idaho

20. FILED 6/14, 193.. M. Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 193.., to 6-4, 193.., I last saw him alive on 6-4, 193.., death is said to have occurred on the date stated above, at 11 a.m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unable to say.	1 wk ago
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... A. G. Reuber M. D.
(Address) ..... Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109765

JUL 6 - 1938

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 99
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl K. Schindele

(a) Residence No. Route #2 Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Freda Schindele

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country) New York

FATHER
13. NAME F. Schindele
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Rosa Engel
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Freda Schindele
(Address) Nampa R#2

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Cloverdale Park Date June 10, 1938

19. UNDERTAKER Frank A. Ecker (Tally)
(Address) Nampa Idaho

20. FILED July 7, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/7 1938

22 I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to June 7, 1938
last saw him alive on June 7 1938.: death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	June 6 38
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Louis H. Gruwell M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 8 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109766

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 104

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norah Ann Harris

(a) Residence No. 212 - 14 ave S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	W

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Chas Harris

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Chas Harris
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Riverside Cem Date 6-18, 1938

19. UNDERTAKER F. K. Robeson
(Address) Nampa Ida

20. FILED July 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-14-1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938, to 6-14, 1938

I last saw h alive on 6-14 1938: death is said to have occurred on the date stated above, at 8 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis suspension Progressive bone atrophy or paralysis.	
Other contributory causes of importance: General senile atrophy Environmental factors	

Name of operation No Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury a.m., 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer C Pilkington, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

REC'D JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109767

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 61

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thelma Mae Kung

(a) Residence No. 208 Chicago St. Caldwell

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) January 15 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER

13. NAME John W. Kung
14. BIRTHPLACE (city or town) Nebraska
(State or country) Kansas

MOTHER

15. MAIDEN NAME Lola Agnes
16. BIRTHPLACE (city or town) Dayboise
(State or country) Idaho

17. INFORMANT John W. Kung
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Canyon Hill Date 6-9 1938

19. UNDERTAKER W. F. Peckham
(Address) Caldwell Ida

20. FILED 6/14 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 7 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2 1938, to June 7 1938

I last saw h[illegible] alive on June 7 1938; death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Collapse	
Post hemorrhagic	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury — 193—

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) J. W. Broadhurst M.D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109768

JUL 8 - 1938

Registration District No. 1
Primary Registration District No. 2005 Local Registrar's No. 62

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Kremenek

(a) Residence No. Near Notus St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-5-55

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

13. NAME John Kremenek
14. BIRTHPLACE (city or town) (State or country) Austria

FATHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Jas Kapicka
(Address) Notus Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date June 17, 1938

19. UNDERTAKER F. E. Robinson
(Address) Nampa Ida

20. FILED June 20 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/14 1938

22 I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to June 14, 1938
I last saw him alive on June 14, 1938: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Terminal anaemia	?
Other **contributory causes** of importance: Hypertrophy of Liver	?

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 1938
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hugh J. McLaughlin, M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

Midway.

JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 109769

Local Registrar's No. 6

(No. 8)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray C. Fleenor

(a) Residence No. [illegible] St. [illegible]

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Mary Nicholas Fleenor

6. DATE OF BIRTH (month, day, and year) Sept 15 - 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rogersville (State or country) Tenn.

MOTHER FATHER

13. NAME J.H. Fleenor

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Maggie Tunnell

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Mrs. Mary N. Fleenor
(Address) R.F.D. Caldwell

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date June 17 1938

19. UNDERTAKER Paul L. Case
(Address) 606 Main Caldwell

20. FILED June 17, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 14 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound in Region of heart accidently discharged while Cleaning Loaded Gauge Shotgun Barrel Pump Shot gun.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Injury & observation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 6/14, 1938

Where did injury occur? Ranch Home
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury as above.

Nature of injury as above.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm D. Scally M.D. Coroner

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109770

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 108
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter John Conette (Wm) 15

(a) Residence No. 1505 Kenwood St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown
6. DATE OF BIRTH (month, day, and year): unknown
7. AGE: Years: 49; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rug Cleaner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Coroner, found on Person

18. BURIAL, CREMATION OR REMOVAL
Place Ft Lawn Cem Date ....., 193....

19. UNDERTAKER (Address): Keith Talley - Nampa Ida

20. FILED July 7, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/16 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h..... alive on ..... 193....: death is said to have occurred on the date stated above, at 10 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute Cardiac	
paralysis from	
alcoholism report	
Other **contributory causes** of importance:	
from State Chemist	

Name of operation None, Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. E. Epperson Justice of the Peace
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Rodwell

PLACE OF DEATH
County of Canyon
City of Nampa

JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109773

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 101
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Nathaniel Stuart

(a) Residence No. Route #2. 1 Mi No. Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94 5

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mabel Claire Stuart

6. DATE OF BIRTH (month, day, and year): Sept 24 1867

7. AGE: Years 70 | Months 8 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wales (State or country) Ontario Canada

FATHER
13. NAME: Alexander Stuart
14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER
15. MAIDEN NAME: Sophia Strader
16. BIRTHPLACE (city or town) ..... (State or country) Canada

17. INFORMANT: Mrs. Mabel Stuart (Address) Route #2 Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Interlaken Cem Date 6/21, 1938

19. UNDERTAKER: Dean Valley (Address) Nampa Idaho

20. FILED July 2, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/18 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-18, 1938, to 6-18, 1938

I last saw h.... alive on June 18 1938: death is said to have occurred on the date stated above, at 3:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	About 6-1-38
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. E. Rodwell, M. D.
(Address) Nampa, Ida

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10774

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 66

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Jacob Blackhead

(a) Residence No. 102 (Usual place of abode) Main Ave St. Caldwell (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella A. Blackhead

6. DATE OF BIRTH (month, day, and year) Nov. 22 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middleton (State or country) Idaho

FATHER

13. NAME Jacob Blackhead

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Magdeleba

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Ella A. Blackhead (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Canyon Ida Date 6/21 1938

19. UNDERTAKER E. Peckham (Address) Caldwell Ida

20. FILED 6/30, 1938 Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1938, to Jan 19, 1938, that I last saw h alive on Jan 19 1938: death is said to have occurred on the date stated above, at 10:50 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 19 38

Other **contributory causes** of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical. Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. A. Foss, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109775

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 67

JUL 8 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Male Baby - Hainey

(a) Residence. No. Memorial Park Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no
6. DATE OF BIRTH (month, day, and year): June 22

AGE — Years | Months | Days | If LESS than 1 day, hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): no
11. Total time (years) spent in this occupation: no

12. BIRTHPLACE (city or town) (State or country): Caldwell

FATHER

13. Male Baby Hainey
14. BIRTHPLACE (city or town) (State or country): Wessington Springs - S. D.

MOTHER

15. MAIDEN NAME: Agnes Alice Rund
16. BIRTHPLACE (city or town) (State or country): Letcher S. D.

17. INFORMANT (Address): Dr. C. R. Whittenberger Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Home Date: June 27 1938

19. UNDERTAKER (Address): Oscar Haines

20. FILED 6-29, 1938. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 27 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to June 27, 1938.
I last saw him alive on June 27, 1938.: death is said to have occurred on the date stated above, at 1:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Degeneration of Placenta	

Other **contributory causes** of importance:

Prematurity
5½ months Gestation.

Name of operation: none Date of:
What test confirmed diagnosis: Gross Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** no
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Dr. C. R. Whittenberger M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109776

JUL 8 - 1938

Registration District No.
Primary Registration District No. 1005 Local Registrar's No. 68
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John W. Barr.
(a) Residence No. Caldwell St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Barr

6. DATE OF BIRTH (month, day, and year) Sept 1 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cedar Falls (State or country) Iowa

FATHER
13. NAME Alexander Barr
14. BIRTHPLACE (city or town) — (State or country) —

MOTHER
15. MAIDEN NAME Mary Sowash
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Vera F. Hiatt (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Canyon Hill Cem. Date 6-25, 1938

19. UNDERTAKER V. Blackburn (Address) Caldwell Ida

20. FILED 6/25, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/23 1938

22 I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to June 23, 1938
I last saw h alive on June 22 1938: death is said to have occurred on the date stated above, at 3:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 22, 38

Other **contributory causes** of importance:
Senility

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) W. B. Whittenburger M.D.
(Address Caldwell, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109777

JUL 8 - 1938

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 69

(No. Caldwell Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank P. Rhenby

(a) Residence No. Homedale Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 24 1858

7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell Idaho
(State or country)

FATHER

13. NAME Leonard P. Rhenby

14. BIRTHPLACE (city or town) Liberal Kansas
(State or country)

MOTHER

15. MAIDEN NAME Beatrice Hooker

16. BIRTHPLACE (city or town) Beaver Oklahoma
(State or country)

17. INFORMANT Leonard P. Rhenby
(Address) Homedale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverton Memorial Park Date June 25 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED July 5, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 24 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109778

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 70

(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 8 - 1938

159

2. FULL NAME Jack Rheuby Jr.

(a) Residence No. Homedale Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/24/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER

13. NAME Leonard Rheuby
14. BIRTHPLACE (city or town) Liberal
(State or country) Kansas

MOTHER

15. MAIDEN NAME Beatrice Hooker
16. BIRTHPLACE (city or town) Beaver
(State or country) Beaver Co. Oklahoma

17. INFORMANT Leonard Rheuby
(Address) Homedale Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nyssa Ida. Date 6/26, 1938

19. UNDERTAKER E. V. Pechstein
(Address) Caldwell Ida.

20. FILED 7/5, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/26 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) [illegible], M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109775

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 109
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

July 2 1938

2. FULL NAME William Jackson Williams
(a) Residence No. Douglas Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida May Williams

6. DATE OF BIRTH (month, day, and year) Oct. 21, 1871

7. AGE: Years 66 | Months 8 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Davis Co. (State or country) Mo.

FATHER
13. NAME J. E. Williams
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Rachel Foster
16. BIRTHPLACE (city or town) Davis Co. (State or country) Mo.

17. INFORMANT Mrs. Mabel Williams (Address) Douglas, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Lawn Date 6/28, 1938

19. UNDERTAKER Keith Sather (Address) Nampa, Ida.

20. FILED July 7, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/26 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/22, 1938, to 6/26, 1938
I last saw him alive on 6/26 1938.: death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6/26
Coronary Occlusion	6/12

Other contributory causes of importance: Cardiovascular failure, Generalized Arteriosclerosis — ?

Name of operation ..... Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Rose, M. D.
(Address Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109780

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 97
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Donnelly

(a) Residence No. Mc Call Idaho — St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia E. Donnelly

6. DATE OF BIRTH (month, day, and year) Sept 18 1865

7. AGE: Years 72 | Months 10 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Thomas Donnelly
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Bridget Donnelly
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Helen Dan Mary (Address) Mc Call Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Twin Falls Ida. Date June 30, 1938

19. UNDERTAKER Keith Talley (Address) Nampa Idaho

20. FILED July 2, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-25-, 1938, to 6-28-, 1938
I last saw h— alive on 6-28- 1938: death is said to have occurred on the date stated above, at 3:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy and Pneumonia	6-25-38

Other **contributory causes** of importance:

Chronic Nephritis	Years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Hoffman, M. D.
(Address) Nampa Ida

PLACE OF DEATH

County of Canyon

City of Nampa

RECEIVED

JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10978-1

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 106

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1865

2. FULL NAME Sarah Park Gott

(a) Residence No. 412-7th Ave. So. Nampa Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME Park [redacted]

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Mc Donald

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Mrs Allen Gott

(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Ida Date 7-3, 1938

19. UNDERTAKER F. K. Robinson

(Address) Nampa Idaho

20. FILED July 7, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-2 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-29, 1938, to 7-2, 1938

I last saw her alive on 7-2 1938: death is said to have occurred on the date stated above, at 7:20 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypostatic	
Other **contributory causes** of importance:	
Fractured hip 6-29-38	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** In home

Manner of injury Slipped on floor & fell.

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. L. Gordon, M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109782

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 106

JUL 8 - 1938

(No. Caster's Nursing Home
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Kelly

(a) Residence No. Owsna, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years: 67 | Months: | Days: | If LESS than 1 day ..... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (Retired)
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canada

MOTHER FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country):
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: James Rees
(Address) Owsna, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 7-5, 193 8

19. UNDERTAKER: F. K. Robinson
(Address) Nampa, Idaho

20. FILED July 7, 193 8 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-2 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Old age	
Senility (No Physician)	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Lyda Rodgers M.D.
(Address) Nampa Idaho Local Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109783

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 107
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 8 - 1938

130

2. FULL NAME Vernon Alfred Borchert
(a) Residence No. Nampa Idaho, Rt 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-27-09

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	4	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coppinger Iowa

FATHER
13. NAME Otto C. Borchert
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Katherine Dieterich
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Otto C. Borchert
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Steele, N. D. Date 7-7, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED July 7, 1938 Lydd Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/7, 1937, to 7/6, 1938
I last saw h[illegible] alive on 7/6 1938: death is said to have occurred on the date stated above, at 10:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1923
Acute Nephritis	1923

Other contributory causes of importance:
Uremia - Convulsions
Thyroid Gland

Name of operation — Date of —
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Lloyd D. Singleton M. D.
(Address) Nampa Ida

8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109784

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 111

JUL 14 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Mercy Hospital)

2. FULL NAME Daniel Haden Poff

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Poff

6. DATE OF BIRTH (month, day, and year) Feb 18 1866

7. AGE — Years: 72 | Months: 3 | Days: 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Joshua Poff
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Rachel Jackson
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Melbourne Poff
(Address) Emmett Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Emmett Ida Date July 9, 1938

19. UNDERTAKER C. Bullock
(Address) Emmett Idaho

20. FILED 7/15, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/8 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-7, 1938, to ....., 193.....
I last saw h... alive on 7-7 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asterio Sclerosis	
Rocky Mt. Spotted Fever	1 wk
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Bullock M. D.
(Address) Emmett, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Caribou.

City of Soda Springs, (If outside city limits, give township)

JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109785

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 21
(No. Caribou County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Doyle Anderson

(a) Residence. No. Central, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexander, Idaho

FATHER

13. NAME James LeRoy Anderson

14. BIRTHPLACE (city or town) (State or country) Central Idaho

MOTHER

15. MAIDEN NAME Lucille Benson

16. BIRTHPLACE (city or town) (State or country) Ingus Idaho.

17. INFORMANT (Address)

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Central Date Apr 27, 1938

19. UNDERTAKER Bishop, G. N. Lichtenberg
(Address) Central Idaho

20. FILED 7-6, 1938 Dr Russell Light
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/24/38

22. I HEREBY CERTIFY, That I attended deceased from 4/24/38, 193.., to 4/24/38, 193..
I last saw him alive on 4/24/38 about noon, 193.. death is said to have occurred on the date stated above, at 3:PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	
Do not know.	
Under my care three hours.	
Other contributory causes of importance: None	

Name of operation 0 Date of
What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Mackley, M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Soda Springs Ida
JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109786

Registration District No. 8 2
Primary Registration District No. 2159 Local Registrar's No. 19
(No. Canyon Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Lee
(a) Residence. No. Heyburn, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 30-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 34 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Ludwig Lee
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT X Fred A. Lange
(Address) 1628 Palmer Ave Pueblo Colo.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Heyburn Ida Date June 6, 1938

19. UNDERTAKER O. D. Walters
(Address) Soda Springs Ida

20. FILED Jun 6-7, 1938 D. Russell Tyler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 31 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938, to May-31-, 1938
I last saw him alive on May 31-, 1938; death is said to have occurred on the date stated above, at 4:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostrate	
Other contributory causes of importance: 0	

Name of operation Transurethreal Prostectomy Date of 5/28/38
What test confirmed diagnosis? Biopsey Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Celia Kaufman, M. D.
(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou.

City of Soda Springs, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109757

Registration District No. 82

Primary Registration District No. 2159

Local Registrar's No. 15

JUL 1 - 1938

66a

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Ann Larsen Clifford

(a) Residence. No. Soda Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow of George Clifford

6. DATE OF BIRTH (month, day, and year) Jany. 23rd, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pleasant Grove
(State or country) Utah

FATHER

13. NAME Neils Peter Larsen

14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Marie KNUDSEN

16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Kenneth Larsen
(Address) Soda Springs, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Springs Date 6/15/38 193...

19. UNDERTAKER Idaho. E. S. Whitmore
(Address) Soda Springs, Idaho.

20. FILED 6/13, 1938 Dr. Russell Liguet
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/12/1938

22. I HEREBY CERTIFY, That I attended deceased from Jany. 5, 1930, to 6/12/38, 193...
I last saw her alive on 6/12/38, 193...: death is said to have occurred on the date stated above, at 5.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mel.	
Toxic Heart	
Other contributory causes of importance:	
O Toxic Goiter	

Name of operation None Date of.....
What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of CARIBou
City of SODA SPRINGS, IDA

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109788

JUL 1 - 1938

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 16
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME FREDERICK E. CHRISTOFFERSON

(a) Residence. No. Soda Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) OCT. 5TH, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	8	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Soda Springs (State or country) Idaho.

FATHER
13. NAME Christian Christofferson
14. BIRTHPLACE (city or town) Denmark (State or country)

MOTHER
15. MAIDEN NAME Bertha Hansen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT L. A. Richards
(Address) Conda, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Soda Springs, Date 6/25/38 193..

19. UNDERTAKER Idaho C & D Whitman
(Address) Soda Springs, Ida.

20. FILED 6/24/38 193.. Dr. Russell Tingey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/22 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to 6/22/38, 193..
I last saw him alive on 6/22/38 193..: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Do not know, dropped dead,	
Was dead when I saw him	
Other contributory causes of importance:	
Do not know	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley, M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10979

JUL 1 - 1938

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 17
(No. Soda Springs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

48

2. FULL NAME Margaret Ryan Moore

(a) Residence No. Lund, Idaho. St. Lund, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wife of James Wilson Moore

6. DATE OF BIRTH (month, day, and year) July 20, 1889.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wellsville,
(State or country) Utah.

FATHER

13. NAME John T. Ryan

14. BIRTHPLACE (city or town) .....
(State or country) New York.

MOTHER

15. MAIDEN NAME Susan Grant

16. BIRTHPLACE (city or town) Wellsville,
(State or country) Utah.

17. INFORMANT James Wilson Moore
(Address) Lund, Idaho.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Lund, Idaho. Date June 28, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED June 28, 1938. D. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/25/1938.

22 I HEREBY CERTIFY, That I attended deceased from 6/20/38, 193..., to 6/25/38, 193...

I last saw her alive on 6/25/38, 193...; death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	
Other contributory causes of importance:	
0	

Name of operation Lap. Date of 6/22/38
What test confirmed diagnosis? Physical Examination Was there an autopsy? No (Pathological Report)

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ellis Kackley M. D.

(Address Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Alexander Ida

JUL 1 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109790

Registration District No. 87

Primary Registration District No. 2159

Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Alvina Reed

(a) Residence. No. Alexander Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94 Yr.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Martha Jane Reed

6. DATE OF BIRTH (month, day, and year) Sept. 3 - 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant & Mg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Master

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME John F. Reed

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Frances Frame

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) E. A. Reed Jr. Lava Hot Springs Ida

~~18. BURIAL~~, CREMATION OR REMOVAL

Place Soda Springs Ida Date June 28, 1938

19. UNDERTAKER E. D. Patterson (Address) Soda Springs Idaho

20. FILED June 27, 1938 D. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 24 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/22/38, 193.., to June 24, 1938

I last saw h~~im~~ alive on June 24, 1938: death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

0

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Kackley physician M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Soda Springs

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109791

Registration District No. 82
Primary Registration District No. 2-159
Local Registrar's No. 22
(No. Caribou Co. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wanda Smith

(a) Residence No. ..... St. Georgetown Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 6, 1931

7. AGE — Years: 6 — Months: 11 — Days: 24 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Georgetown Idaho

FATHER

13. NAME: Lavere Smith
14. BIRTHPLACE (city or town) (State or country): Georgetown Idaho

MOTHER

15. MAIDEN NAME: Carmen Hess
16. BIRTHPLACE (city or town) (State or country): Georgetown Idaho

17. INFORMANT: Lavere Smith
(Address) Georgetown, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Georgetown Idaho Date: July 2, 1938

19. UNDERTAKER: J. M. Wilson
(Address) Montpelier Idaho

20. FILED 6-30, 1938 D. Russell [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): June 29 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/25/38, 193..., to 6/29/38, 193...
I last saw her alive on 6/29/38 193...: death is said to have occurred on the date stated above, at 10:20 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tularemia	
Other **contributory causes** of importance: 0	

Name of operation 0 Date of
What test confirmed diagnosis? ..... Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) Ellis Rackley Ellis Rackley, M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109793

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 20
(No. Caribou County Hospital., Soda Springs, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 5 - 1938

2. FULL NAME Ethyl Allen Sherman
(a) Residence No. American Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fe	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Bert Albert Sherman

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) June 1, 193
11. Total time (years) spent in this occupation 24 years

12. BIRTHPLACE (city or town) Elba, Idaho
(State or country)

FATHER

13. NAME Jude Welton Allen
14. BIRTHPLACE (city or town) Willard Utah
(State or country)

MOTHER

15. MAIDEN NAME Betsy Ann Ousterhout
16. BIRTHPLACE (city or town) Willard Utah
(State or country)

17. INFORMANT Myrtle Christensen
(Address) American Falls Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place American Falls, Idaho Date ....., 193

19. UNDERTAKER Arthur Davis
(Address) American Falls, Idaho

20. FILED 6-30, 1938 Dr. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/22/38, 193..., to 6/30/38, 193...
I last saw her alive on 6/30/38 193...: death is said to have occurred on the date stated above, at 5/45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of the Head of the Pancreas	
Other contributory causes of importance:	
	38

Name of operation Lap. Date of 6/23
What test confirmed diagnosis? ..... Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? 0 If so, specify.....
(Signed) Ellis Kackley, M. D.
(Address) Soda Springs, Idaho.

Caribou

PLACE OF DEATH.

County of [illegible]

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109793

JUL 7 - 1938

Registration District No. 82

Primary Registration District No. 2-159

Local Registrar's No. 24

(No. Caribou Co. Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John R. Dacking

(a) Residence No. [illegible] Dooley - Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Charles L. Dacking

6. DATE OF BIRTH (month, day, and year) June 29 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (mo. and yr.) [illegible]

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Hopewell Mass
(State or country)

FATHER

13. NAME Ensign Israel Dacking

14. BIRTHPLACE (city or town) Mass
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Arnold

16. BIRTHPLACE (city or town) Ensign
(State or country)

17. INFORMANT Mrs. Ida Dacking
(Address) Dooley Ave

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Hoey Dun Date July 3, 1938

19. UNDERTAKER Jas. R. Tapper
(Address) Soda Springs Ida

20. FILED July 4, 1938 Dr. Russell Tingey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from June 30, 193 8, to June 30, 193 8
12 hours
I last saw h. alive on June 30, 193 8; death is said to have occurred on the date stated above, at 7:25 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 30 1938

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? electrocardiogra.

autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Evan M. Hackett M. D.

(Address Soda Springs, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109794

Registration District No. 82
Primary Registration District No. 2159, Local Registrar's No. 23

JUL 7 - 1938

(No. Caribou Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Byron Mc Gee Harris

(a) Residence No. Lago, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mabel F. Harris

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Lago (State or country) Ida

FATHER

13. NAME Wm. McGee Harris

14. BIRTHPLACE (city or town) Richmond (State or country) Ut

MOTHER

15. MAIDEN NAME Harriett Carson

16. BIRTHPLACE (city or town) Richmond (State or country) Ut

17. INFORMANT Guy Harris (Address) Lago, Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Lago, Ida Date July 4, 1938

19. UNDERTAKER Henriksen (Address) Preston Ida

20. FILED July 4, 1938 D. Russell Liquet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/4/38 193

22. I HEREBY CERTIFY, That I attended deceased from 4/12/36, 193..., to 7/4/38, 193...
I last saw him alive on 7/4/38 193...: death is said to have occurred on the date stated above, at 7:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Infarction	
Other **contributory causes** of importance:	
0	

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy? 0

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109795

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 33
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Smith

(a) Residence No. Burley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Inf

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-1-38

7. AGE Years	Months	Days	If LESS than 1 day 2 hrs. or ..... min.
		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inf
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley
(State or country) Ida

MOTHER FATHER
13. NAME W. P. Smith
14. BIRTHPLACE (city or town) St Anthony
(State or country) Ida
15. MAIDEN NAME Dorothy Walstrum
16. BIRTHPLACE (city or town) Burley
(State or country) Ida

17. INFORMANT W. P. Smith
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lawn Ida Date 5-4, 1938

19. UNDERTAKER Geo. C. Rogers
(Address) Burley

20. FILED May 3, 1938 Laura L. Thatcher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-1 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-1, 1938, to 5-1, 1938
I last saw her alive on 5-1 1938: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-1-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. M. Kelly, M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109796

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 42

159

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roger Long

(a) Residence. No. Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 13 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

FATHER

13. NAME Wayne Porter Long
14. BIRTHPLACE (city or town) Burley
(State or country) Idaho

MOTHER

15. MAIDEN NAME Jean E. Page
16. BIRTHPLACE (city or town) —
(State or country) Canada

17. INFORMANT Wayne P. Long
(Address) Burley - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 6-16-, 1938

19. UNDERTAKER Vern B. McCulloch
(Address) Burley Idaho

20. FILED 6-16-, 1938 Laura D. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-25-, 1938, to 6-13-, 1938.
I last saw him alive on 5-25-, 1938: death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
C/S two quarters	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Kelly, M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Albion

JUN 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109797

Registration District No. 119

Primary Registration District No. 2198

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

93

2. FULL NAME S. C. Sorensen

(a) Residence. No. Albion St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Sorensen

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER FATHER

13. NAME Jens P. Sorensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wilbert Sorensen (Address) Albion, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls Date 5-24, 1938

19. UNDERTAKER Jas. P. Payne (Address)

20. FILED June 1, 193 8 E. J. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 20 193 8

22. I HEREBY CERTIFY, That I attended deceased from April 15, 193 8, to May 20, 193 8.

I last saw him alive on May 19, 193 8; death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Apr. 15-38
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following: No

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Slater, M. D.

(Address) Albion Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109798

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 55
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alonzo Linsley Ames
(a) Residence. No. Cottage Hospital (Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or)~~ WIFE of Grace Elnor Ames

6. DATE OF BIRTH (month, day, and year) Oct. 18 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	7	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.) 5-25-38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Elizabethtown New York

FATHER
13. NAME Edwin Horace Ames
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Marion L Nichols
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Hyslack V-Beaver (Daughter)
(Address) Cassia District

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Ida Date 6-2-, 1938

19. UNDERTAKER Geo. B. McCullpch
(Address) Burley Idaho

20. FILED 6-10, 1938 Laura I Groscher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/29/1938

22. I HEREBY CERTIFY, That I attended deceased from 5-15-24, 1938, to 5-29, 1938.
I last saw him alive on 5-28, 1938; death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Right	5-24-38
Other contributory causes of importance: Potts Disease of Thoracic Spine	20 to 25 Yrs ago.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. A. Nelson, M. D.
(Address) Burley Idaho

108

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109799

JUL 11 1938

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 5-6

(No.) 159
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Helen Belton

(a) Residence No. Burley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 30, 1908

7. AGE Years	Months	Days
29		

If LESS than 1 day old ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) Burley
(State or country) Ida

FATHER

13. NAME Luther J. Belton
14. BIRTHPLACE (city or town) Tekio
(State or country) North Dakota

MOTHER

15. MAIDEN NAME Helen Hayes
16. BIRTHPLACE (city or town) Parker
(State or country) Ida

17. INFORMANT Luther J. Belton
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date June 1, 1938

19. UNDERTAKER
(Address)

20. FILED May 31, 1938 Laura O. Thacker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 30 1938

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938, to May 30, 1938

I last saw her alive on May 30 1938; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal infection	
6½ mos. gestation	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) ... M. D.
(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley
JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109809

Registration District No. 117
Primary Registration District No. 2190
Local Registrar's No. 50

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Hannah Elizabeth Stokes Babbett

(a) Residence No. Rupert St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: ~~M~~ F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lorenzo Babbett

6. DATE OF BIRTH (month, day, and year) Aug 18 1859

7. AGE: Years 69 | Months 8 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Elba Iowa

FATHER
13. NAME Wm R Stokes
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Maria Perry
16. BIRTHPLACE (city or town) (State or country) Ellis Kansas

17. INFORMANT Lorenzo Babbett (Address) Rupert

18. BURIAL, CREMATION OR REMOVAL Place Elba Date June 8, 1938

19. UNDERTAKER Lyon & Payne (Address) Burley

20. FILED June 7, 1938 Louise D Strachan Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 5 1938

22 I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to June 5, 1938

I last saw h[illegible] alive on June 5 1938: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	May 15-38

Other contributory causes of importance:

Hypostatic

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bussed
City of Buhler

JUL 11 1968

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109801

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 51
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cecil Albert Sheridan

(a) Residence No. Ahmo Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva E Sheridan
6. DATE OF BIRTH (month, day, and year): Nov 8 1877
7. AGE: Years 60 | Months 6 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) Hardin Co Ky
(State or country)

FATHER
13. NAME: Don't Know Self
14. BIRTHPLACE (city or town): " "
(State or country)

MOTHER
15. MAIDEN NAME: Lucie Don't Know
16. BIRTHPLACE (city or town): " "
(State or country)

17. INFORMANT: Mrs Eva E. Sheridan
(Address): Ahmo, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Ahmo Date June 9 1938

19. UNDERTAKER: J. A. Taylor
(Address): Boyden

20. FILED June 7, 1938 Laura D Spradley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 6 1938

22 I HEREBY CERTIFY, That I attended deceased from May 24, 1938, to May 29, 1938
I last saw him alive on May 24 1938; death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	?
Chronic nephritis	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. W. Bell, M. D.
(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STA OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109802

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 5-2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Montana Decker

(a) Residence No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Decker Kansas

6. DATE OF BIRTH (month, day, and year) Aug 2nd 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Dist. Kansas Montana

FATHER

13. NAME D. W. Blake

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Mary Kathryn Thomas

16. BIRTHPLACE (city or town) (State or country) Peloo Ia.

17. INFORMANT Mrs Dora Taylor
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Oakwood Date Dec 12, 193 8

19. UNDERTAKER E. D. Payne
(Address) Burley

20. FILED 6-16, 193 8 Laura D. Procher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-7 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-16-, 193 8, to 6-7-, 193 8

I last saw her alive on 6-1- 193 8: death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
aortic regurg.	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. D. Tape, M. D.
(Address) Burley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

OF IDAHO
DEPARTME. . OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
JUN 20 1938

DO NOT WRITE IN THIS SPACE
State File No. 109863

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

44C

2. FULL NAME Victor Salazar

(a) Residence No. Laos New Mex St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Mexican
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Raquel A. Salazar

6. DATE OF BIRTH (month, day, and year) No Data

7. AGE: Years: About 41 yrs. old | Months: | Days: | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Herder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Raising Sheep. Shelley, Ida.
10. Date deceased last worked at this occupation (mo. and yr.) 5-30-38
11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) Laos
(State or country) New Mexico

FATHER
13. NAME No Data
14. BIRTHPLACE (city or town) No Data
(State or country)

MOTHER
15. MAIDEN NAME No Data
16. BIRTHPLACE (city or town) No Data
(State or country) No Data

17. INFORMANT Raquel A. Salazar
(Address) New Mexico

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 6-17-, 1938

19. UNDERTAKER Vern B. McCulloch
(Address) Burley-Ida.

20. FILED 6-17, 1938 Laura D. Stocker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-13 1938

22 I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to June 13, 1938
I last saw h- alive on June 13 1938.: death is said to have occurred on the date stated above, at 1:15 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Sheep Herder

(Signed) I. D. Sutton, M. D.
(Address) Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

JAMES W. HAWKINS, M. D., DIRECTOR
ECHO DELL WATSON, CHIEF CLERK

BARZILLA W. CLARK, GOVERNOR
EX-OFFICIO COMMISSIONER
OF PUBLIC WELFARE

June 20, 1938

RECEIVED
JUN 23 1938

R.J.Sutton, M.D.
Oakley, Idaho.

Dear Dr. Sutton:

We are in receipt of the death record of Victor Salazar, who died in Burley, June 15, 1938, from Rocky Mountain Spotted Fever.

Will you kindly advise how long this man resided in the city where death occurred? Was he bitten by the tick in New Mexico or Idaho?

Kindly advise on the bottom of this letter and return at once, so that we may complete this record.

Thanking you, we are,

Very truly yours,

Division of Public Health

Pearl Dillingham
Registrar of Vital Statistics

PBA

Mr Victor Salazar was moved from Shelley Ida to Oakley for treatment of Spotted fever.
He had been with the sheep up to his sickness as near as I could find out, around that Locality when he became infected.
He was under my treatment about 7 days before he died at Oakley Idaho

R J Sutton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109804

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 53

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Glenn Bywater

(a) Residence No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-20-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

FATHER

13. NAME Glenn D. Bywater
14. BIRTHPLACE (city or town) Irwin
(State or country) Ida

MOTHER

15. MAIDEN NAME Nina Belsey
16. BIRTHPLACE (city or town) Swan Lake
(State or country) Idaho

17. INFORMANT Glenn D. Bywater
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date June 17, 1938

19. UNDERTAKER Geo. E. Pierce
(Address) Burley

20. FILED 6-16, 1938 Laura E. Thacker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/14 1938

22 I HEREBY CERTIFY, That I attended deceased from June 13 1938 to June 14 1938, 193..
I last saw him alive on June 13 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidentally Struck By Passinger Train	
Other contributory causes of importance: Fractured Skull & Internal Injuries	
Name of operation	Date of .....
What test confirmed diagnosis?	Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury June 13 1938
Where did injury occur? Burley Cassia Co. Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Compound Fracture
Nature of injury Skull & Internal

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. E. Pierce
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109805

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 56

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wesley Hatch

(a) Residence No. N. Miller Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paradise Utah
(State or country)

FATHER

13. NAME Robert Oral Hatch
14. BIRTHPLACE (city or town) Franklin Ida
(State or country)

MOTHER

15. MAIDEN NAME Myrtle Welch
16. BIRTHPLACE (city or town) Paradise Ut.
(State or country)

17. INFORMANT R. O. Hatch
(Address) Burley-Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Franklin Ida. Date 6-26, 1937

19. UNDERTAKER Vern B. McCullach
(Address) Burley-Ida.

20. FILED 6-24, 1937 Laura D. Speicher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-23-1937

22 I HEREBY CERTIFY, That I attended deceased from 10-15, 1936, to 6-23, 1937.
I last saw him alive on 6-10 1937: death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ewings bone tumor Rt Leg Knee	11-25-1936
Ewings bone tumor - Lung	11-20-1937
Amputation of Rt Thigh	
Metastases to Vertebrae and Ribs	
Other **contributory causes** of importance:	
Secondary Anemia	11-1937

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. M. Keeth, M. D.
(Address) Burley Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109866

JUL 11 1938

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James E Loughley

(a) Residence No. 1 Overturn Add St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Winnie Banks Loughley

6. DATE OF BIRTH (month, day, and year) 7-21-59

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME John Loughley
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary McBrearty
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Winnie Loughley
(Address) Overturn

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date July 1, 1938

19. UNDERTAKER L. A. Payne
(Address) Burley

20. FILED 6-30, 1938 Laura D Brocher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-28 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-28, 193 8, to 6-28, 193 8
I last saw him alive on 6-28 193 8; death is said to have occurred on the date stated above, at 1:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	6-28-38
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. M. Kelly, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clark
City of Spencer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109807

Registration District No. 125
Primary Registration District No. ____ Local Registrar's No. 1
(No. ____)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Wayne Brockbank

(a) Residence No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Hatton
(State or country) Washington

FATHER

13. NAME Oliver Brockbank

14. BIRTHPLACE (city or town) ____
(State or country) Iowa

MOTHER

15. MAIDEN NAME Ruth Williams

16. BIRTHPLACE (city or town) Mead
(State or country) Nebraska

17. INFORMANT Mrs. Pete Boron
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sunnydale Date May 27, 1928

19. UNDERTAKER Jack G. Wood
(Address) Idaho Falls

20. FILED 5-27, 1928 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 24 1928

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____ 193...: death is said to have occurred on the date stated above, at 11:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
accidentally struck by lightning (no inquest held)	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Paul F. Stell, M.D.
(Address Dubois, Ida. Coroner

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109808

Registration District No. 90

Primary Registration District No. 2167 Local Registrar's No. 47

(No. Orofino Hospital, Orofino, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herbert Keeter CCC-333566

(a) Residence. No. Yellville, Arkansas St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14, 1920

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
18	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** C. C. C.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** C. C. C. Camp

10. Date deceased last worked at this occupation (mo. and yr.) 6-4-38

11. Total time (years) spent in this occupation 2 months

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME John P. Keeter

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT
(Address) CCC Records

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date June 5 1938

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED 6-7-, 1938 W. A. Schaen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to June 5, 1938.
I last saw him alive on June 5, 1938; death is said to have occurred on the date stated above, at 1:05 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull fracture, basal	6-5-38
Other **contributory causes** of importance:	
Shock	6-5-38

Name of operation None Date of
What test confirmed diagnosis? Clinical examination & Post Morten Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-5-38
Where did injury occur? 14 mi. N.E. of Pierce, Ida. on Pierce-Bungalow Road
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public highway
Manner of injury Truck accident
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) L. B. HANSON, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino
JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 109869

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 46

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lewis

(a) Residence No. St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 5 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Fred Hammond
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date June 8, 193 8

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 6/7, 193 8 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-6 193 8

22 I HEREBY CERTIFY, That I attended deceased from 6/3, 193 8, to 6/6, 193 8
I last saw him alive on 6/6 193 8.: death is said to have occurred on the date stated above, at 3 30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1934
Chronic cystitis	

Other **contributory causes** of importance:

Arterial sclerosis	?

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Hoffmann, M. D.
(Address) Orofino Idaho.

JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109810

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
(No.)

Local Registrar's No. 48

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Nora May Gaines

(a) Residence. No. Grangeville, Idaho St.
(If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Otis J. Gaines

6 DATE OF BIRTH (month, day and year) August 23, 1905

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer) own home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oroville, Wash

PARENTS

10 NAME OF FATHER Hiel Harkness

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Ella Bangs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) California

14 Informant Hospital records
(Address) State Hospital North, Orofino, Idaho

15 Filed 6/8, 1938 H. A. Shaw
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 8 (Day) 1938 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 6/7/38, 19..., to 6/8/38, 19..., that I last saw her alive on 6/7/38, 19..., and that death occurred, on the date stated above, at 4:10 am

The CAUSE OF DEATH* was as follows:

Asthma

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute mania

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Grangeville
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) A. W. Hoffman, M. D.
6/8/38, 19... (Address) Orofino

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Orofino Idaho	6/11 19
20. Undertaker H. A. Shaw	Address Orofino

N. B.—Every item of information should be carefully supplied. Age should be stated correctly. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Orofino

RECEIVED
JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109811

Registration District No.
Primary Registration District No. Local Registrar's No. 49
(No. State Hospital North) 167
(If death occurred in a hospital of institution, give its name instead of street and number)

2. FULL NAME Agnes Anderson

(a) Residence No. 834 North 5th St. Coeur d'Alene Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Mar. 16, 1870

7. AGE — Years: 68 — Months: 2 — Days: 29 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Farnham
(State or country): Ontario - Canada

FATHER

13. NAME: William Conran
14. BIRTHPLACE (city or town): Ottawa,
(State or country): Canada

MOTHER

15. MAIDEN NAME: Mary Olmstead
16. BIRTHPLACE (city or town): Ottawa,
(State or country): Canada

17. INFORMANT: Records: State Hospital North
(Address): Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Cloverdale Date: 6/17, 1938

19. UNDERTAKER: Mooney
(Address): Coeur d'Alene 2

20. FILED: 6/15, 1938 — H. A. Shaw, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 14 1938

22 I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to June 14, 1938
I last saw her alive on June 14 1938: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Senile psychosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109812

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 50
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME TED O' NEEL

(a) Residence No. Orofino, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of Beatrice O'NEEL
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/5/1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENTER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer

10. Date deceased last worked at this occupation (mo. and yr.) June 19/1938

11. Total time (years) spent in this occupation about 7 yrs.

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER

13. NAME THADIUS O'NEEL

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT BEATRICE O'NIEL
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date June 23 1938

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Idaho

20. FILED 6/22, 193[illegible] H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-20 1938

22 I HEREBY CERTIFY, That I attended deceased from June 19, 1938, to June 20, 1938.
I last saw h.[illegible]m alive on 6-20 1938: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture dislocation of Cervical Vertebra 6 with injury to Spinal Cord	6-19-38
Other contributory causes of importance:	
Fract. of 12-Dorsal & 1st Lumbar Vert.	6-19-38

Name of operation reducing dislocation Date of 6-19-38
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 6-19-38, 193.....
Where did injury occur? Orofino Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place building house
Manner of injury Fell off roof
Nature of injury Fract. Dislocation 6 Cerv. Vert.

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Carpenter
(Signed) Ted Carpenter M. D.
(Address) Orofino, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109813

PLACE OF DEATH
County of Nez Perce
City of Orofino
RECEIVED JUL 6 - 1938
Registration District No. 20
Primary Registration District No. 2157
(No. ....)
Local Registrar's No. 59
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

148

2. FULL NAME James Verner Cox

(a) Residence. No. Lewiston Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eva Richardson

6 DATE OF BIRTH (month, day and year) May 15, 1909

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Price Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Erb Hardware Company

9 BIRTHPLACE (city or town) (State or country) Russel Ridge Idaho

PARENTS
10 NAME OF FATHER James J Cox
11 BIRTHPLACE OF FATHER (city or town) (State or country) Missouri
12 MAIDEN NAME OF MOTHER Kathryn Biegert
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Oregon

14 Informant Mrs Verner Cox
(Address) Clarkston, Washington

15 Filed 6/25, 1938 H. A. Olsen Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 24 (Day) 1938 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1938, to June 24, 1938, that I last saw him alive on June 24, 1938, and that death occurred, on the date stated above, at 12 35 P m.

The CAUSE OF DEATH* was as follows:
Horse fell backward - Resulting in puncture wound of left Chest involving L. lung, followed by infection & hemorrhage
(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) respiratory
unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of May 30, 1938
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) A B Pappenhagen M. D.
June 24, 1938 (Address) Orofino Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial 19
Lewiston, Idaho	6/27/38
20. Undertaker N. R. Merchant	Address Clarkston Wn

N. B.—Every item of information should be carefully supplied. AGE should be stated correctly; where it cannot be stated exactly, approximate as nearly as possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109814

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 52

JUL 6 - 1938

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvin Anderson

(a) Residence No. ..... St. Coeur d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 5, 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Factory

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washburn,
(State or country) Wisconsin

FATHER

13. NAME Iver O. Anderson

14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER

15. MAIDEN NAME Ida Reiton

16. BIRTHPLACE (city or town) Wisconsin
(State or country) ~~Unascertained~~

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hosp. Cemetery Date June 27, 1938

19. UNDERTAKER F. A. Billberg, Hosp. Attdt.
(Address) Orofino - Idaho.

20. FILED 6/27, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 25 1938

22 I HEREBY CERTIFY, That I attended deceased from June 8, 1930, to June 25, 1938

I last saw him alive on June 25 1938.: death is said to have occurred on the date stated above, at 5:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other **contributory causes** of importance:	
Dementia praecox	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Ahsahka

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 51

(No. ....)

DO NOT WRITE IN THIS SPACE

State File No. 109815

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Dodge

(a) Residence No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/23/38

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Ahsahka
(State or country) Idaho

FATHER

13. NAME Ted Dodge

14. BIRTHPLACE (city or town) Murry
(State or country) Idaho

MOTHER

15. MAIDEN NAME Zelma Walker

16. BIRTHPLACE (city or town) Ahsahka
(State or country) Idaho

17. INFORMANT Ted Dodge
(Address) Ahsahka Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cavendish Ida. Date 6/27/38 193..

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho.

20. FILED 6-28, 193.. H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 24 1938

22 I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to June 24, 1938

I last saw her alive on June 23 1938: death is said to have occurred on the date stated above, at 6-a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity.	June 23
7 lbs 8 oz / week.	
Weight 1 3/4 pounds	

Other **contributory causes** of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193..

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ....

Manner of injury ....

Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, Specify ....

(Signed) Harland L. Kahler M. D.

(Address) Orofino.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Pierce

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90 2187
Primary Registration District No.
Local Registrar's No. 54

DO NOT WRITE IN THIS SPACE
State File No. 109816

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillian May Carlson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Carlson

6. DATE OF BIRTH (month, day, and year) Apr 1 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Main
(State or country)

FATHER

13. NAME George Bennet

14. BIRTHPLACE (city or town) Main
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Main

17. INFORMANT John Carlson
(Address) Pierce Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 6/21, 1938

19. UNDERTAKER W.A. Shaw
(Address) Orofino Ida

20. FILED 6/19, 1938 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4.30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular heart disease	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W.A. Shaw for my 90 M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Glenn Ferry

RECEIVED
JUN 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35

Primary Registration District No. 2021

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 10981

Local Registrar's No. 10

2. FULL NAME Gertrude Marie White

(a) Residence No. .... Glenn Ferry .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. .... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Oct. 14, 1924

7. AGE — Years: 13 | Months: 8 | Days: 5 | If LESS than 1 day .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....

10. Date deceased last worked at this occupation (mo. and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Glenn Ferry, Idaho

FATHER

13. NAME: Paul H. White

14. BIRTHPLACE (city or town) (State or country): Valentine, Nebraska

MOTHER

15. MAIDEN NAME: Mary C. Grass

16. BIRTHPLACE (city or town) (State or country): Ferfus Falls, Minn.

17. INFORMANT: Paul H. White

(Address) Glenn Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Date June 21, 1938

19. UNDERTAKER: Tacker & Berg

(Address) Glenns Ferry Ida

20. FILED June 21, 1938 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/19 1938

22 I HEREBY CERTIFY, That I attended deceased from ...., 193...., to ...., 193....

I last saw h.... alive on .... 193....: death is said to have occurred on the date stated above, at 7 P.m. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broken Neck	
Other **contributory causes** of importance:	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/19/38 193....

Where did injury occur? Highway Glenns Ferry Ida (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place

Manner of injury Auto Accident

Nature of injury Seventh Cervical

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Hyde F. Green Coroner, M. D.

(Address) Glens Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of ~~Idaho~~ Atlanta

JUN 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34

Primary Registration District No. 2020

DO NOT WRITE IN THIS SPACE

State File No. 10981

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alex Inama

(a) Residence. No. Atlanta St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred about 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angela Inama

6. DATE OF BIRTH (month, day, and year) Mar. 5-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Talache Mines Inc

10. Date deceased last worked at this occupation (month and year) June. 1938

11. Total time (years) spent in this occupation 25 to 30

12. BIRTHPLACE (city or town) (State or country) Sanzeno, Austria

FATHER

13. NAME Domonic Inama

14. BIRTHPLACE (city or town) (State or country) Sanzeno, Austria

MOTHER

15. MAIDEN NAME Gertrude Branz

16. BIRTHPLACE (city or town) (State or country) Sanzeno Austria

17. INFORMENT (Address) Joseph Inama, Brother, Leo Inama, Atlanta, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Atlanta, Ida Date 6/23, 1938

19. UNDERTAKER Anne Lewis McGuire, as Nurse
(Address) Atlanta, Idaho

20. FILED 6/22, 1938 Geo M Naeu Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) JUN. 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Jun. 18, 1938, to Jun. 21, 1938

I last saw him alive on Jun 21, 1938; death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alex M Nelson Registrar
M.D.

(Address) Atlanta, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109820

PLACE OF DEATH
County of Elmore
City of Atlanta
JUN 27 1938

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 95 Dr 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Charter

(a) Residence. No. Atlanta Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mabel Charter

6. DATE OF BIRTH (month, day, and year) June 6 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) — —
(State or country) Lapier Co. Mich

FATHER
13. NAME Alonzo Charter
14. BIRTHPLACE ~~(city or town)~~
(State or country) Canada

MOTHER
15. MAIDEN NAME Lusetta Lamb
16. BIRTHPLACE ~~(city or town)~~
(State ~~or country~~) New York

17. INFORMENT Geo. M. Wales, a personal friend who has aided deceased in past
(Address) gather information relative to family

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Atlanta, Ida. Date 6/24, 1938

19. UNDERTAKER Anne Lewis McGuire nurse assisted by friends neighbors
(Address) Atlanta Idaho

20. FILED 6/23, 1938 Geo M Wales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jun. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Jun 21, 1938, to Jun. 23, 1938.
I last saw h/m alive on Jun. 23, 1938: death is said to have occurred on the date stated above, at 1:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete Cardiac	

Other contributory causes of importance:

Complications due to age and prior illness of Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) W. E. Lewis M.D. Registrar
(Address) Atlanta, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 109821

Local Registrar's No. 43

(No.) 131
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Jane Fredrickson

(a) Residence No. Weston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ferdinand Fredrickson

6. DATE OF BIRTH (month, day, and year) Oct 2 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brighan City Utah

FATHER
13. NAME Thomas Davis
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Martha Carlson
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Ferdihand Fredrickson
(Address) WestonIdaho

18. BURIAL, CREMATION OR REMOVAL
Place Weston Id. Date June 5, 1938

19. UNDERTAKER M. Hendricks
(Address) Preston

20. FILED July 8, 1938 W. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 2 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-12 1937, 1938 to 6-2, 1938
I last saw h[illegible] alive on June 2 1938: death is said to have occurred on the date stated above, at 8:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1933
Other contributory causes of importance:	
Chronic Myocarditis	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Barnes M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109822

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 44
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Janice Hopson

(a) Residence No. Preston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 29 /37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston Idaho
(State or country)

FATHER
13. NAME DeVere Hopson
14. BIRTHPLACE (city or town) Preston Idaho
(State or country)

MOTHER
15. MAIDEN NAME Wanda Searos
16. BIRTHPLACE (city or town) Centerville Utah
(State or country)

17. INFORMANT DeVere Hopson
(Address) Preston

18. BURIAL, CREMATION OR REMOVAL
Place Preston Id Date June 12, 1938

19. UNDERTAKER M. Hendricks
(Address) Preston Idaho

20. FILED July 8, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 9 1938

22 I HEREBY CERTIFY, That I attended deceased from [illegible], 193[illegible], to [illegible], 193[illegible]
I last saw h[illegible] alive on [illegible] 193[illegible]: death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fell in a ditch	
at the back of the	
home (drowned)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place /
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) [illegible] corner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109823

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arline Shumway

(a) Residence. No. ..... Preston, Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 9, 1924

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
14	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Wm. P. Shumway

14. BIRTHPLACE (city or town) (State or country) Clarkston Utah

MOTHER

15. MAIDEN NAME Louise Hobbs

16. BIRTHPLACE (city or town) (State or country) Preston, Idaho

17. INFORMANT (Address) Wm. Shumway Preston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Preston, Idaho Date June 13, 1938

19. UNDERTAKER (Address) M. Hendricks Preston, Idaho

20. FILED 7-8, 1938 G. W. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-13, 193.., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns 2nd & 3rd degree - body surface	6-13-38

Other contributory causes of importance:

Secondary anemia, Infection from burns.	6-1-38

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 193..

Where did injury occur? Home Preston Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston D

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109824

JUL 6 - 1938

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 45

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Sarilda Katharine Nowland Winger

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Joseph E. Winger

6. DATE OF BIRTH (month, day, and year) Oct 25 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) Oct 20 [illegible]
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Washington Co.
(State or country) Indiana

FATHER
13. NAME Martin Nowland
14. BIRTHPLACE (city or town) ....
(State or country) Illinois

MOTHER
15. MAIDEN NAME Lydia Bryant
16. BIRTHPLACE (city or town) ....
(State or country) Virginia

17. INFORMANT Beulah Clayton
(Address) Salt Lake City

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Preston Date June 12, 1938

19. UNDERTAKER Byral F. Johnson
(Address) Preston Idaho

20. FILED July 8, 1938 C. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 10, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to June 9, 1938
I last saw her alive on June 9 1938: death is said to have occurred on the date stated above, at 3 1 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	About 1930
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [redacted] M. D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 6 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109825

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 66
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Franklin Moroni Cole

(a) Residence No. Preston Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 29-1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairview
(State or country) Idaho

FATHER

13. NAME Robert Franklin Cole
14. BIRTHPLACE (city or town) Willard
(State or country) Utah

MOTHER

15. MAIDEN NAME Ellice Pratt
16. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

17. INFORMANT Camille Nuffer
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date June 13 1938

19. UNDERTAKER Legal R. Johnson
(Address) Preston Idaho

20. FILED July 7, 1938 G. W. Staley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-10 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Deceased was subject to fainting spells. Fell forward face downward into soft mud of a ditch and smothered	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) M. L. Hawkins
(Address Corrner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Weston

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109826

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick Day

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Loretta Day

6. DATE OF BIRTH (month, day, and year) 7-15-1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Richmond (State or country) Utah

FATHER
13. NAME Norman Day
14. BIRTHPLACE (city or town) New Hampshire (State or country)

MOTHER
15. MAIDEN NAME Martha Henderson
16. BIRTHPLACE (city or town) ..... (State or country) Mo

17. INFORMANT Wm J Day (Address) Wks from Fall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weston Date June 16, 1938

19. UNDERTAKER M. M. Hendricks (Address) Preston Idaho

20. FILED 7-8, 1938 C. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 12 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to June 12, 1938
I last saw h[illegible] alive on June 12 1938: death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1936
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Davis, M. D.
(Address) Preston, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 6-1938

DO NOT WRITE IN THIS SPACE

State File No. 109827

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 49

(No. Preston Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucille Ward Baird

(a) Residence No. Preston, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 12, 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Studant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER

13. NAME Robert A. Baird

14. BIRTHPLACE (city or town) Minkcreek
(State or country) Idaho

MOTHER

15. MAIDEN NAME Julia [illegible]

16. BIRTHPLACE (city or town) North Ogden
(State or country) Utah

17. INFORMANT Robert A. Baird
(Address) Preston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Minkcreek Date June 16, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED 7-8, 1938 G. W. Stutz
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1938, to 6-13, 1938

I last saw h[illegible] alive on 6-13 1938: death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Sore throat	6-10-38
Other contributory causes of importance:	
None	

Name of operation Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. W. Hendricks

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109828

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 50

RECEIVED JUL 6 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Wade Ward Baird

(a) Residence No. Preston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert A. Baird

6. DATE OF BIRTH (month, day, and year) Sept. 22, 1900

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	37	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Ogden
(State or country) Utah

FATHER

13. NAME Cyrus Ward
14. BIRTHPLACE (city or town) North Ogden
(State or country) Utah

MOTHER

15. MAIDEN NAME Juliet Wade
16. BIRTHPLACE (city or town) North Ogden
(State or country) Utah

17. INFORMANT Robert A. Baird
(Address) Preston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Minkcreek Date June 22, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston, Idaho

20. FILED July 8, 1938 G. W. Stalker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-19 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-9, 1937, to 6-19, 1938
I last saw her alive on 6-19 1938: death is said to have occurred on the date stated above, at 2:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Sore Throat	6-16-38

Other contributory causes of importance:

None	

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Davis M. D.
(Address) Preston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Mapleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 6 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109829

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 52
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jene Leo Palmer

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER
13. NAME Jos. Leo Palmer
14. BIRTHPLACE (city or town) Winder
(State or country) Idaho

MOTHER
15. MAIDEN NAME June Nelson
16. BIRTHPLACE (city or town) Glendale
(State or country) Idaho

17. INFORMANT J. L. Palmer
(Address) Winder, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date June 29, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED July 8, 1938 G. W. Stales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 26, 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____, 193...; death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Accident	
Fractured Skull	
Internal Injuries	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ____ Date of injury June 26, 1938
Where did injury occur? Franklin Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Car
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) ____
(Address) ____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 109830

RECEIVED JUL 6 1938

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Franklin
City of Mapleton
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 51

(No.) 158
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Girl Oliverson

(a) Residence. No. St.
(If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 27, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Mapleton
(State or country) Idaho

PARENTS

10. NAME OF FATHER Elbert Biggs Oliverson
11. BIRTHPLACE OF FATHER (city or town) Cove Utah
(State or Country)
12. MAIDEN NAME OF MOTHER Norma Ruth Gittins
13. BIRTHPLACE OF MOTHER (city or town) Smithfield Ut
(State or County)

14. Informant Elbert Biggs Oliverson
(Address) R.D.# 1 Preston

15. Filed July 8, 1938 G. W. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 28 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1938, to June 28, 1938
that I last saw her alive on June 27, 1938
and that death occurred, on the date stated above, at 3 a. M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Difficult Labor

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) H. B. Dawson, M. D.
6-28, 1938 (Address) Preston, Ida.

19. Place of Burial, Cremation, or Removal: Franklin, Idaho — Date of Burial: June 28 1938
20. Undertaker: None — Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 6 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109832

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. 93

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Caleb Carlock

(a) Residence No. Ola Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Carlock
6. DATE OF BIRTH (month, day, and year): 9-9-1860
7. AGE: Years 77 | Months 8 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) Albany (State or country) Missouri

FATHER
13. NAME Henry Carlock
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Canada
16. BIRTHPLACE (city or town) ____ (State or country) Unknown

17. INFORMANT Charles H. Carlock (Address) Ola Idaho

18. BURIAL, CREMATION OR REMOVAL Place Ola Idaho Date 6/8, 1938

19. UNDERTAKER C. O. Buckner (Address) Emmett Idaho

20. FILED 6/8, 1938 J. A. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/6 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to June 6, 1938
I last saw him alive on June 4 1938: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocardial disease	

Other **contributory causes** of importance:

Arterio Sclerosis	

Name of operation None Date of ✓
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? None If so, specify ____

(Signed) J. A. Reynolds, M. D.
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUN 16 1938

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 94

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109834

2. FULL NAME Richard N. Haynes

(a) Residence No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 85 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Kansas

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) .....
(State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT O. D. Buckner
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 6/16, 1938

19. UNDERTAKER O. D. Buckner
(Address) Emmett Ida.

20. FILED 6/16, 1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/14 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-12-, 1938, to 6-14-, 1938

I last saw him alive on 6-14- 1938; death is said to have occurred on the date stated above, at 6 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other **contributory causes** of importance:	

Name of operation none, Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. L. Reynolds, M. D.
(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

REC'D JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109535

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. 47a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Loren Webster
(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Webster
6. DATE OF BIRTH (month, day, and year): 8/10-1875
7. AGE: Years 62 | Months 10 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paper Hanger
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Rockport Mo

FATHER
13. NAME: Francis Marion Webster
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Margaret C. Bofast
16. BIRTHPLACE (city or town) (State or country): Circleville Ohio

17. INFORMANT: Mrs Myrtle Webster
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett Ida Date 6/21, 1938

19. UNDERTAKER C. D. Buckmaster
(Address) Emmett Ida

20. FILED 6/21, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6/18 1938

22 I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to June 18, 1938
I last saw him alive on June 8 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	two years duration
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. D. Buckmaster, M. D.
(Address) Emmett

PLACE OF DEATH
County of Gooding
City of Hagerman

RECEIVED
JUN 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109836

Registration District No. 21
Primary Registration District No. 2036 Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Curran

(a) Residence No. St.
(Usual place of abode) 51 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Curran
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 81 | Months 8 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ros Commons Ireland

FATHER
13. NAME: Patrick Curran
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Bridget Brennan
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs Joe Burgy Hagerman Ida
18. BURIAL, CREMATION OR REMOVAL Place Hagerman Date 5/4, 193 8
19. UNDERTAKER (Address): Evans & Johnson Buhl, Ida Johnson
20. FILED , 193
W. F. McReynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/2 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 30th, 1938, to , 193
I last saw her alive on 4-30 1938: death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	
Other **contributory causes** of importance:	
Age	

Name of operation None Date of –
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. E. Buhl, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell
JUL 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109837

Registration District No. 22
Primary Registration District No. 2018 Local Registrar's No.
(No. Wendell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie H Smith

(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo D Smith
6. DATE OF BIRTH (month, day, and year): Dec 9-1889
7. AGE: Years 48 | Months 5 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Elwood
(State or country): Neb

FATHER
13. NAME: Melville Barnes
14. BIRTHPLACE (city or town):
(State or country): New York

MOTHER
15. MAIDEN NAME: Margaret Lemons
16. BIRTHPLACE (city or town): Bremen
(State or country): Germany

17. INFORMANT: Geo D Smith
(Address): Jerome Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Richmond Cem Date May 17, 1938

19. UNDERTAKER: J R W Ley
(Address): Jerome Idaho

20. FILED 5-16, 1938 E. K. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 16 1938

22 I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 16, 1938
I last saw her alive on May 16 1938; death is said to have occurred on the date stated above, at 8:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Thrombophlebitis of all veins right arm to and including subclavian	May 8-1938
Septicaemia (Staphylococcus)	May 12, 1938
Other **contributory causes** of importance: Infection right thumb	may 4, 1938

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben C. Matson M. D.
Address Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Hendelle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10935

JUL 14 1938

Registration District No. 22
Primary Registration District No. 2018 Local Registrar's No. 91

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Implis Maud Hill
(a) Residence No. Hendelle Hospital St. Hagerman Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Lucius Hill

6. DATE OF BIRTH (month, day, and year) Sept. 19 1890

7. AGE | Years 47 ~~yrs~~ | Months 8 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) June 1938 | 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Huntington (State or country) Utah

FATHER
13. NAME Archie Kinder
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Eliza Snyman
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Lucius Hill (Address) Hagerman, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashton, Ida. Date June 6, 1938

19. UNDERTAKER B. F. Albertson (Address) Buhl, Idaho

20. FILED 7-15, 1938 E. L. Barnes Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, ~~day~~ and year) June 2 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 2, 1938
I last saw her alive on June 2, 1938; death is said to have occurred on the date stated above, at 6.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/2/38
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Cl. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. E. Barrett, M. D.
(Address) Gooding, Ida.

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 109839

Registration District No. 22
Primary Registration District No. 2018
Registered No.

1. PLACE OF DEATH
County of Ada
City of Meridian (No. 1 Mil 14 1938 St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thaddeus Delbert Stevenson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Nov (Month) 21 (Day) 1873 (Year)

7. AGE: 64 Yrs. 6 Mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: T. Thomas Stevenson

11. BIRTHPLACE OF FATHER (State or Country): Penna

12. MAIDEN NAME OF MOTHER: Adelaine Smith

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Richard Stevenson
(Address) Meridian Ida

15. Filed 6-2 1938 E. L. Simmons Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 2 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1937 to June 2 1938
that I last saw him alive on June 2 1938
and that death occurred on the date stated above, at 1:30 P.M.
The CAUSE OF DEATH* was as follows:
Heart failure following Diabetes and Gen. arteriosclerosis of 8 months duration
Contributory (Secondary) Cancer of the Prostate
(Signed) E. L. Simmons M. D.
6-2 1938 (Address) Meridian Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Meridian Idaho | DATE OF BURIAL ..... 19.....

20. UNDERTAKER: D. L. Harrison | ADDRESS: Jerome Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 61087

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding

RECEIVED JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109840

Registration District No.

Primary Registration District No. 24

Local Registrar's No. 782

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raphael Charles Cottrell

(a) Residence. No. Fairfield St.

(Usual place of abode) Fairfield (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 6, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Herder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) May - 1938

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Morgan, Utah

FATHER

13. NAME Charles Cottrell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) C. L. Foor, Fairfield, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Gooding Date 6-7-, 1938

19. UNDERTAKER (Address) J. A. Thompson, Hagerman

20. FILED 6-7-, 1938 J. H. Greenwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-5- 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-4-, 1938, to 6-6-, 1938

I last saw h[illegible] alive on 6-5-, 1938: death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mt. Spotted fever	5-30
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so specify Sheep Herder

(Signed) J. H. Greenwood M. D.

(Address) Gooding Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Hagerman

RECEIVED
JUN 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10984

Registration District No. 2036
Primary Registration District No. 21
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Smith

(a) Residence No. R. F. D. St. Hagerman, Idaho.
(Usual place of abode)

Length of residence in city or town where death occurred 18 hrs. (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) June 11 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. and min.
			18 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Hagerman
(State or country) Idaho

FATHER
13. NAME Oscar Smith
14. BIRTHPLACE (city or town) Hagerman
(State or country) Idaho

MOTHER
15. MAIDEN NAME Ethel Clifford
16. BIRTHPLACE (city or town) Hagerman
(State or country) Idaho

17. INFORMANT Mrs. Oscar Smith
(Address) Hagerman, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date June 12, 1938

19. UNDERTAKER L. L. Robertson
(Address) Buhl, Idaho

20. FILED ....., 1938
G. H. McReynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-11 1938

22 I HEREBY CERTIFY That I attended deceased from 6-11, 1938, to 6-11, 1938

I last saw he alive on 6-11 1938: death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth, gestation 8 mo.	
Congenital heart defect	
Blue Baby	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) J. A. Cumming M. D.
(Address) Gooding Ida

PLACE OF DEATH

County of Gooding

City of Jutte

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109842

Registration District No.

Primary Registration District No. 24

Local Registrar's No. ~~100~~ 783

JUL 11 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susie Larsen

(a) Residence. No. Hagerman St.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lewis Larsen

6. DATE OF BIRTH (month, day, and year) Feb - 16 - 1866

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Allen Merick

14. BIRTHPLACE (city or town) (State or country) Decatur Co. Iowa

MOTHER

15. MAIDEN NAME Margaret McLaughlin

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Mrs. Floyd Eakin Jutte Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 6/16, 193..

19. UNDERTAKER (Address) Myrtle C. Burdett Shoshone Idaho

20. FILED 6-30, 1938. J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/15 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 193.., to 6/14, 193.., I last saw h~~im~~ alive on 6/14, 193.., death is said to have occurred on the date stated above, at 9:10 A m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	8/37
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. C. Burdett M. D.

(Address) Gooding Ida.

mformation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement. OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109843

PLACE OF DEATH

County of Gooding

City of Wendell 2 da

JUL 14 1938

Registration District No. 2

Primary Registration District No. 2018 Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lora Gibson Loving

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Lora Loving

6. DATE OF BIRTH (month, day, and year) Nov 26 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wendell Idaho

FATHER

13. NAME Jim Gibson

14. BIRTHPLACE (city or town) (State or country) Spring Garden Alabama

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Spring Garden Alabama

17. INFORMENT (Address) Lora Loving Wendell

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wendell Date 6-23, 1938

19. UNDERTAKER (Address) D. A. Stevenson Jerome

20. FILED 7-13, 1938 E. L. Simonton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1938, to 6/19, 1938

I last saw ~~he~~ alive on 6/19, 1938; death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance:

Acute Articular (Infectious) Rheumatism following respiratory infection

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109844

JUL 11 1938

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 784

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith F. Colvin

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	

6a. If married, widowed or divorced
HUSBAND of (or) WIFE of Fred Colvin

6. DATE OF BIRTH (month, day, and year) July 31, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erie, Kansas

FATHER
13. NAME Bergeman C. Gray
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Francis Hopkins
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Ralph Thompson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date 6-24, 1938

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 6-30, 1938 J. H. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/22 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. E. Thompson Coroner
(Address) Riverview Idaho

4-6 e

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109845

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 785

(No.) JUL 11
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Henry Gooding

(a) Residence No. Shoshone Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nancy Jane Gooding
6. DATE OF BIRTH (month, day, and year): 7-3-1853
7. AGE: Years 84 | Months 11 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Devonshire England

FATHER
13. NAME: John Gooding
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Elizabeth Wyatt
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Thos H Gooding Jr
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 6-26, 1938

19. UNDERTAKER: A E Thompson
(Address) Gooding

20. FILED 6-30, 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): June 24 1938

22 I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to June 24, 1938
I last saw h[illegible] alive on June 24 1938: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1930
Other contributory causes of importance:	
Chronic Myocarditis	1935

Name of operation: Date of:
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) T. E. Burnett, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

JUL 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109846

Registration District No. 2
Primary Registration District No. 2018 Local Registrar's No.
(No. St Valentines Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Fowler Sullivan

(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth Sullivan

6. DATE OF BIRTH (month, day, and year) Aug 8 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodberry
(State or country) Tenn

FATHER
13. NAME Rizen Sullivan
14. BIRTHPLACE (city or town)
(State or country) Not Known

MOTHER
15. MAIDEN NAME Elizabeth Folkenberry
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Mrs Ruth Sullivan
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date July 10, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 7-13, 1938 C L Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 5 1938

22 I HEREBY CERTIFY, That I attended deceased from March 8, 1938, to July 5, 1938
I last saw him alive on July 5 1938: death is said to have occurred on the date stated above, at 4:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1930
Myocarditis	March 1938
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben C. Matson M. D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109847

JUN 2 1938

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 24

(No. Our Lady of Consolation Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

184

2. FULL NAME Mrs. Helen Bitter

(a) Residence No. East 303 Indiana St. Spokane, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Greg. Bitter

6. DATE OF BIRTH (month, day, and year) March 29, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spokane
(State or country) Wash.

FATHER

13. NAME John J. Sheehy

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Jane Carlton

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Greg. Bitter
(Address) Spokane, Wash.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Spokane, Wash. Date May 30, 1938

19. UNDERTAKER Hennessey and Calloway
(Address) Spokane, Wash.

20. FILED June 2, 1938 H. J. Orr
per WB Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-30 1938

22 I HEREBY CERTIFY, That I attended deceased from May 29, 1938, to May 30, 1938

I last saw her alive on May 30 1938: death is said to have occurred on the date stated above, at 7:50 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental bullet wound in abdomen	5-29-38

Other **contributory causes** of importance:

Name of operation Exploratory Date of 5-29-38

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 5-29-38 193...

Where did injury occur? 4 Mi. N.W. of Forest
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** In country

Manner of injury Accidental bullet wound

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harley J. Orr, M. D.

(Address Cottonwood, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 7 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 109848

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 25
(No. Cottonwood Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Haywood L. Shields

(a) Residence. No. Cottonwood Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

1170 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Shields
6. DATE OF BIRTH (month, day, and year): Aug. 6. 1884
7. AGE: Years 53 | Months 10 | Days 0 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Labor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 6/4/38
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): W. Virginia

MOTHER FATHER
13. NAME: Geo. L. Shields
14. BIRTHPLACE (city or town) (State or country): W. Virginia
15. MAIDEN NAME: Francis Bartlet
16. BIRTHPLACE (city or town) (State or country): W. Virginia

17. INFORMANT (Address): Ella Shields Cottonwood. Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Cottonwood Date: 6/8, 1938
19. UNDERTAKER (Address): Glenn Aylor Grangeville Ida.
20. FILED June 20, 1938. H. L. Orr per TB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/6 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1938, to 6-6, 1938
I last saw him alive on 6-6, 1938; death is said to have occurred on the date stated above, at 5:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer	6-5-38
Other **contributory causes** of importance: Peritonitis Shock Operation	

Name of operation: Gastro Enterostomy. Date of: 6-5-38
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Hesley J. Orr M. D.
(Address) Cottonwood Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Fenn

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10948

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 26
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

94 P

2. FULL NAME Mrs. Rosa Spengler
(a) Residence No. Fenn St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Spengler

6. DATE OF BIRTH (month, day, and year) 2/12/1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tuchel
(State or country) Germany

FATHER
13. NAME Wm Rennes
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Marion Weber
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Fenn Date 6/12/38, 193.....

19. UNDERTAKER Maine L. Green
(Address) Grangeville Idaho

20. FILED July 1, 1938 W J Orr
per VB Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1938, to ....., 193.....
I last saw her alive on 6-10 1938: death is said to have occurred on the date stated above, at 4:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sterling F. Orr M. D.
(Address) Cottonwood Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Cottonwood, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109850

JUL 7 - 1938

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 28

(No) 95 D N
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Anne Tipton
(a) Residence No. Riggins, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Lawerence Tipton
6. DATE OF BIRTH (month, day, and year): March 12-1852
7. AGE — Years: 86 — Months: 3 — Days: — — If LESS than 1 day ? hrs. or ? min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Near Moravia Iowa Decatur County Iowa

FATHER
13. NAME: Linus Francis
14. BIRTHPLACE (city or town) (State or country): ?

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: George S. Tipton
(Address) Cottonwood, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Fern Hill Date: 6-14, 1938

19. UNDERTAKER: Hancock Funeral Home
(Address) Grangeville

20. FILED July 1, 1938 W. J. Orr per VVS Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6-12-1938

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1938, to June 12, 1938
I last saw her alive on 6-12 1938: death is said to have occurred on the date stated above, at 7:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Muscular-Renal disease.	
Other contributory causes of importance:	
Old age.	

Name of operation — Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sterling E. Orr, M. D.
(Address) Cottonwood, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

RECEIVED
JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109851

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 14
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Schuller

(a) Residence No. County Hospital St. 93 yr
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
93			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Max Ryden
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place County Lot Date 6/24/, 1938

19. UNDERTAKER Marie L. Queen
(Address) Grangeville, Ida.

20. FILED July 1, 1938 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/22 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1937, to 6-21-, 1938
I last saw h~~im~~ alive on 6-21- 1938: death is said to have occurred on the date stated above, at 1 a m. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Chipman M. D.
(Address) Grangeville Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Cottonwood

JUL 7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109852

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 27
(No. Our Lady of Cons. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

184

2. FULL NAME Fred Buckley
(a) Residence No. Cottonwood Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Geo. Downer
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 6/25/ 1938

19. UNDERTAKER Marie L. Green
(Address) Grangeville Ida.

20. FILED July 1, 1938 M. F. Orr
per B Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-23 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-21, 1938, to 6-23, 1938
I last saw him alive on 6-23 1938: death is said to have occurred on the date stated above, at 12:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Gun Shot wound, Lacerations tearing thru Sigmoid and Rectal Bowel.	June 6-38
Other contributory causes of importance:	
Diffuse Peritonitis	

Name of operation Exploratory Date of 6-22-38
What test confirmed diagnosis? Op. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury 6-6-38
1938
Where did injury occur? Ida Mountains
(Specify city, town, county and state)
Specify whether injury occurred in industry, in home, or in public place Back of Grangeville
Manner of injury Gun Shot Wound.
Nature of injury Abdominal.

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henley T. Owen M. D.
(Address) Cottonwood Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109854

JUL 8 - 1938

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Andrew Hanson.

(a) Residence No. ..... St. .....
(Usual place of abode) 15 (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/3/1883

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (mo. and yr.) 9/1936
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Charlston, W Va.

FATHER

13. NAME Franklin Mairon Hanson.
14. BIRTHPLACE (city or town) (State or country) Charlston, W Va.

MOTHER

15. MAIDEN NAME Sarah Jane O'Daniel.
16. BIRTHPLACE (city or town) (State or country) Charlston, W Va.

17. INFORMANT Ann Bailey.
(Address) Roberts, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis Date June 13, 1938

19. UNDERTAKER A B Eckersell
(Address) Rigby, Idaho.

20. FILED 6-13, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/11 1938

22. I HEREBY CERTIFY, That I attended deceased from Died suddenly, 193..., I last saw h[illegible] alive on April 12 1938: death is said to have occurred on the date stated above, at 3:30A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary obstruction	?
Last Visit was made	1
last April 12-1938	
and Death after Death	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Roberts, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109855

JUN 20 1938

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 24

(No. 210)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alta Mallory

(a) Residence No. 5 St. Shelley, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-24-1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	11	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mallory Cash Store
10. Date deceased last worked at this occupation (mo. and yr.) 6-38
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) St Johns
(State or country) Ariz.

FATHER
13. NAME Warren J Mallory
14. BIRTHPLACE (city or town) Montpelier
(State or country) Ida.

MOTHER
15. MAIDEN NAME Anna Freeman
16. BIRTHPLACE (city or town) Ogden,
(State or country) Utah

17. INFORMANT Florence M. Holland
(Address) 105 E. 15th St Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Shelley, Ida. Date 6-15, 1938

19. UNDERTAKER Lyman Holden
(Address) Shelley

20. FILED 6-15, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/13 1938

22 I HEREBY CERTIFY, That I attended deceased from [illegible]

I last saw her alive on 6/13 1938 death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck	
Other contributory causes of importance:	
Auto accident.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 6/13/38
—193...
Where did injury occur? Jefferson Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Auto Accident.
Nature of injury Broken Neck.

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Thorom Jacobson Coroner, M. D.
(Address) Rigby. Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 109856

Local Registrar's No. 27

JUL 6 1938

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Edward Doman

(a) Residence No..... St.....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Ada Chandler

6. DATE OF BIRTH (month, day, and year): April 4, 1882

7. AGE — Years: 56 — Months: 2 — Days: 17 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (mo. and yr.): 6/38
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town): Kaysville
(State or country): Utah

FATHER
13. NAME: Charles Doman
14. BIRTHPLACE (city or town).....
(State or country): England

MOTHER
15. MAIDEN NAME: Annie Harris
16. BIRTHPLACE (city or town).....
(State or country): England

17. INFORMANT: Phyllis L. Wood
(Address): Rigby Route 1

18. BURIAL, CREMATION OR REMOVAL
Place: Rigby, Ida. Date: June 24, 1938

19. UNDERTAKER: Rolland Wenner
(Address): Rigby, Ida.

20. FILED: June 22, 1938 — Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): June 21 1938

22 I HEREBY CERTIFY, That I attended deceased from June 21, 1938 to June 21, 1938
I last saw him alive on 6/21 1938: death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Lung	June 21
Possible fracture of Cervical Vertebrae	" "
Concussion of Brain.	June 21

Other contributory causes of importance:

Shock	
Internal Hemorrhage	

Name of operation..... Date of.....
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury June 21 1938
Where did injury occur? Rigby, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home on his farm.
Manner of injury. Run over by Team of Hay Mowers
Nature of injury. Crushed chest, Concussion of brain fractured neck.

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify.....

(Signed) Orlando Call, M. D.
(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 109[illegible]

Local Registrar's No. 28

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glen Philip Thorngren.

(a) Residence No. ..... St. .....
(Usual place of abode) 34 (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Elna Pearl Thorngren.

6. DATE OF BIRTH (month, day, and year) 2/5/1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common.
10. Date deceased last worked at this occupation (mo. and yr.) 6/38
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Clark, Idaho.
(State or country)

FATHER

13. NAME Frank Thorngren.
14. BIRTHPLACE (city or town) Sweden.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Rapp.
16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMANT Mrs. Glen Thorngren
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 6/27, 193 8

19. UNDERTAKER A E Bursell
(Address) Rigby, Idaho.

20. FILED 6-25, 193 8 Mona E Bursell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/23 93 8

22 I HEREBY CERTIFY, That ~~I attended deceased~~ dead
I last saw him ~~alive~~ on 6/23 193 8: death is said to have occurred on the date stated above, at 2:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull.	
Other contributory causes of importance:	
Hit in head with falling derrick pole.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 6/23/38 193 .....
Where did injury occur? Jefferson Co. Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Farm.
Manner of injury Hit on head with pole.
Nature of injury Fractured Skull.

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Hoisting pol
(Signed) Ironsmi Jacobsen Coroner.
(Address Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 109556

JUL 8 - 1938

Registration District No.
Primary Registration District No. 2176
Local Registrar's No. 29

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anders Jensen

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Hales

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1925
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town)
(State or country) Denmark

FATHER

13. NAME George Jensen
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Madsen
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Mrs. C. H. Snyder
(Address) Route 1 Rigby, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida Date July 6, 193 8

19. UNDERTAKER Rolland Weiser
(Address) Rigby, Idaho

20. FILED July 6, 193 8 Mrs. A. B. Fairchild
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/2 1938

22 I HEREBY CERTIFY, That I attended deceased from June 28, 193 8, to July 2, 193 8
I last saw him alive on July 1, 193 8: death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	June 28, 38
2. Arteriosclerosis	?
3. Hypertension	?

Other contributory causes of importance:

1. Old age	
2.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Delon Tell M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of Hazelton

JUL 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109853

Registration District No. 2
Primary Registration District No. 2015
Local Registrar's No. 18

(No. Hazelton, Ida R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

10-10

2. FULL NAME Mrs. Amelia Ulrich

(a) Residence No. Hazelton, Ida R.F.D. St.
(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 2-2-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	5	16	

OCCUPATION

8. Trade, profession, or particular kind of ~~work done, as spinner~~, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Missouri

FATHER

13. NAME -- Huffman

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Louis Ulrich
(Address) Hazelton, Ida R.F.D.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Eden, Idaho Date 6-22, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida

20. FILED 6/21, 1938 G. F. Fuller Registrar.
E L Simonton

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-18-1938

22 I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to June 18, 1938

I last saw her alive on 6/17 1938: death is said to have occurred on the date stated above, at 12:40 Pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	
senility	
Other **contributory causes** of importance:	

Name of operation None. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A A Beaton, M. D.

(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

JUL 3 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109860

Registration District No.

Primary Registration District No. Local Registrar's No. 18

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daren Loren Thompson

(a) Residence No. Jerome Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 13

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome Idaho

FATHER

13. NAME Leslie Thompson

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Margaret Posey

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT Leslie Thompson
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date June 28, 1938

19. UNDERTAKER J. R. Wiley
(Address) Jerome Idaho

20. FILED 6-27, 1938 A. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 27 1938

22 I HEREBY CERTIFY, That I attended deceased from —, 193—, to —, 193—

I last saw h— alive on — 193—: death is said to have occurred on the date stated above, at 12:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture Base of Skull, when hit by motorcycle	
Other **contributory causes** of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Date of injury —, 193—

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** On Public Highway

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) J. R. Wiley Coroner

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Spirit Lake
JUN 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109861

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 9
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel Johnson

(a) Residence. No. ____ St. Spokane Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ da. ____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gus Johnson

6. DATE OF BIRTH (month, day and year) November 22 – 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	5	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) about January 1938
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME James Sexton
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Clara Stevens
16. BIRTHPLACE (city or town) (State or country) Wisconsin ?

17. INFORMANT (Address) Ignatius Johns Spirit Lake Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Spirit Lake. Ida Date 4-28, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum Ida.

20. FILED Apr 27, 1938 C.A. Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1938, to April 25, 1938.
I last saw her alive on April 25, 1938; death is said to have occurred on the date stated above, at 12:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma peritoneum	Jan 1938
at base of brain	

Other contributory causes of importance:
Followed gall bladder operation about January 1, 1938 (for gall stones)

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No, specify ____

(Signed) C.A. Spooner M. D.
(Address) Spirit Lake Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109862

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 10
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 59

2. FULL NAME Andrew B. Chapin

(a) Residence. No. ____ St. Edgemere Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace Chapin

6. DATE OF BIRTH (month, day, and year) January 30, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 1-7-1937
11. Total time (years) spent in this occupation many years

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Beecher Chapin
14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER
15. MAIDEN NAME Hannah Hoyt
16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT Mrs Frank Chapin (Address) Edgemere Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Evergreen Cemetery or ____ Date 5-7, 1938

19. UNDERTAKER Rosedale Funeral Home (Address) Rathdrum Idaho

20. FILED 5-5, 1938 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-4 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1938, to 5-4, 1938
I last saw him alive on 5-4, 1938: death is said to have occurred on the date stated above, at 5:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Diabetic Gangrene	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) Forrest Tomlinson, M. D.
(Address) Spirit Lake Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

JUL 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 105 Local Registrar's No. 84
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 10988

2. FULL NAME. Mrs. Almo Haevernick

(a) Residence No. 1017 7th St. St.
(Usual place of abode) 15 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William (1919)

6. DATE OF BIRTH (month, day, and year) 12/9/1861

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ---
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Roseburg, Ore.
(State or country)

FATHER

13. NAME Nathanial Markham
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Fannie Smith
16. BIRTHPLACE (city or town) Ind.
(State or country)

17. INFORMANT Mrs. Jessie Adams
(Address) C.D.A.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lewiston, Ida. Date 6/4, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d' Alene

20. FILED 6/3/, 1938 E. E. Knowlton, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/2/1938

22 I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to June 2, 1938
I last saw her alive on 6-2 1938: death is said to have occurred on the date stated above, at 6.45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. A. Reed, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109864

Registration District No. 80

Primary Registration District No. 10 57

Local Registrar's No. 83

JUL 5 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl C. Cederblom

(a) Residence No. Locust & Government Way. St.

(Usual place of abode)

Length of residence in city or town where death occurred 1913 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta

6. DATE OF BIRTH (month, day, and year) 12/7/1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1913

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Sweden (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Sweden (State or country)

17. INFORMANT Mrs. Augusta Cederblom

(Address) C.D.A.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Forest Cemetery Date June 6, 193 8

19. UNDERTAKER Mooney Mortuary

(Address) Coeur d'Alene, Idaho

20. FILED June 4, 193 8 L. Kirtley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-3 193 8

22 I HEREBY CERTIFY, That I attended deceased from last visit 6-3, 193 8, to 6-3, 193 8

I last saw him alive on 6-3 193 8.: death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Probably Bronchial Pneumonia and Myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. L. Kirtley, M. D.

(Address Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 80
Primary Registration District No. 1051
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 10986

Local Registrar's No. 85

942

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME. John Hamilton Knaggs

(a) Residence No. Wolf Lodge St.
(Usual place of abode) 26 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Jane (1926)

6. DATE OF BIRTH (month, day, and year) June 4, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.) 1928
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Jackson Co.
(State or country) Wisconsin

FATHER
13. NAME Simon Knaggs
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Katherine Hauser
16. BIRTHPLACE (city or town) Ont. Canada
(State or country)

17. INFORMANT Mrs. Clyde Hodge
(Address) Coeur d' Alene.

18. BURIAL, ~~CREMATION OR REMOVAL~~
C.D.A. Place Forest Cem. Date June 7, 1938

19. UNDERTAKER Mooney Mortuary
(Address) C.D.A.

20. FILED June 6, 1938 L. Chrotchen MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 3, 1938

22 I HEREBY CERTIFY, That I attended deceased from March, 1938, to June 3-, 1938
I last saw him alive on June 2 1938: death is said to have occurred on the date stated above, at 9:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	March 38
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alexander Barclay, M. D.
(Address C.D.A.

Dr. Horning.

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109866

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 86
(No. Alward Nursing Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Mrs. Ellen Gage

(a) Residence No. 10th and Walnut St.
(Usual place of abode) 9 (If nonresident give city or town and state) 52

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 9/24/1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) *****
11. Total time (years) spent in this occupation ****

12. BIRTHPLACE (city or town) Norway
(State or country)

FATHER
13. NAME Knute Larson
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Bertha -----
16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Edward R. Gage
(Address) C.D.A.

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place Forest Cem. Date 6/9, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d' Alene, Ida.

20. FILED June 9, 1938 L. Knoblauch M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/6/1938

22 I HEREBY CERTIFY, That I attended deceased from 6/29, 1938, to 6/6, 1938
I last saw h[illegible] alive on 6/5 1938; death is said to have occurred on the date stated above, at 8:50A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis →	2 years
Chr. Myocarditis with complicated edema	2 mos. Suddenly
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Horning, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10986

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 87

FILED JUL 5 - 1938

(No. 2018 N. 5th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Sherman Stroup

(a) Residence No. 2018 N. 5th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Elizabeth Stroup
6. DATE OF BIRTH (month, day, and year): Feb. 22-1864
7. AGE: Years 73 | Months 3 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Express driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Worked for himself
10. Date deceased last worked at this occupation (mo. and yr.): 1935
11. Total time (years) spent in this occupation: 14 yrs.

12. BIRTHPLACE (city or town) (State or country): Ill

FATHER
13. NAME: W= Stroup
14. BIRTHPLACE (city or town) (State or country): Don't Know.

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Mrs. T. Nugent Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL: Forest-Place Coeur d'Alene Date 6-11, 193 8
19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Ida
20. FILED 6-11, 193 8 Elizabeth Nuttall Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6-8 1938
22 I HEREBY CERTIFY, That I attended deceased from March, 193 7, to 6-8, 193 8
I last saw h— alive on 6-8 193 8: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. H. Reed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1051
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

Sturges.

DO NOT WRITE IN THIS SPACE
State File No. 10986

JUL 5 - 1938

Local Registrar's No. 91 & 93

2. FULL NAME Joseph Rabideau
(a) Residence No. 108 Walnut St.
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Esther. (1929)

6. DATE OF BIRTH (month, day, and year) 7/2/1849

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	88	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.D.A. High School
10. Date deceased last worked at this occupation (mo. and yr.) 1920
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Elmira, N.Y.
(State or country)

FATHER
13. NAME Antoine Rabideau
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT John Rabideau
(Address) Spokane, Wn.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place St. Thomas Date June 17, 1938
C.D.A.

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d' Alene

20. FILED June 22, 1938 [illegible] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 14, 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to June 14, 1938
I last saw him alive on June 13 1938; death is said to have occurred on the date stated above, at 4:15A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	
Chronic bronchial asthma	

Name of operation ~~none~~ Date of
What test confirmed diagnosis? Clinical was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Howard R Sturges, M. D.
(Address) Coeur d' Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109870

JUL 5 1938

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 90

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shadrick L. Pedrick

(a) Residence No. 810 Mullan St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth B. Pedrick
6. DATE OF BIRTH (month, day, and year): 8-3-1864
7. AGE — Years: 73 — Months: 10 — Days: 15 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: rancher
10. Date deceased last worked at this occupation (mo. and yr.): 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): York Co. Ind.

FATHER
13. NAME: Pedrick
14. BIRTHPLACE (city or town) (State or country): N. J.

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Charles L. Pedrick
(Address) 810 Mullan Ave

18. BURIAL, CREMATION OR REMOVAL
Place: Coeur d'Alene Date: 6-21, 1938

19. UNDERTAKER: Carey Funeral Home
(Address) Coeur d'Alene, Ida.

20. FILED June 20, 1938 L. L. Crouch MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-18 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb., 1935, to 6/18, 1938
I last saw him alive on 6/17 1938.: death is said to have occurred on the date stated above, at 6:05 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rt. Hemiplegia	6/14/38
Hypertension BP 270/150	

Other **contributory causes** of importance: Senility

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify: .....

(Signed) F. F. Hemmy, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 93
(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 10971

820

2. FULL NAME Anna Leiner
(a) Residence No. 308 Linden Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Leiner
6. DATE OF BIRTH (month, day, and year) 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation --- (mo. and yr.)
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Austria (State or country)

FATHER
13. NAME John Tshida
14. BIRTHPLACE (city or town) Austria (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Hoffman
16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT Joseph Leiner
(Address) Coeur d' Alene

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place St. Paul Minn. Date June 22, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d' Alene Idaho

20. FILED June 20, 1938 Lebrecht Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/19 1938

22 I HEREBY CERTIFY, That I attended deceased from June 11, 1938, to June 19, 1938
I last saw h[illegible] alive on June 19 1938: death is said to have occurred on the date stated above, at 6:50P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/11 38
Other contributory causes of importance:	
Arteio Sclerosis	Gradual

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature] M. D.
(Address) Coeur d' Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

RECEIVED
JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 95
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109872

2. FULL NAME Annie McMullin

(a) Residence No. 1025 Pennsylvania St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of James McMullin

6. DATE OF BIRTH (month, day, and year) Dec. 26. 1854

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	5	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 19 15
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME John McIntyre
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Minnie McMullen
(Address) 1025 Penn Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. C D'Alene Date 6-27, 1938

19. UNDERTAKER Cossett Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 6/27, 1938 L. Schroeder MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-29 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-23, 1938, to 6-23, 1938
I last saw her alive on 6-23 1938: death is said to have occurred on the date stated above, at 12 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke of apoplexy	
Other contributory causes of importance:	
Intestinal obstruction	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_____
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C. H. Reed, M. D.
(Address) Coeur d Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Rathdrum

RECEIVED JUL 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10957

Registration District No. 20
Primary Registration District No. 2051 Local Registrar's No. 94
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Boyer.

(a) Residence No. Twin Lake St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Boyer
6. DATE OF BIRTH (month, day, and year): April 19-1861
7. AGE — Years: 77 | Months: 4/12 | Days: 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hawes Meat Co
10. Date deceased last worked at this occupation (mo. and yr.): 1-1-38
11. Total time (years) spent in this occupation: 19yr

12. BIRTHPLACE (city or town) (State or country): Fayette Co Iowa

FATHER
13. NAME: William Henry Boyer
14. BIRTHPLACE (city or town) (State or country): Dont Know

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Mrs Chas Boyer Coeur d'Alene Ida
18. BURIAL, CREMATION OR REMOVAL
Forest Place: Coeur d'Alene Date: 6/27, 1938
19. UNDERTAKER (Address): Cassidy Funeral Home Rathdrum Ida
20. FILED 6/27, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 6-25 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to 6/25, 1938
I last saw him alive on May 22 1938: death is said to have occurred on the date stated above, at 3 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1 year
Med Influenza	Recent
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Phy. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. F. Deming, M. D.
(Address) Coeur d'Alene

Dr. Henson.

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10954

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 96

JUL 5 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93 D

2. FULL NAME John David West

(a) Residence No. Nettelton Gulch C.D.A. Rt.#2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice

6. DATE OF BIRTH (month, day, and year) 11-1-1870

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	67	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

FATHER

13. NAME Robert West

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Harriet West

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Alice West
(Address) Coeur d' Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~
C.D.A. Place Forest Date 6/28, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d' Alene

20. FILED 6/28, 1938 E. Chrisler MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/25 1938

22 I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to June 25, 1938
I last saw him alive on June 20 1938: death is said to have occurred on the date stated above, at 5:00P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1938 Feb.
Other **contributory causes** of importance:	
Nephritis	May 1938

Name of operation ~~Physical findings~~ Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Keith Henson, M.D. M. D.
(Address Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109875

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 97

JUL 5 - 1938

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jean Ann Hart.

(a) Residence No. 818 Garden Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, and year) Dec. 23/1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ****
11. Total time (years) spent in this occupation ***

12. BIRTHPLACE (city or town) Calif.
(State or country)

FATHER
13. NAME Edward Hart
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME Frieda Walker
16. BIRTHPLACE (city or town) Oregon
(State or country)

17. INFORMANT Edward Hart.
(Address) Coeur d' Alene

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Portland, Ore. Date June 28, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d' Alene

20. FILED June 28, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/27/1938

22 I HEREBY CERTIFY, That I attended deceased from 6-27-38, to 6-27-38
I last saw h[illegible] alive on 6-27 1938: death is said to have occurred on the date stated above, at 9:35A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head crushed by being run over with a Milk truck	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-27-38
Where did injury occur? Coeur d Alene Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public alley
Manner of injury Run over by Milk truck
Nature of injury Head Crushed

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Coroner E. H. Reed M. D.
(Address) Coeur d Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10956

Registration District No.
Primary Registration District No. Local Registrar's No. 99

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 44C

2. FULL NAME Hazel Frances Holmes

(a) Residence No. St. Spirit Lake, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jack E. Holmes

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) June 1938
11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) Dixon
(State or country) Illinois

FATHER
13. NAME O. C. Miller
14. BIRTHPLACE (city or town) Dixon
(State or country) Illinois

MOTHER
15. MAIDEN NAME Elizabeth C. Otto
16. BIRTHPLACE (city or town) Dixon
(State or country) Illinois

17. INFORMANT Jack E. Holmes
(Address) Spirit Lake Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Ida. Date July 4, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED July 4, 1938 Kootenai Co.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to July 4, 1938
I last saw her alive on July 4, 1938; death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	June 24

Other contributory causes of importance: Acute Nephritis

Name of operation None Date of
What test confirmed diagnosis? P.E.T. Was there an autopsy? No Blood & guinea pig.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Hummel, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10987

Registration District No. 6 1
Primary Registration District No. 10 11
Local Registrar's No. 355

JUL 12 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfreida Elda Burton

(a) Residence No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. 13 mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/20/'29

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow,
(State or country) Idaho

FATHER

13. NAME Alfred Burton
14. BIRTHPLACE (city or town) Forest,
(State or country) Idaho

MOTHER

15. MAIDEN NAME Erma Tribble
16. BIRTHPLACE (city or town) Princeton,
(State or country) Idaho

17. INFORMANT Alfred Burton
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida. Date June5, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 6/4, 1938 Johnny Eastman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-3 1938

22 I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to June 3, 1938
I last saw h. alive on June 3 1938: death is said to have occurred on the date stated above, at 4p m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	May 5-38
Other **contributory causes** of importance:	
None	

Name of operation — Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1938
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward N. Dunn M. D.
(Address Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10987

Registration District No. 6 1
Primary Registration District No. 6 1 1 Local Registrar's No. 356

JUL 12 1938

(No. Latah County Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cyrus Muzich

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Cobbler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 5/1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Moscow Ida. Date 6/14, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho.

20. FILED 7-6, 1938 Mary Tenbrunsel Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/11 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Contributory Senility	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. R. Short M. D.
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109880

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 357
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 12 1938

2. FULL NAME Theodore Farnam

(a) Residence No. Palouse Wash. St. Palouse Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 48

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug. 27-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1934
11. Total time (years) spent in this occupation 65 yrs.

12. BIRTHPLACE (city or town) Canada
(State or country)

FATHER

13. NAME Jonathan Farnam
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER

15. MAIDEN NAME Louise Voltsy
16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT D. F. Farnam (Bro.)
(Address) Palouse Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Palouse Wn Date June 17, 1938

19. UNDERTAKER D. D. Kimball
(Address) Palouse, Wash.

20. FILED 7-6, 1938 Jennie Carlson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-14-1938

22 I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to June 14, 1938
I last saw h(im) alive on June 14 1938: death is said to have occurred on the date stated above, at 7 0 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Senility.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lonny J. Klaare M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Helmer (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109881

Registration District No. 66
Primary Registration District No. 2148
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Goodnough

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/17/1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 6/18/'38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Carber Co.
(State or country) Minn.

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT From His own papers.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 6/21, 1938 Mrs. Earl Aldon
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/18 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary heart attack	

Other **contributory causes** of importance:

Cancer of the face	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Mrs. Earl Aldon, Registrar
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

JUL 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109882

Registration District No. 61
Primary Registration District No. 1014
Local Registrar's No. 358
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Donaldson

(a) Residence No. ..... St. Brooklyn N. Y.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S., if of foreign birth? ..... yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: not obt
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: 36; Months: ; Days: ; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ticket seller
9. Industry or business in which work was done, as silk mill, saw mill, bank: Ed. Al. G. Barnes Circus
10. Date deceased last worked at this occupation (mo. and yr.): June 15 38.
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ..... (State or country) not obt

FATHER
13. NAME: not obt
14. BIRTHPLACE (city or town) ..... (State or country) not obt

MOTHER
15. MAIDEN NAME: not obt
16. BIRTHPLACE (city or town) ..... (State or country) not obt

17. INFORMANT: H. Armstrong
(Address) Moscow Ida.
18. BURIAL, CREMATION OR REMOVAL
Place Brooklyn N.Y. Date ....., 193
19. UNDERTAKER: Home Funeral Parlor
(Address) Moscow Ida
20. FILED 7-6-, 1938 Harry Eubanks Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/19 1938
22. I HEREBY CERTIFY, That I attended deceased from 6/15, 1938, to 6/19, 1938
I last saw h.im alive on 6/19 1938: death is said to have occurred on the date stated above, at 9 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Both Lungs involved.	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No; If so, specify .....

(Signed) H. Armstrong M. D.
(Address Moscow Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109883

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 359

JUL 12 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Claudine Butler

(a) Residence No. Rural Route No. 5, Moscow, Ida. St.
(Usual place of abode)

46 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Butler

6. DATE OF BIRTH (month, day, and year) 8/24/1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairmont.
(State or country) Mo.

FATHER

13. NAME George Fleming
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Miria Stark
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs. Charlotte Havens
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION~~, REMOVAL
Place Moscow, Ida. Date June 23, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 6/21, 1938 Jessie Emhorst
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/20/38

22 I HEREBY CERTIFY, That I attended deceased from June 17, 1938 to same day, 1938
I last saw her alive on June 17 1938: death is said to have occurred on the date stated above, at 7:30P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	
Other **contributory causes** of importance:	
addeno carcinoma of the left breast, and senility.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Conrad J. Klaarn M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Troy

JUL 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64
Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE
State File No. 109884

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

4-62

2. FULL NAME Johanna Stivland Benson

(a) Residence. No Troy- Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ole S. Benson

6. DATE OF BIRTH (month, day, and year) Apr. 24 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pope County Minn.

MOTHER FATHER

13. NAME Stivland
14. BIRTHPLACE (city or town) (State or country) ~~Not known~~

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Albert Benson
(Address) Troy- Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Dry Creek Date June 23 1938

19. UNDERTAKER A. N. Alden
(Address) Troy, Ida

20. FILED July 10, 1938 Mrs Chas. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938 to June 21, 1938.
I last saw her alive on June 21, 1938: death is said to have occurred on the date stated above, at 7:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver.	Jan 1937.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlatch

RECEIVED JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109885

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Emil Enoch Johnston

(a) Residence No. 745 Spruce Street St.

(Usual place of abode)

Length of residence in city or town where death occurred 15 Yrs (If nonresident give city or town and state) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nannie

6. DATE OF BIRTH (month, day, and year) July 11 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (mo. and yr.) October 1937

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) Evansville
(State or country) Minn.

FATHER

13. NAME C. J. Johnston

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Charlotte Johnson

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Arnold Johnston
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wn. Date June 26, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash

20. FILED June 23, 1938 F. C. Ferroy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/23 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1 —, 1938, to June 23 —, 1938

I last saw him alive on June 22 1938: death is said to have occurred on the date stated above, at 8:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia Coloporos.	
Myocardial Degeneration	1936
Other contributory causes of importance:	
Chronic Nephritis	Last 10 years.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. Ferroy M. D.

(Address Potlatch Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109886

Registration District No.

Primary Registration District No. 61

Local Registrar's No. 360

JUL 12 1938

(No. Gritman Hospital 10 11)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Oscar Carlson

(a) Residence No. St. Troy, Ida. (rural)

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 35 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/22/1883

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 32 yr.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Carl Benson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Kagsa Johnson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Marie Williams
(Address) Spokane, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date 6/29, 1938

19. UNDERTAKER Short's Funeral Chapel
(Address) Troy, Idaho

20. FILED 7-6, 1938 Johnny Erickson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/26 1938

22 I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 26, 1938

I last saw him alive on June 26 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
cerebral haemorrhage	
Other **contributory causes** of importance:	
Hypertension with arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lorin J. Klaaren M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109880

JUL 10 1938

Registration District No. 41

Primary Registration District No. 216 Local Registrar's No. 4

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Heller Daly

(a) Residence No. Salmon, Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas C. Daly

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) June 8, 1938

11. Total time (years) spent in this occupation 50yrs.

12. BIRTHPLACE (city or town) Provo City
(State or country) Utah

FATHER

13. NAME Daniel K. Bunnell

14. BIRTHPLACE (city or town) Kain City
(State or country) Iowa

MOTHER

15. MAIDEN NAME Abigal Miller

16. BIRTHPLACE (city or town) Clarinda
(State or country) Iowa

17. INFORMANT Mrs. R. H. Tobia
(Address) Leadore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 6/11/, 1938

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED July 14, 1938 Chas. C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/9/1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1938, to Dec. 15, 1937

I last saw h[illegible] alive on Dec. 15 1937: death is said to have occurred on the date stated above, at 2:15A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis —	?
Other **contributory causes** of importance:	
Arteriosclerosis —	?

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible], 1938

Where did injury occur? [illegible]
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. D. McFarland, M.D.

(Address) Box 543 Salmon Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of May.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109889

JUL 16 1938

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Ward
(a) Residence No. May, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Jan 11, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	5	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prospecter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation 50yrs.

12. BIRTHPLACE (city or town) London
(State or country) England

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mr. Phil Rand
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 6/18th, 193 8

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED June 4, 1938 Geo. E. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/17/38 6/16 38

22 I HEREBY CERTIFY, That I attended deceased from Sept. 193'7, 193..., to June 17, 193 8.
I last saw him alive on June 7 193 8: death is said to have occurred on the date stated above, at 2P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~Carcinomatosis~~	
cardio-renal disease-	
valvular heart disease	
and chronic nephritis	
Other **contributory causes** of importance:	
Aggravated by alcoholism	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) G. T. Stratton. M.D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109856

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 47
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olive Caroline Hull
(a) Residence No. Northfork, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Hull, deceased

6. DATE OF BIRTH (month, day, and year) July 5, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1937
11. Total time (years) spent in this occupation 33yrs.

12. BIRTHPLACE (city or town) South English
(State or country) Iowa

FATHER
13. NAME Benjamin Flood
14. BIRTHPLACE (city or town) West Virginia
(State or country)

MOTHER
15. MAIDEN NAME Jane Long
16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT Mr. John Hull
(Address) North Fork, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gibbonville Date 6/24/38, 193 8
Idaho W. C. Deebler

19. UNDERTAKER
(Address) Salmon, Idaho

20. FILED July 14, 193 8 Alice E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH. 6/22/38

21. DATE OF DEATH (month, day and year) 6/22 1938

22 I HEREBY CERTIFY, That I attended deceased from June 16 1938, 193 , to June 22 1938, 193 8
I last saw her alive on June 22 193 8: death is said to have occurred on the date stated above, at 5PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage followed by complete hemiplegia.	June 16
Other contributory causes of importance:	
Arterial hypetension probably of several years standing	

Name of operation None Date of
What test confirmed diagnosis? Cinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) G. W. Stratton M. D.
(Address) Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lewis

City of Craigmont

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10991

Registration District No. 50

Primary Registration District No. 2129

Local Registrar's No. 9

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mahala Margaret Triplett

(a) Residence No. .... St. Craigmont, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Triplett

6. DATE OF BIRTH (month, day, and year) March 30 1857

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
81	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Morrell
(State or country) Kansas

FATHER

13. NAME Thomas Marion.,

14. BIRTHPLACE (city or town) ....
(State or country) England

MOTHER

15. MAIDEN NAME Fannie Butler

16. BIRTHPLACE (city or town) ....
(State or country) Missippi.

17. INFORMANT Maud Elliott
(Address) Craigmont, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont Date 6-13, 1938

19. UNDERTAKER C. E. Cloon
(Address) Craigmont, Idaho.

20. FILED 6-13, 1938 C E Cloon
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 11 1938.

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to June 11, 1938

I last saw h.. alive on June 10 1938.: death is said to have occurred on the date stated above, at 7:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Contra Regurgitation	1936
Mitral Regurgitation	1936
Other contributory causes of importance:	
Cerebral Hemmhage	1936

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) K. A. Collins, M. D.

(Address) Craigmont, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109892

Registration District No. 16 8 17
Primary Registration District No. ..... Local Registrar's No. 118

JUL 5 - 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel Tabula y Dominga Erquiaga

(a) Residence. No. ..... St. Shoshone Hotel
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. 8 mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Spanish	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov - 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61 ~~61~~	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Sheepherder
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ←
10. Date deceased last worked at this occupation (mo. and yr.) 2 yrs. 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Spain
(State or country)

FATHER
13. NAME Dominga Erquiaga
14. BIRTHPLACE (city or town) .....
(State or country) Spain

MOTHER
15. MAIDEN NAME Canute Balencia
16. BIRTHPLACE (city or town) .....
(State or country) Spain

17. INFORMANT Myrtle Burdett
(Address) Shoshone Information acquired

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date June 3, 1938

19. UNDERTAKER Myrtle C. Burdett
(Address) Shoshone

20. FILED June 2, 1938. Myrtle C. Burdett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 31 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 31, 1938.
I last saw h alive on May 12, 1938; death is said to have occurred on the date stated above, at Night ms
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Parenchymatous Nephritis	
Other **contributory causes** of importance: Hypostatic Alveolar A	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 192.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes. If so, specify .....
(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Marley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109893

Registration District No. 1617
Primary Registration District No. ..... Local Registrar's No. ~~120~~ 119

JUL 5 - 1938

(No. ..... 97)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emaline Tucker

(a) Residence. No. Cleveland Utah — St. visiting Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 3 mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Moses Tucker

6. DATE OF BIRTH (month, day, and year) Feb - 17 - 1845 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
93	4	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** own home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ash Co. ?
(State or country) N. Carolina

FATHER
13. NAME William Dollar
14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER
15. MAIDEN NAME Jennie Sparks
16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Mrs. Lois Johnson
(Address) Marley - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cleveland Utah Date 6/19, 1938

19. UNDERTAKER Myrtle C. Burdett
(Address) Bloomington Ida

20. FILED 6/14, 1938. Myrtle C. Burdett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6 - 15 1938

22. I HEREBY CERTIFY, That I attended deceased from 5 - 15, 1938, to 6 - 15, 1938
I last saw her alive on 5 - 14 - 1938; death is said to have occurred on the date stated above, at 6 ~~4~~ p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
heart disease	10 yrs
Moderate goiter	30 yrs

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fairy H. Howard M. D.
(Address) Bloomington Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg
JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109895

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 29
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Kjelin
(a) Residence No. Rexburton St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed, or~~ divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 30 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	-	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agriculture
10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1937
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Upsalhattan
(State or country) Sweden

FATHER
13. NAME Carl Magnus Kjelin
14. BIRTHPLACE (city or town) Greinstad
(State or country) Sweden

MOTHER
15. MAIDEN NAME Johanna Hanson
16. BIRTHPLACE (city or town) Ryakem
(State or country) Sweden

17. INFORMANT Selma Galbraith
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Sutton Cemetery Date June 20, 1938

19. UNDERTAKER Bradley-Williams Funeral Service
(Address) By. L.A. Williams E-319

20. FILED 7-8, 1938 Mrs. Hepworth Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/17 1938

22 I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to June 17, 1938.
I last saw him alive on May 15 1938: death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1936
Other contributory causes of importance:	
Anemia	
Metastasis	

Name of operation X Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

6/17/38
(Signed) Lorus A. Rich M. D.
(Address) Rexburg Idaho

X over

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M - Rigby

PLACE OF DEATH

County of Madison

City of Rexburg

REC'D JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109896

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Edson Hartman

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Robb

6. DATE OF BIRTH (month, day, and year): Feb-1-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fairfield Idaho

FATHER

13. NAME: Samuel Hartman Sr.

14. BIRTHPLACE (city or town) (State or country): Fairfield Idaho

MOTHER

15. MAIDEN NAME: Elizabeth Wiley

16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT (Address): W. D. Hartman Franklin Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Menan Idaho Date: June 1938
Franklin Idaho

19. UNDERTAKER (Address): Ben Keller Rexburg Idaho

20. FILED 6-8, 1938 Mrs. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/17 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/17, 1938, to 6/17, 1938
I last saw him alive on 6/17, 1938; death is said to have occurred on the date stated above, at 11:45 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/17/38
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. F. Leigh M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109897

Registration District No. 100

Primary Registration District No. 2478 Local Registrar's No. 31

(No. Sutherland Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Dean Larson

(a) Residence. No. West Yellowstone Montana St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Sept 9-1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Yellowstone Montana

FATHER

13. NAME Harry Larson

14. BIRTHPLACE (city or town) (State or country) Chicago Ill.

MOTHER

15. MAIDEN NAME Byral Murray

16. BIRTHPLACE (city or town) (State or country) Marrett Mich.

17. INFORMANT (Address) Harry Larson West Yellowstone Mont.

18. BURIAL, CREMATION OR REMOVAL Place Salt Lake City Date June 27 1938

19. UNDERTAKER (Address) John A Keller Rexburg Idaho

20. FILED 7-8, 1938 Mrs. A Heywood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-24 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1938, to 6-24, 1938

I last saw her alive on 6-24, 1938; death is said to have occurred on the date stated above, at 2:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6-15-38
Other contributory causes of importance:	

Name of operation none Date of -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ....., 193...

Where did injury occur? -
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

H B

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109898

Registration District No. 100
Primary Registration District No. 2128
Local Registrar's No. 33

JUL 11 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Emma Evans

(a) Residence. No. ..... Rexburg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L Evans

6. DATE OF BIRTH (month, day, and year) Nov 17 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Willard Utah

FATHER

13. NAME Jas Hibbard

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hannah Williams

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT (Address) Mrs J J Remington Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date July 1, 1938

19. UNDERTAKER (Address) John H Keller Rexburg Idaho

20. FILED 7-8, 1938 Mina B Remington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1938, to 6-28, 1938
I last saw her alive on 6-27, 1938: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asteria-Sclerosis	
Senility.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H B Ricks, M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109899

Registration District No. 120
Primary Registration District No. 2178 Local Registrar's No. 32
(If death occurred in a hospital or institution, give its name instead of street and number) (No. Fairhaven Hospital)

JUL 11 1938

2. FULL NAME Infant Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word):
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 28, '38
7. AGE: Years | Months | Days: | If LESS than 1 day ..... hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salmon
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rexburg Idaho

FATHER
13. NAME: Fred A. Johnson
14. BIRTHPLACE (city or town) (State or country): Lyons Kans. Idaho

MOTHER
15. MAIDEN NAME: Ruby Jacobsen
16. BIRTHPLACE (city or town) (State or country): Shelley Idaho

17. INFORMANT (Address): Fred A. Johnson Idaho Falls Ida.
18. BURIAL, CREMATION OR REMOVAL
Place: Rexburg Date: June 30, 1938
19. UNDERTAKER (Address): none
20. FILED 7-5, 1938 Mrs. H. Keppner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 28 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1938, to 6-28, 1938
I last saw h[illegible] alive on 6-28, 1938: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
5½ months	
Placenta Previa	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. Fairhaven M. D.
(Address) Rexburg Ida.

HB

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Sugar City

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109900

Registration District No. 1 0 8

Primary Registration District No. 2178 Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nelle Ingram

(a) Residence. No. Sugar city Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 16-192[illegible]

7. AGE: Years 16 | Months 11 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sugar city Idaho

FATHER

13. NAME: Ammon R Ingram

14. BIRTHPLACE (city or town) (State or country): Sugar city Idaho

MOTHER

15. MAIDEN NAME: Mable Garner

16. BIRTHPLACE (city or town) (State or country): Sugar City Idaho

17. INFORMANT (Address): A. R. Ingram Sugar City Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar city Date July 3 1938

19. UNDERTAKER (Address): Geary & Keller Rexburg Idaho

20. FILED 7-8, 1938 Mat Haysoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-30 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to June 30, 1938

I last saw her alive on June 30 1938; death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Secondary anemia	

Other contributory causes of importance:

Name of operation Blood Transfusion Date of 6-26

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H B Naylor, M. D.

(Address) Rexburg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109901

Registration District No. 108
Primary Registration District No. 2128 Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Baby Willis

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July-2-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rexburg Idaho
(State or country)

FATHER
13. NAME Erwin Willis
14. BIRTHPLACE (city or town) Salem Idaho
(State or country)

MOTHER
15. MAIDEN NAME Ruth Burton
16. BIRTHPLACE (city or town) Rigby Idaho
(State or country)

17. INFORMANT James Willis
(Address) Rexburg R 2

18. BURIAL, CREMATION OR REMOVAL
Place Sugar alt Date July 3 1938

19. UNDERTAKER Evan L Keller
(Address) Rexburg Idaho

20. FILED 7-8, 1938. Mrs Kepney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to July 2, 1938
that last saw he alive on July 2, 1938; death is said to have occurred on the date stated above, at 3.30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	July 2 1938

Other contributory causes of importance:

Prematurity	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. F. Rigby M. D.
(Address) Rexburg, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109902

JUL 11 1938

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 57

(No.) 468
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest B. Skinner

(a) Residence No. Heyburn Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Caroline Skinner

6. DATE OF BIRTH (month, day, and year) 6 1/2 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 6-20-38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Step- F. C. Taylor
14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME Katherine Beardsley
16. BIRTHPLACE (city or town) (State or country) N. Y. State

17. INFORMANT Mary Caroline Skinner (Address) Heyburn Ida.

18. BURIAL, CREMATION OR REMOVAL Place Heyburn Ida. Date 7-2-, 1938

19. UNDERTAKER Vern B. McCullach (Address) Burley Ida.

20. FILED 6-29-, 1938 Laura D. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-28-1938

22 I HEREBY CERTIFY, That I attended deceased from 6-25-, 1938, to 6-28-, 1938
I last saw ~~him~~ alive on 6-28-1938: death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of pancreas	3-1-38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. M. Dellinger, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Peck

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109904

JUN 21 1938

Registration District No. 93
Primary Registration District No. 2371
Local Registrar's No. 39

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roscoe Ross

(a) Residence No. .... St. Peck Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 13, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Raleigh (State or country) Kentucky

FATHER

13. NAME Steven Ross
14. BIRTHPLACE (city or town) .... (State or country) Kentucky

MOTHER

15. MAIDEN NAME Angeline Williams
16. BIRTHPLACE (city or town) .... (State or country) Kentucky

17. INFORMANT Powell Ross
(Address) Peck Ida

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont Date Mar 23, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 3/21, 1938 Daniel Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-21 1938

22 I HEREBY CERTIFY, That I attended deceased from 1927, 193.., to March 21st, 1938
I last saw him alive on Feb 6th, 193.. : death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate & Stomach	unknown

Other contributory causes of importance:

Malnutrition	

Name of operation Removal of Prostate and Stomach Date of Mar 1937
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) W. P. Robertson, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109905

Registration District No. 93
Primary Registration District No. 2371
Local Registrar's No. 5

JUN 21 1938.

(No.) 118
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank M. Benscoter

(a) Residence No. St. Clarkston Wn
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Benscoter

6. DATE OF BIRTH (month, day, and year) 7-2-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME John M. Benscoter
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Ida Roberts
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Frank Benscoter Jr (Address) Kendrick Ida

18. BURIAL, CREMATION OR REMOVAL Place Kendrick Ida Date 4-16, 1938

19. UNDERTAKER Crofoot Mortuary (Address) Lewiston Ida.

20. FILED 4-15, 1938. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-14 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-10, 1938, to 4-14, 1938.
I last saw him alive on 4-12 1938.: death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastritis	4-10-38
Other contributory causes of importance:	
Old Age Pneumonia	✓

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1938 ✓
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. P. Stinson M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

JUL 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109906

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 107

(No. 1202 Idaho Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Franklin John Boston.

(a) Residence No. 1202 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 5th, 1862.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75.	5.	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practicing Dentist.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartland,
(State or country) Maine.

FATHER
13. NAME John Boston.
14. BIRTHPLACE (city or town)
(State or country) Maine.

MOTHER
15. MAIDEN NAME Emily Francis Batchelder.
16. BIRTHPLACE (city or town)
(State or country) Maine.

17. INFORMANT Mrs. F. J. Boston.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 16th, 1938.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED July 9, 1938 M. M. Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/13 1938.

22 I HEREBY CERTIFY, That I attended deceased from 5-12, 1938, to 5-13, 1938
I last saw him alive on 5-13 1938: death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-12-38
Other contributory causes of importance:	
Arteriosclerosis	about 3 yrs

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) E. R. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT MARGIN RESERVED FOR BINDER. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

JUL 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109907

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 108
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95N

2. FULL NAME Antone Higheagle
(a) Residence No. Lapwai Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	Indian	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Josephine Higheagle

6. DATE OF BIRTH (month, day, and year) 4-30-83

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	—	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweetwater Ida
(State or country)

FATHER
13. NAME M. Highcoogle
14. BIRTHPLACE (city or town) Whitebird
(State or country) Ida.

MOTHER
15. MAIDEN NAME no record
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Josephine Highcoogle
(Address) Lapwai Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lapwai Date 5-16, 1938

19. UNDERTAKER Vassar-Doyle Co
(Address) Lewiston Ida.

20. FILED June 30 1938 M. H. Cauley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 -, 1938, to May 15, 1938
I last saw him alive on May 13, 1938: death is said to have occurred on the date stated above, at 9:15P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	

Other **contributory causes** of importance:

Ruptured Cerebral Aneurism	
& Abdominal Ascites	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wilson Hall, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109908

Registration District No. 1009
Primary Registration District No. 66
Local Registrar's No. 109

JUL 12 1938 (No.) 108
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. ~~Mathilda~~ Broncheau MATHILDA BRONCHEAU,

(a) Residence No. Cottonwood Creek St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Red INDIAN	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Joseph Broncheau

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Mary Davis
16. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

17. INFORMANT Ford Eneas
(Address) Lapwai, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Slickpoo Ida Date 5/19/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED June 14, 193 8 M. H. Castey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/16 193 8

22 I HEREBY CERTIFY, That I attended deceased from May 9th, 193 8, to May 13/38., 193
I last saw her alive on 5/13/38 193: death is said to have occurred on the date stated above, at 3:25a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 6/38
Other **contributory causes** of importance: Cerebral Hemorrhage.	

Name of operation none Date of
What test confirmed diagnosis? Clin. Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) Alyst Astrom, M. D.
(Address Fort Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Dr Babcock

JUL 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109909

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 110

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Althea Higby

(a) Residence No. Clarkston, Washington St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sam Higby

6. DATE OF BIRTH (month, day, and year) 3/1/1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Joseph
(State or country) Missouri

FATHER

13. NAME W E Miller

14. BIRTHPLACE (city or town) Silvana
(State or country) Miss.

MOTHER

15. MAIDEN NAME Inez Beaudry

16. BIRTHPLACE (city or town) Imity
(State or country) Miss

17. INFORMANT Sam Higby
(Address) Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date 5/25, 1938

19. UNDERTAKER H R Merchant
(Address) Clarkston, Wn

20. FILED July 8, 1938 M M Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/23 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw her alive on 5/23 1938.: death is said to have occurred on the date stated above, at 3 A.M. p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemiplegia, Abdominal Carcinomatosis.	Unknown.
Pulmonary Embolism.	5/23/38

Other **contributory causes** of importance:

(None)

Name of operation None. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph L. Babcock, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109910

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 111

JUL 12 1938

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46e

2. FULL NAME Robert Banner

(a) Residence No. Clarkston, Wash St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 70 years old			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Not Known
(State or country)

FATHER

13. NAME Chas. Bonner

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Mary J Strainbook

16. BIRTHPLACE (city or town)
(State or country) Easton Penn

17. INFORMANT Our Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Date 5/28, 1938

19. UNDERTAKER H.R. Merchant
(Address) Clarkston Wash

20. FILED July 9, 1938 M McCaskey
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-25 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-1, 1938, to 5-25, 1938

I last saw h[illegible] alive on 5-25 1938: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... specify .....

(Signed) J McFarlane, M. D.
(Address) Asotin Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109911

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 112

JUL 12 1938

(No. Rural Route #2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Samuel Ryan

(a) Residence No. Rural Route #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Bess Marie Rees Ryan

6. DATE OF BIRTH (month, day, and year): Dec 18, 1870

7. AGE: Years 67 | Months 5 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Council Bluffs
(State or country) Iowa

FATHER
13. NAME William Ryan
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Mork
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT James Ryan
(Address) Spokane, Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date May 27, 1938

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston, Ida.

20. FILED July 8, 1938 M. F. Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 25 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193—, to ——, 193—
I last saw him ~~alive~~ dead on May 25 193 8.: death is said to have occurred on the date stated above, at 3 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Called to home arrived after he had died.	
apparently from myocardial failure	
Cardio Renal vascular D.	
Other **contributory causes** of importance:	

Name of operation —— Date of ——
What test confirmed diagnosis? —— Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? —— Date of injury ——, 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John E. Corpron M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Forest

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109912

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 113

JUL 12 1938

(No. Near Forest)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Volney Lee Fountain

(a) Residence No. 9 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cora Fountain

6. DATE OF BIRTH (month, day, and year) Feb 5, 1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	51	3	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattleman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tammany
(State or country) Idaho.

FATHER
13. NAME H. K. Fountain
14. BIRTHPLACE (city or town)
(State or country) Oregon

MOTHER
15. MAIDEN NAME Sarah Denney
16. BIRTHPLACE (city or town) Moscow
(State or country) Idaho.

17. INFORMANT Cora Fountain
(Address) Forest, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date June 4, 1938

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston, Idaho.

20. FILED June 9, 1938 M. F. Caskey Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-1-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes. by Dr. Wallace S. Douglas

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. M. Brower coroner, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109913

JUL 12 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 114

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James A. Black
(a) Residence No. Oasis Apartments St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Della Black

6. DATE OF BIRTH (month, day, and year) March 24 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wholesale mercantile
10. Date deceased last worked at this occupation (mo. and yr.) May '38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem
(State or country) Oregon

FATHER
13. NAME Albert H. Black
14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER
15. MAIDEN NAME Morris
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Della Black
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date June 3, 1938

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston, Idaho.

20. FILED July 1, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-1-1938

22 I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to June 1, 1938
I last saw him alive on June 1 1938.: death is said to have occurred on the date stated above, at 10:45a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	May 10 '38

Other **contributory causes** of importance:

Cholecystitis	
Cholelithiasis	

Name of operation Laparotomy Date of May 21 '38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. T. Scott, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109914

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 115

JUL 12 1938

(No. St Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Duncan Alexander McIntosh

(a) Residence No. 323 - 12th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 30, 1850

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	87	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1918
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Glengarry Co.
(State or country) Ontario, Canada

FATHER
13. NAME Alex McIntosh
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER
15. MAIDEN NAME Isabel McClennan
16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT Glenn McIntosh
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date June 7, 1938

19. UNDERTAKER Brower Wann Co
(Address) Lewiston, Idaho

20. FILED June 10 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-4 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/7/37, 193.7, to 6/4, 193.8
I last saw him alive on 6/4/38 193.....: death is said to have occurred on the date stated above, at 1 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio vascular	
Renal Disease	1 Yr

Other **contributory causes** of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. E. Carson, M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

JUL 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109915

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 116
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Floch

(a) Residence No. ..... St. Culdesac, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S., if of foreign birth? ..... yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle Floch

6. DATE OF BIRTH (month, day, and year) Dec 12, 1874

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Jake Floch
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT Mrs Myrtle Floch
(Address) Culdesac, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date June 7, 1938

19. UNDERTAKER Brower Kramer Co
(Address) Lewiston Idaho

20. FILED June 9, 1938 M. E. Corkey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 4 1938

22 I HEREBY CERTIFY, That I attended deceased from May 21, 1938 to June 4, 1938
I last saw him alive on June 3 1938.: death is said to have occurred on the date stated above, at 2:30a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	May 12-38
Other contributory causes of importance:	
Intracerebral Hemorrhage	

Name of operation None Date of
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. R. Brockey M. D.
(Address Clarkston, Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109916

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 117

JUL 12 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Lewiston Orchards)

2. FULL NAME A. J. Carmaney

(a) Residence No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carmaney

6. DATE OF BIRTH (month, day, and year) May 25 1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Adam Carmaney
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Mary Ann [illegible]
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. A. J. Carmaney
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Ht Date 6-14-38 193

19. UNDERTAKER Jensen-Rawlins Co
(Address) Lewiston Idaho

20. FILED June 14 1938 M. H. Easley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3rd 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun Shot Wound	
on the Chest	
Penetrating the Heart	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? S Date of injury ....., 193.....
Where did injury occur? Residence
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Home
Manner of injury.....
Nature of injury Gun Shot

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. M. Brower Coroner M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109917

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 119

JUL 12 1938

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John E Wold

(a) Residence No. Clarkston, Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hannah Strand

6. DATE OF BIRTH (month, day, and year) 6/27/1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lillehammer
(State or country) Norway

FATHER

13. NAME Elias Wold
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER

15. MAIDEN NAME Randine Braun
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Mrs J E Wold
(Address) Clarkston, Wash

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn Date 6-9, 1938

19. UNDERTAKER H.R. Merchant
(Address) Clarkston Wash

20. FILED July 9, 1938 M.H. Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-7-1938

22 I HEREBY CERTIFY, That I attended deceased from 5-27-, 1938, to 6-7-, 1938.
I last saw h[illegible] alive on 6-7- 1938: death is said to have occurred on the date stated above, at 12:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J.M. McElvain M. D.
(Address) Asotin Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lez Perce
City of Lewiston

JUL 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109918

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 120
(No. Sommerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlie Loui

(a) Residence No. Sommerville Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Yellow	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) No Record China

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sommerville Home (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date 7/12/38, 193

19. UNDERTAKER Vassar Rawls Co.
(Address) Lewiston, Idaho.

20. FILED June 30 193 8 M. K. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8/1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 193 7, to June 8, 193 8
I last saw him alive on 6/5 193 8; death is said to have occurred on the date stated above, at 4:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	6-6-38
Chronic Myocarditis	1933
Generalized Arteriosclerosis	1932
Other contributory causes of importance:	

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193—
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) W. S. Douglas M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109920

JUL 12 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 122
(No. 1820-7th Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number) 820

2. FULL NAME Mrs Lenard Bavens

(a) Residence No. 1820-7th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of #

6. DATE OF BIRTH (month, day, and year) 1-5-61

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER
13. NAME J. M. Holmes
14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Gumwalt
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mrs Bredsberg
(Address) Portland Oregon

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place [illegible], Date 6-13-38, 193

19. UNDERTAKER Varner Rawlo Co
(Address) Lewiston Idaho

20. FILED June 30, 1938 M. R. Cathey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/1/38, 193, to 6/11, 193.
I last saw him alive on 6/10 1938; death is said to have occurred on the date stated above, at 2:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	6-1-38.
Stroke.	
Hypertension	6-8-38.
Myocardial failure.	

Other contributory causes of importance: None.

Name of operation None. Date of
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? No injury
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Joseph E. Bilodeau, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109921

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 123

JUL 12 1938

(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flora Lee Ward

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mathew Ward

6. DATE OF BIRTH (month, day, and year) June 4 1853

7. AGE — Years: 85 | Months: 0 | Days: 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beverley
(State or country) West Virginia

FATHER

13. NAME Daniel Buckey
14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER

15. MAIDEN NAME Virginia Ball
16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Mrs F G Wellman
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date June 16, 1938

19. UNDERTAKER Brauer Mann Co.
(Address) Lewiston, Ida.

20. FILED July 1, 1938 M. K. Carbery
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-14 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 14, 1938
I last saw her alive on June 6 1938: death is said to have occurred on the date stated above, at 9:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 1-38
Arterio-sclerosis	1930
Senility	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O. Y. Braucock M. D.
(Address Lewiston, Idaho

McRae

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109922

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 125

JUL 12 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Teressa Elizabeth Cox

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kenneth Cox

6. DATE OF BIRTH (month, day, and year) Sept. 22, 1907

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	30	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tacoma
(State or country) Washington

FATHER

13. NAME Albert W. Trimley
14. BIRTHPLACE (city or town) Plymouth
(State or country) Indiana

MOTHER

15. MAIDEN NAME Matilda Edtl
16. BIRTHPLACE (city or town) New Haven
(State or country) Connecticut

17. INFORMANT Kenneth Cox
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Ida Date June 21, 1938

19. UNDERTAKER Brower Mortuary Co.
(Address) Lewiston, Idaho.

20. FILED July 1, 1938 M. M. Carley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-18-1938

22 I HEREBY CERTIFY, That I attended deceased from 8-27, 1937, to 6-18, 1938

I last saw her alive on ..... 193..: death is said to have occurred on the date stated above, at 4:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epithelioma of cervix uteri with generalized Metastasis	8-27-37
Other **contributory causes** of importance:	
Syphilis	June 23-1937

Name of operation None Date of .....
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? - Date of injury - , 193..
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. McRae, M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lenore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109923

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 126

JUL 12 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Neva Ruth Powell

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13, 1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leland
(State or country) Idaho

FATHER

13. NAME Clifford Powell
14. BIRTHPLACE (city or town)
(State or country) Washington

MOTHER

15. MAIDEN NAME Effie Gallaher
16. BIRTHPLACE (city or town)
(State or country) Washington

17. INFORMANT Clifford Powell
(Address) Lenore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lenore, Ida. Date June 20 193 8

19. UNDERTAKER Brown-Mann Co.
(Address) Lewiston, Idaho.

20. FILED June 23, 1938 M. McCaskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-18-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw her alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strychnine Poisoning Accidental	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? A Date of injury....., 193.....
Where did injury occur? Res Lenore Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Home
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [redacted] M. D. Coroner
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109924

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 127

JUL 12 1938

(No. St. Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Judge O'Hearn

(a) Residence No. 0202 - 8th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 6-10-1852

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
86	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) no record
(State or country)

FATHER

13. NAME No Record
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT #
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Date 6-21, 1938

19. UNDERTAKER Vassar-Rawls Co
(Address) Lewiston Ida.

20. FILED June 30, 1938 M. A. Carkeek
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-19 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-16, 1938, to 6-19, 1938
I last saw h~~im~~ alive on 6-19 1938 death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6-37
Generalized Arteriosclerosis	1918

Other contributory causes of importance:
Senility.

Name of operation None Date of —
What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 1938
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No injury
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. E. Douglas M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109925

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 128

JUL 12 1938 (No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Kerr

(a) Residence No. Clarkston, Wash. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Hyatt

6. DATE OF BIRTH (month, day, and year) 4/23/1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	2	--	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) June 6
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russell Kansas
(State or country)

FATHER
13. NAME Thomas J Kerr
14. BIRTHPLACE (city or town) Tenn
(State or country)

MOTHER
15. MAIDEN NAME Ida May Bronson
16. BIRTHPLACE (city or town) Lucas
(State or country) Kansas

17. INFORMANT Mrs Thomas Kerr
(Address) Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Date 6/23, 1938

19. UNDERTAKER H R Merchant
(Address) Clarkston, Washington

20. FILED July 8, 1938 M. F. Carley Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/23 1938

22 I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to June 23, 1938
I last saw him alive on June 23 1938: death is said to have occurred on the date stated above, at 3:30A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumococcal meningitis	6/22/38
Intestinal obstruction	6/14/38
Lobar pneumonia (whole of right Lung)	6/6/38
Other **contributory causes** of importance:	
none	

Name of operation Laparotomy Date of 6/17/38
What test confirmed diagnosis? Lab. Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 1938 —
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. C. Carson, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109926

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 129

JUL 12 1938

(No. 212 6th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Dorman.

(a) Residence No. 212 6th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2nd, 1854.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~83~~ 85.	11.	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Not known.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME -------- James.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Ellen Moe.
(Address) Oaksdale, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Oaksdale, Wash Date June 30th 1938.

19. UNDERTAKER L. L. Bruning,
(Address) Colfax, Washington.

20. FILED July 8, 1938 M. F. Cathey Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/30 1938.

22 I HEREBY CERTIFY, That I attended deceased from 3/1, 1938, to 6/30, 1938.
I last saw h[illegible] alive on 6/30 1938: death is said to have occurred on the date stated above, at 9:00P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	[illegible]
Angina Pectoris	6/14/38
Coronary occlusion.	6/30/38

Other contributory causes of importance:

Senility

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? No injury
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury None
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Boedeker, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Genesee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109927

JUL 18 1938
Registration District No. 62
Primary Registration District No. ____ Local Registrar's No. 46 H
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Bielenberg
(a) Residence No. 0 Genesee, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Heuner
6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) New Holstein
(State or country) Wisconsin

FATHER
13. NAME Henry Bielenberg
14. BIRTHPLACE (city or town) ____
(State or country) Germany

MOTHER
15. MAIDEN NAME Gretchen Doe
16. BIRTHPLACE (city or town) ____
(State or country) Germany

17. INFORMANT ____
(Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Genesee, Ida. Date ____, 193

19. UNDERTAKER Upson-Rankin Co
(Address) Lewiston, Idaho

20. FILED 7/2, 1938 A. J. White M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-1 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to July 1, 1938.
I last saw him alive on July 1, 1938: death is said to have occurred on the date stated above, at 6:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	Unknown
Other **contributory causes** of importance: Bronchopneumonia. Senility.	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A. J. White, M. D.
(Address) Genesee, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109928

PLACE OF DEATH
County of Oneida
City of Malad

RECEIVED
JUL 8 - 1938

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Evans Evans

(a) Residence. No. ..... Malad Idaho R F D ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of David R Evans

6. DATE OF BIRTH (month, day, and year) November 15 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... Own Home

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME William R Evans

14. BIRTHPLACE (city or town) (State or country) Nebraska City Missouri Neb.

MOTHER

15. MAIDEN NAME Margaret Price

16. BIRTHPLACE (city or town) (State or country) North Ogden Utah.

17. INFORMENT (Address) David E. Evans. Malad Idaho Dawney Route

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date June 3, 1938

19. UNDERTAKER (Address) J. Guy Kenan Malad Idaho

20. FILED June 30 1938 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1 1938

22. I HEREBY CERTIFY, That I attended deceased from April ..., 1938, to June 1, 1938
I last saw her alive on June 1, 1938.: death is said to have occurred on the date stated above, at 8:27AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism rt leg & thrombosis.	
Other contributory causes of importance: Myocarditis.	
Bronchopneumonia.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) ..... M. D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Owyhee

City of Grandview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109929

Registration District No. 74

Primary Registration District No. 215-1

Local Registrar's No. 9

JUL 5 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Wegman

(a) Residence. No. Grandview St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) September 29. 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Charles (State or country) Minnesota

FATHER

13. NAME Henry Wegman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Shot

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT John Wegman (Address) Grandview Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date July 2, 1938

19. UNDERTAKER Zacker-Bay Funeral Home (Address) Mountain Home Idaho

20. FILED July 2, 1938 Laura C. Ickenbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/29. 1938

22. I HEREBY CERTIFY, That I attended deceased from XXXXXX, 193..., to XXXXXXXXX, 193...
I last saw him alive on 6/24th., 1938: death is said to have occurred on the date stated above, at 2. p.m. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease!	Dont know
This man must have been	
dead about two hours before	
I found him in the field.	

Other contributory causes of importance:

Dont know.	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] M. D.

(Address) Grand View. Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 100930

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 20

(No. Schiltz Memorial Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Porath

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	-

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs or ....28 min
-	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) American Falls, Idaho

FATHER

13. NAME Edward W. Porath

14. BIRTHPLACE (city or town) (State or country) South Dakota

MOTHER

15. MAIDEN NAME Lucile Haskell

16. BIRTHPLACE (city or town) (State or country) Sublet Idaho

17. INFORMANT (Address) Mrs E W. Porath Rockland Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rockland Ida Date 6-4, 1938

19. UNDERTAKER (Address) Relatives Rockland Idaho

20. FILED 6-4, 1938 Irene Dalling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938, to ....., 193..
I last saw him alive on June 3 1938: death is said to have occurred on the date stated above, at 12:03 m.
The principal cause of death and related causes of importance were as follows:

Premature at 32 weeks

	Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) H. H. Farrell, M. D.

(Address) Am. Falls. Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Power
City of American Falls

JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109931

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 21
(No. Schultz Memorial)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Webb
(a) Residence No. Rockland Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward D Webb

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 48 yrs
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hamilton Utah

FATHER
13. NAME Peter Tofe
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Hanna Barrow
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT George H Webb
(Address) Rockland Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rockland Idaho Date 6-10, 1938

19. UNDERTAKER A W Davis
(Address) American Falls Ida

20. FILED 6-9, 1938 Irene Paling Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-8 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to June 7, 1938
I last saw her alive on June 7 1938: death is said to have occurred on the date stated above, at 8:00 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~arthritis~~ Heart failure	
Other **contributory causes** of importance:	
arthritis	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) O. S. Swenson, M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Power

City of Amer Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 109932

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 22

JUL 7 - 1938

(No.) Schiltz Memorial Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jay H Hartley

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day — hrs or ..... min
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Amer Falls Idaho

MOTHER FATHER

13. NAME Frank Hartley

14. BIRTHPLACE (city or town) (State or country) Rockland Idaho

15. MAIDEN NAME Evelyn Udy

16. BIRTHPLACE (city or town) (State or country) Farmington Utah

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rockland Ida Date 6-15, 1938

19. UNDERTAKER Relatives
(Address) —

20. FILED 6-15, 1938 Irene Daling
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-15 1938

22. I HEREBY CERTIFY, That I attended deceased from —, 193..., to —, 193...

I last saw h.i.~~s~~ alive on —, 193—: death is said to have occurred on the date stated above, at 1-12-9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Still-birth	—

Other **contributory causes** of importance:

Premature separation of Placenta	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased — If so, specify .....

(Signed) Jos. Jenkins, M. D.

(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls

RECEIVED JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109933

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 23

(No. Schilts Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilma Horace Philbrick

(a) Residence. No. Schilts Memorial Hospital St. American Falls Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 6 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming and Stockraising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) June 25, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rye New Hampshire

FATHER

13. NAME Emmons B. Philbrick

14. BIRTHPLACE (city or town) (State or country) Rye New Hampshire

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Shirley J. Philbrick Rye Beach, New Hampshire

18. BURIAL, CREMATION, OR REMOVAL Place Rye New Hampshire, 193

19. UNDERTAKER (Address) A W Dana American Falls Ida

20. FILED 6-30-, 1938 Irene Paling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1938, to June 26, 1938

I last saw h alive on June 25, 1938: death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental automobile,	
Head injury,	
intracerebral hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6-25, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Oscar L. Beschum, M. D.

(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

JUN 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109934

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 73
(No. County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna E. Olson

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Olson

6. DATE OF BIRTH (month, day, and year) 7/25/62

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER
13. NAME — Jonsen
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Charles Olson
(Address) Wallace, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Date 4/26, 1938

19. UNDERTAKER [illegible]
(Address) Wallace Idaho

20. FILED June 25, 1938 John A Burr
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/21 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Apr 21, 1938
I last saw h..... alive on ..... 193..: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Other contributory causes of importance:	
Bed Case.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

JUN 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 10A
(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 7-A

DO NOT WRITE IN THIS SPACE
State File No. 109933

12 2 A

2. FULL NAME Dolly Maud Spencer
(a) Residence No. 126 River Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Roscoe Spencer
6. DATE OF BIRTH (month, day, and year): 3/25/1892
7. AGE: Years: 46; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Joplin Mo

FATHER
13. NAME: John W. Strait
14. BIRTHPLACE (city or town) (State or country): Mt Vernon Mo

MOTHER
15. MAIDEN NAME: Matty Katherine Mitchel
16. BIRTHPLACE (city or town) (State or country): La Russel Mo.

17. INFORMANT (Address): Mable Watson Wallace, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Wallace Date: May 8, 1938
19. UNDERTAKER (Address): L. W. Nistel Wallace, Idaho
20. FILED: June 20, 1938 John A Beer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 5-5 1938
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 8, 1938
I last saw h[illegible] alive on May 4 1938; death is said to have occurred on the date stated above, at 2:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 da
Acute	
Other contributory causes of importance:	
Streptococcic Septic	3 da
Pneumonia Lobar	
Bilateral Empyema	5/2/38
Operation Thoracotomy	5/3/38

Was there a Coroner's inquest? What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Howard Bean M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109937

JUN 20 1938

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 75
(No. County Infirmary)

(If death occurred in a hospital or institution, give its name instead of street and number) 95-a

2. FULL NAME Mike Metrin

(a) Residence No. Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT L. W. Watts
(Address) Wallace Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Date 6/6, 1938

19. UNDERTAKER L. W. Watts
(Address) Wallace Idaho

20. FILED June 25, 1938 John A Bover
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/3 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1st, 1938 to June 3rd, 1938
I last saw him alive on June 1 1938: death is said to have occurred on the date stated above, at 2.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	
Other contributory causes of importance:	
old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. L. Lindsay M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109938

Registration District No. 70
Primary Registration District No. 1 0 11 Local Registrar's No. 68
JUN 6 0 1938
(No. Wallace Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)
1078

2. FULL NAME Arthur F Adams
(a) Residence No. Page Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Irene Adams
6. DATE OF BIRTH (month, day, and year) Feb 13-1908
7. AGE: Years 30 | Months 3 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wall Street Colo.

FATHER
13. NAME Edwin P Adams
14. BIRTHPLACE (city or town) (State or country) Wall Street Colo

MOTHER
15. MAIDEN NAME Kate Conaghlis
16. BIRTHPLACE (city or town) (State or country) Sugar Loaf Colo.

17. INFORMANT (Address) Mrs Arthur Adams Kellogg Idaho.
18. BURIAL, CREMATION, OR REMOVAL Date June 8, 1938
19. UNDERTAKER (Address) Kellogg Idaho
20. FILED June 9, 1938 John A Bower Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 5 1938
22 I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to June 5, 1938
I last saw him alive on June 5 1938.: death is said to have occurred on the date stated above, at 3 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5-15-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Max T. Smith M. D.
(Address Wallace Idaho

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109939

JUN 6 1938

Registration District No. 70
Primary Registration District No. 1911 Local Registrar's No. 76
(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

34

2. FULL NAME Charles L. Loudy

(a) Residence No. Mullan Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) 12/27/1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in mine
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT L. W. Wrotes Wallace, Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Mullan Date 6/10, 1938

19. UNDERTAKER L. W. Wrotes
(Address) Wallace, Idaho

20. FILED June 25, 1938 John A. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/7 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec, 1937, to 6/7, 1938
I last saw h~~im~~ alive on 6/7 1938: death is said to have occurred on the date stated above, at 3a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Brain syphilis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. R. Finnaney M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109940

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 69
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta Andreson

(a) Residence No. 1 Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Frank Andreson

6. DATE OF BIRTH (month, day, and year) Jan-3-1876

7. AGE: Years 62 | Months 5 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweeden

FATHER
13. NAME John Johnson
14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER
15. MAIDEN NAME Nordstrom
16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT Frank Anderson
(Address) Mullan Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Mullan Ida Date June 12, 1938

19. UNDERTAKER J A Bark (Coward)
(Address) Wallace Ida

20. FILED June 10, 1938 John Beyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 8 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1938 to June 8, 1938
I last saw her alive on June 8 1938: death is said to have occurred on the date stated above, at 9:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
June 7 1938	8:55 Pm
Apoplexy	
Other **contributory causes** of importance:	
Diabetes Mellit.	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F W Roth M. D.
(Address) Mullan Ida

MARGIN RESERVED FOR BINDING

...AINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information ...arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in ...ms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruc... on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109941

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 10

(No. Shoshone County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abe Lincoln Clarke

(a) Residence No. Murray, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT [illegible] Wallace Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Co. Date June 10, 1938

19. UNDERTAKER Lawrence Worstell
(Address)

20. FILED June 10, 1938 John A Rowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1st, 1938, to June 9th, 1938.
I last saw h[illegible] alive on June 7th 1938.: death is said to have occurred on the date stated above, at 10a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg
JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109942

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 33
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elias C. Utt

(a) Residence No. Kellogg - Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 13 1868
7. AGE: Years 69 | Months 6 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mine Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER
13. NAME: George Utt
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Mc Luf
16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT: Mrs. E. C. Utt
(Address) Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date June 15, 1938

19. UNDERTAKER: C. F. Thornhill
(Address) Kellogg Idaho

20. FILED July 9, 1938 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 12 1938 2:00 noon

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937 to June 12, 1938
I last saw him alive on June 10 1938: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance:

Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Sinclair, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109943

Registration District No. 70
Primary Registration District No. 7011 Local Registrar's No. 71
(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace Lept.
(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Lept

6. DATE OF BIRTH (month, day, and year) Mar 24 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER
13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Rodney Truesdale
(Address) Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date June 19, 1938

19. UNDERTAKER J. A. Bower (Wards)
(Address) Wallace Ida

20. FILED June 16 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 14 1938

22 I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to June 14, 1938
I last saw her alive on June 13 1938: death is said to have occurred on the date stated above, at 6:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy.	June 13 1938

Other **contributory causes** of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify over Exertion
(Signed) H. W. Rodgers M. D.
(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109944

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 72
(No. Residence.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melissa McElroy. F W

(a) Residence No. Near Mullan St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female | 4. Color or Race White. | 5. Single, Married, Widowed or Divorced (write the word) Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Apr. 21 1876

7. AGE Years 62 | Months 1 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tampa

FATHER
13. NAME Harrison Rogan
14. BIRTHPLACE (city or town) (State or country) Not Known.

MOTHER
15. MAIDEN NAME " " "
16. BIRTHPLACE (city or town) (State or country) " — "

17. INFORMANT Violet Wilson
(Address) Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place Walla Wash. Date June 18, 1938

19. UNDERTAKER J A Bower (Words)
(Address) Wallace Ida

20. FILED June 17, 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 16 1938

22 I HEREBY CERTIFY, That I attended deceased from June 13, 1938, to June 16, 1938.
I last saw her alive on June 15 1938; death is said to have occurred on the date stated above, at 7 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	June 13 1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ..... in home
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) F W Roth M. D.
(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Near Kellogg Highway # 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109945

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna May Frances Hill

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 4 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	5	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spokane Wash
(State or country)

FATHER
13. NAME Elmer Hill
14. BIRTHPLACE (city or town) Minnesota
(State or country)

MOTHER
15. MAIDEN NAME Evelyn Dohonne
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Elmer Hill
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash Date June 21, 1938

19. UNDERTAKER P. J. Shambley
(Address) Kellogg Idaho

20. FILED July 6, 1938 Mrs. Helen M. Burke
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 17 1938 9 A.M.

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw h..... alive on June 17 1938: death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by Rock	
Fractured Skull	Instant

Other contributory causes of importance:

Shock	
Abdominal Pain	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury June 17, 193 8
Where did injury occur? County Road Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. County Road
Manner of injury Fell from Truck
Nature of injury Fractured Skull Crushed Body
24 Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) W. W. Wright Coroner
(Address) Wallace Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109946

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 77
(No. Shoshone County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Waino Pikkarainen

(a) Residence No. Mullan, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Divorced

5a. ~~If married, widowed, or~~ divorced
HUSBAND of Fannie Pikkarainen
~~(or) WIFE of~~

6. DATE OF BIRTH (month, day, and year) 10/5/1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Frederick.
(State or country) South Dakota

FATHER

13. NAME Erick Pikkarainen
14. BIRTHPLACE (city or town) Finland
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Harold Pikkarainen
(Address) Mullan, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Date 6/24, 1938

19. UNDERTAKER E. W. McCall
(Address) Wallace, Idaho

20. FILED June 25, 1938 John A. Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/20 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938 to June 20, 1938
I last saw h~~im~~ alive on June 19 1938: death is said to have occurred on the date stated above, at 9 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Zieman, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109947

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Steve Turley

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of husband of Olive Turley

6. DATE OF BIRTH (month, day, and year) July 17-1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Sawmill

10. Date deceased last worked at this occupation (mo. and yr.) June 38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oklahoma
(State or country)

FATHER

13. NAME John Turley

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Hannah Squires

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT M. C. Thorhaffer
(Address) Kellogg Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date July 2 193 8

19. UNDERTAKER M. C. Thorhaffer
(Address) Kellogg Ida.

20. FILED July 9, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 29 193 8

22 I HEREBY CERTIFY, That I attended deceased from June 23, 193 8, to June 29, 193 8
I last saw him alive on June 29 193 8: death is said to have occurred on the date stated above, at 7 55 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6-22-38

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Steven McCaffery M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fulton

City of Victor

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109948

Registration District No. 77

Primary Registration District No. 2176

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number) (No. 143 W 1st S)

2. FULL NAME Alice M Humble

(a) Residence. No. Victor Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 62 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

107a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: George Humble

6. DATE OF BIRTH (month, day, and year): Jan 18 1855

7. AGE: Years 83 | Months 3 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Springville Utah

FATHER

13. NAME: Elem Cheney

14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: Tabitha C Hollis

16. BIRTHPLACE (city or town) (State or country): Penn- N. Y.

17. INFORMANT (Address): Mrs Ernest Westover Ririe Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Victor Idaho Date: May 13 1938

19. UNDERTAKER (Address): Jesse A Keller Ririe Idaho

20. FILED July 2, 1938 Alice M Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to May 9, 1938

I last saw her alive on May 9, 1938: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	May 7, 1938
Other contributory causes of importance:	
General Arteri sclerosis	Years ago

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) L. R. Teeter, M. D.

(Address) Driggs, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109949

PLACE OF DEATH
County of Teton JUL 5 - 1938
City of Teloma Idaho
Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 3
(No. 45)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Demar McCracken
(a) Residence. No. Teloma Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucille McC. Cracken

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	11	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Smithfield, Utah

PARENTS

10. NAME OF FATHER Thos. McC. Cracken
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Philadelphia, Pa.
12. MAIDEN NAME OF MOTHER Emma M. Downs
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Lucille McC. Cracken

15. Filed July 2 1938 Abie M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 9 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1937, to June 9, 1938
that I last saw him alive on June 9, 1938
and that death occurred, on the date stated above, at 4.00 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of face
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Hemorrhages from ulcerated vessels (duration) 1 yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) L. R. Reeve, M. D.
June 10, 1938 (Address) Douglas, Idaho

19. Place of Burial, Cremation, or Removal Clawson Cemetery, Teloma Ida. — Date of Burial 6/11 1938
20. Undertaker Jean A. Keller — Address Rexburg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Setona

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109950

JUL 5 - 1938

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Gifford

(a) Residence No. Setona St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lenie Gifford

6. DATE OF BIRTH (month, day, and year): 27 Oct. 1870

7. AGE: Years 67 | Months 7 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Weston Idaho

FATHER
13. NAME: Lehi Gifford
14. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

MOTHER
15. MAIDEN NAME: Caroline Jex
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): A. L. Gifford Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilford, Idaho Date 6/29, 1938

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED 7-3, 1938 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/27 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/18, 1938, to 6/27, 1938
I last saw him alive on 6/18 1938: death is said to have occurred on the date stated above, at 2:45 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asth	
Coronary Occlusion	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) L. C. Reames M. D.
(Address Driggs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Buhl.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 10 1938

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 159

DO NOT WRITE IN THIS SPACE
State File No. 109952

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Ronnel Stigall

(a) Residence No. Tourist Park, Buhl, Ida. St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of X
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
X	X	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buhl.
(State or country) Ida.

FATHER

13. NAME Loman Stigall
14. BIRTHPLACE (city or town) Hartville,
(State or country) Mo.

MOTHER

15. MAIDEN NAME Virginia Moore
16. BIRTHPLACE (city or town) Hartville,
(State or country) Mo.

17. INFORMANT Loman Stigall
(Address) Buhl.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date May 12th 193 8

19. UNDERTAKER Evans & Ferguson
(Address) Buhl L. Johnson

20. FILED 5/12, 193 8 Anastasia Watson
Registrar.

Dr anderson

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) May 11 193 8

22 I HEREBY CERTIFY, That I attended deceased from May 5, 193 8, to May 11, 193 8
I last saw him alive on May 11, 193 8; death is said to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Prematurity (7 months)	May 5, 1938
Other contributory causes of importance:	

Name of operation none Date of _____
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury _____, 193 —
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Vern H. Anderson, M. D.
(Address Buhl, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109953

JUL 5 [illegible]

Registration District No. 37
Primary Registration District No. 2065 Local Registrar's No. 126

(No.) Twin Falls General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rob Roy Allan

(a) Residence No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Mrs. Katie Allan

6. DATE OF BIRTH (month, day, and year) 11-20-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	6	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington Co
(State or country) Kansas

FATHER
13. NAME Thomas Allan
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER
15. MAIDEN NAME --- Welch
16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMANT Harvey Allan
(Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Ida Date 6-10, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 6-18, 1938 [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-6 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-17, 1938, to 6-6, 1938
I last saw him alive on 6-6 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicemia	5-10-38
Other **contributory causes** of importance:	
Gangrene of leg	5-20-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following: accident 5-17-38
Accident, suicide, or homicide? ..... Date of injury 5-17, 1938
Where did injury occur? Hi Way between Buhl & Twin Falls (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** on Hi Way
Manner of injury auto accident
Nature of injury Compound fracture left arm & shoulder

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) G. T. Patterson, M. D.
(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109955

JUL 13 1938
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 124
(No. California Apts #14)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sarah Minor Swope

(a) Residence No. California Apts #14 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 7-12-1873

7. AGE: Years 64 | Months 10 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Knoxville
(State or country) Tennessee

FATHER
13. NAME William H. Bearden
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Flora Brown
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 6-11, 193 8

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 6-16-, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-7 1938

22 I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to 6-7, 1938
I last saw her alive on 6-7- 1938: death is said to have occurred on the date stated above, at 8 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cerebral Haemorrhage	6-7-38

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. Russell Pearson M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109956

JUL 13 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 125

(No. 1129 5th Ave E)
(If death occurred in a hospital or institution, give its name instead of street and number)

95A

2. FULL NAME Critenton Cooper Long

(a) Residence No. 1129 5th Ave E St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXX~~ Mrs. Ella Long 11/5/83

6. DATE OF BIRTH (month, day, and year) ~~12-11-1838~~

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour Mill
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vale
(State or country) Oregon

FATHER

13. NAME Mathaniel C. Long
14. BIRTHPLACE (city or town) Quincy
(State or country) Illinois

MOTHER

15. MAIDEN NAME Elizabeth Fay
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. Ella Long
(Address) 1129 5th Ave E

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 6-15, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 6-16, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-12 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1 x, 1938, to June 1 x, 1938
I last saw h..... alive on ..... 193..: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured aortic aneurism	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. A. Boston, M. D.
(Address Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls,

City of Buhl

R.F.D.:

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109957

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Laura Virginia McQueary

(a) Residence. No. St.

(Usual place of abode) 12 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gilbert N. McQueary

6. DATE OF BIRTH (month, day, and year) 12/10/1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville, Ky.

MOTHER FATHER

13. NAME James Givins

14. BIRTHPLACE (city or town) (State or country) Louisville, Ky.

MOTHER

15. MAIDEN NAME Sarah Marthenia Givins

16. BIRTHPLACE (city or town) (State or country) Louisville, Ky

17. INFORMANT C. M. McQueary (Address) Buhl, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Buhl, Ida Date 6/19/1938, 193..

19. UNDERTAKER Evans & Johnson (Address) Buhl, Ida.

20. FILED 6/17, 1938 Anna Marie Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/16 193 8

22. I HEREBY CERTIFY, That I attended deceased from 6/16, 193 8 to 6/16, 193 8

I last saw h[illegible] alive on 6/16, 193 8: death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis Chronic	1937
Senility	1937

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. W. Wendell M.D.

(Address) Buhl, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109958

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 127

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clifford W. Griggs

(a) Residence No. Rural Route #3 Twin Falls, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE of~~) Nellie Wilson Griggs

6. DATE OF BIRTH (month, day, and year) 3/24-1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milton,
(State or country) Wis.

FATHER
13. NAME Thomas D. Griggs
14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER
15. MAIDEN NAME Hannah Janes
16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Mrs. C. W. Griggs
(Address) Twin Falls, Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Oakland, California Date 6/20/ , 193 8

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 6-18-, 193 8
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/16 193 8

22 I HEREBY CERTIFY, That I attended deceased from 7-29, 1936, to 6/16/38, 193..
I last saw him alive on 6/16 193 8: death is said to have occurred on the date stated above, at 5:45p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid	1936

Other **contributory causes** of importance:

None	

Name of operation Colostomy Date of Jul. 1937
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. B. Seymer, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

RECEIVED JUL 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 109959

Local Registrar's No. 128

(No. Twin Falls, Ida R.F.D. 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick Eugene Thaete

(a) Residence No. Twin Falls, Ida R.F.D. 1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 6-1-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
--	--	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Oscar Thaete

14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15 MAIDEN NAME Lucila Thaemert

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Oscar Thaete
(Address) Twin Falls, Ida R.F.D. 1

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 6-18, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 6-20-, 1938 [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-17-1938

22 I HEREBY CERTIFY, That I attended deceased from June 12, 193[illegible], to June 17, 193[illegible]

I last saw h[illegible] alive on June 16 193[illegible]: death is said to have occurred on the date stated above, at 3:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Coma) & Paralysis.	6/1/38

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. E. T. Rees M. D.

(Address Twin Falls, Idaho

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109960

JUL 11 1938

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Juanita Jean Allen

(a) Residence No. R. F. D. 2 St. Buhl, Idaho
(Usual place of abode) Buhl, Idaho 13.3 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 16, 1926
7. AGE — Years: 12 | Months: 3 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buhl (State or country) Idaho

FATHER
13. NAME Earl Allen
14. BIRTHPLACE (city or town) Castalia (State or country) Iowa

MOTHER
15. MAIDEN NAME Lois Brabb
16. BIRTHPLACE (city or town) (State or country) Okla.

17. INFORMANT Earl Allen (Address) Buhl, Ida.
18. BURIAL, CREMATION OR REMOVAL Place Buhl, Ida. Date June 23 1938
19. UNDERTAKER B. F. Albertson (Address) Buhl, Idaho
20. FILED 6/22, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 20 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to June 20, 1938
I last saw her alive on June 20 1938: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemorrhage	6/20/38
Complication of	
Typhoid Fever.	6/11/38

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward H. McGaffey M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109961

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 129

JUL 13 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blanch Cobb

(a) Residence No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Cobb

6. DATE OF BIRTH (month, day, and year) July 24

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Frenhand Jocknick
14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER
15. MAIDEN NAME Niekholson
16. BIRTHPLACE (city or town) London (State or country) England

17. INFORMANT Mrs Fred Munger
(Address) Filer, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Ida. Date June 22, 1938

19. UNDERTAKER Fred E Drake
(Address) Twin Falls Ida.

20. FILED 6-23-, 1938 [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/20 1938

22 I HEREBY CERTIFY, That I attended deceased from February 1938 to June 20, 1938
I last saw her alive on June 20 1938: death is said to have occurred on the date stated above, at 11:15 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic interstial Nephritis	
Chronic myocarditis	

Other **contributory causes** of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James W. Creed, M. D.
(Address) Box 102, Filer, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls.

JUL 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109963

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 131
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Mrs. Jennie B. Winter,

(a) Residence No. Twin Falls, Idaho. Route#1. St.
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. H. Winter.

6. DATE OF BIRTH (month, day, and year) 9-12-1889

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	48	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beatrice,
(State or country) Nebr.

FATHER

13. NAME Hugh Bilderbeck
14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER

15. MAIDEN NAME Charlotte Williamson
16. BIRTHPLACE (city or town)
(State or country) Ill.

17. INFORMANT W. H. Winter
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 6-27-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 6/28, 1938 J. Russell Sloan

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-24 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on ..... 1938: death is said to have occurred on the date stated above, at 8:55 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart disease	Years ago
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? - Date of injury ....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Dean A. Appleton M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109964

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 132

(No.) Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~William~~ Earl Merton

(a) Residence No. 210 Sidney Street Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2-6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~xxxxxx~~ Ida Merton

6. DATE OF BIRTH (month, day, and year) 5/15-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleveland, (State or country) Wash.

FATHER

13. NAME George Merton
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Helen Twitchel
16. BIRTHPLACE (city or town) (State or country) Minnisota

17. INFORMANT Mrs. Ida Merton
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 6/29/, 1938

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 6/28, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/27 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to June 27, 1938

I last saw ~~him~~ alive on 6/27- 1938: death is said to have occurred on the date stated above, at 8:40p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertension	years ago
Other **contributory causes** of importance: Cerebral Hemorrhage	Jun 27 1938

Name of operation none Date of —
What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Dean H. Affleck M.D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE... MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JUL 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109965

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 133

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo J Frank

(a) Residence No. ... St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 29 1870

7. AGE Years 68 Months 9 Days 0 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Omaha
(State or country) Nebraska

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Christopherson
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL,
Place Filer Ida Date July 1 1938

19. UNDERTAKER Fred E Drake
(Address) Twin Falls

20. FILED 7-1-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-29 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938 to June 29, 1938
I last saw h-m alive on 6-29 1938: death is said to have occurred on the date stated above, at 11. a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	6-21-38

Other **contributory causes** of importance: No

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193...
Where did injury occur? No.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No.
Manner of injury No
Nature of injury No

24 Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) J. N. Murphy M. D.
(Address) Res. Main Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JUL 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109965

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 134
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Anna Josephine Webster

(a) Residence No. Kimberly, Idaho. St.
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wells Webster

6. DATE OF BIRTH (month, day, and year) 8-30-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mishopen, Penn
(State or country)

FATHER

13. NAME John Tennant

14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER

15. MAIDEN NAME Hannah Morey

16. BIRTHPLACE (city or town)
(State or country) New York

17. INFORMANT Mrs. Evelyn Tate,
(Address) Kimberly, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place T.F.Cem. Date July 2, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 7-2-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-29 1938

22 I HEREBY CERTIFY, That I attended deceased from March 21, 1937, to June 29, 1938
I last saw her alive on 6-24 1938; death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes M. (first known)	1933
Other contributory causes of importance:	
Hypertention (first known)	1933.

Name of operation — Date of
What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ; 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Davis, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Kimberly.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
(No. ....)

DO NOT WRITE IN THIS SPACE
State File No. 109967
Local Registrar's No. 136

JUL 12 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Carl Baty, Sr.

(a) Residence No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Ida Fay Baty,

6. DATE OF BIRTH (month, day, and year) 2-7-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. James,
(State or country) Mo.

FATHER

13. NAME Carl Baty,

14. BIRTHPLACE (city or town) St. James,
(State or country) Mo.

MOTHER

15. MAIDEN NAME Mathilda Hughes,

16. BIRTHPLACE (city or town) St. James,
(State or country) Mo.

17. INFORMANT Mrs. J. C. Baty,
(Address) Kimberly, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place T.F.Cem. Date 7-9-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 7-8-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-6-1938

22 I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to July 6, 1938
I last saw him alive on July 6 1938: death is said to have occurred on the date stated above, at 9:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

JUL 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109968

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 138

(No. Twin Falls General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evonne Turner

(a) Residence No. 503 5th Ave W St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 6-22-1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dilling
(State or country) Montana

FATHER

13. NAME F.G. Turner

14. BIRTHPLACE (city or town) Barton
(State or country) Massachusetts

MOTHER

15. MAIDEN NAME Rose Gergen

16. BIRTHPLACE (city or town) Wetherford
(State or country) Oklahoma

17. INFORMANT F.G. Turner
(Address) 503 5th Ave W

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 7-8, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 7-11-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-6-1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to July 6th, 1938

I last saw h-- alive on July 5, 1938; death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicopyemia (Staphylococci)	

Other contributory causes of importance:

scratch on leg.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Lamb, M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JUL 15 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109969

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 139
(No. Twin Falls Ida R.F.D. 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Klein
(a) Residence No. Twin Falls, Ida R.F.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 3-26-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Germany

FATHER
13. NAME Frank Klein
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Anna Eimermacher
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Miss Mary Klein
(Address) Twin Falls, Ida R.F.D.2

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 9-9, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 7-11-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 193 8, to July 6, 193 8.
I last saw h[illegible] alive on July 5 193 8: death is said to have occurred on the date stated above, at 2 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other **contributory causes** of importance:	
Age.	

Name of operation None Date of
What test confirmed diagnosis Clinical as there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. E. Lamb, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109970

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 140
(No. .....)

JUL 13 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Alwilda Hays

(a) Residence No. 340 Quincy St. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of B. F. Hays

6. DATE OF BIRTH (month, day, and year) 7-31-1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	68	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winterset,
(State or country) Iowa

FATHER

13. NAME Emanuel Sulgreve

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Ellen Price

16. BIRTHPLACE (city or town)
(State or country) New Jersey

17. INFORMANT B. F. Hays,
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl Cem Date 7-11-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 7-11-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-9-1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938 to July 9-, 1938
I last saw her alive on June 29 1938: death is said to have occurred on the date stated above, at 4:00 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Jaundice	

Other **contributory causes** of importance:
Cirrhosis of Liver

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193.....
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. N. Whipple M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Cascade Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109971

Registration District No.
Primary Registration District No. 15 Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Francis Hannon

(a) Residence No. Reno Nev. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. World War Vet.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Providence R.I.
(State or country)

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT R.L.Wilson
(Address) Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Idaho Date 6/12th 193 8

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED June 13, 193 8
Registrar.

MEDICAL CERTIFICATE OF DEATH 6/11/38

21. DATE OF DEATH (month, day and year) 6/11 193 1938

22 I HEREBY CERTIFY, That I attended deceased from XXXX

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of McCall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109972

JUL 7 - 1938

Registration District No. 12

Primary Registration District No. ____ Local Registrar's No. 8

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

1/3

2. FULL NAME James William Henry Bolin

(a) Residence No. ____ St. Omaha, Nebraska
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-13-1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Riverdale,
(State or country) Nebraska

FATHER

13. NAME John Hubert Bolin

14. BIRTHPLACE (city or town) David City,
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Bertha Oertley

16. BIRTHPLACE (city or town) Elm Creek,
(State or country) Nebraska

17. INFORMANT John Bolin
(Address) Omaha, Nebraska

18. BURIAL, CREMATION OR REMOVAL
Place Omaha, Nebr. Date ____, 193__

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED June 30, 1938 Myrtle McGuirdine
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-20 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__

I last saw h____ alive on ____ 193__: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental drowning	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) W. C. Hurd, Coroner

(Address) Cascade, Idaho.

PLACE OF DEATH
County of Valley
City of Cascade

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109973

JUL 7 - 1938

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 7
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Jo Ann Kreuzenbeck

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W.	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
X		10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME Jos Wm. Kreuzenbeck
14. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

MOTHER
15. MAIDEN NAME Margaret Pearl Blakesdee
16. BIRTHPLACE (city or town) Filer
(State or country) Idaho

17. INFORMANT Jos Kreuzenbeck
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Margaret Cem. Date June 22 193 8

19. UNDERTAKER A. D. Robb.
(Address) Cascade Ida

20. FILED June 22 193 8 Myrtle M. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 21st 1938

22 I HEREBY CERTIFY, That I attended deceased from June 11th, 193 8 to June 21, 193 8
I last saw her alive on June 21 193 8: death is said to have occurred on the date stated above, at 11:00 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Prematurity,	
birth 7½ month.	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) Eugene E. Ward M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser, Huntington, Ore.

RECEIVED
JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 1212

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 109974

Local Registrar's No. 19

1-16

2. FULL NAME Ella June Jamieson

(a) Residence. No. Ontario, Oregon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fm	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Sylvester Jamieson

6. DATE OF BIRTH (month, day, and year) June 14, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 5-14-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bingham Canyon Utah

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Sylvester Jamieson
(Address) Ontario Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Ontario Ore. Date July 3, 1938

19. UNDERTAKER E. L. Peterson
(Address) Ontario, Oregon

20. FILED July 6, 1938 Marie Hakelton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Committed Suicide by Drowning self in Jamieson Mill Ditch Huntington Ore

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury ....
Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jas Gallagher M.D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109975

Registration District No. 68

Primary Registration District No. ..... Local Registrar's No. .....

JUN 8 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

95(a)

2. FULL NAME Esther Matilda Rose

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred: ✓ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Wm. Rose
6. DATE OF BIRTH (month, day, and year): Feb 26 1876
7. AGE: Years 62 | Months 3 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER

13. NAME: James Yaskel
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unascertained.
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Esther Rose Cambridge

18. BURIAL, CREMATION OR REMOVAL
Place: Cambridge Date: May 30 1938

19. UNDERTAKER (Address): J. A. Richardson Cambridge

20. FILED 6/8/38. 193.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/28/38.

22. I HEREBY CERTIFY, That I attended deceased from 5/27/38, 193..., to 5/28/38, 193...
I last saw her alive on 5/28/38, 193...: death is said to have occurred on the date stated above, at 5:00A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	1:00AM.
Other **contributory causes** of importance: Hypertension; cardio-	
vascular-renal disease;	1934.
asthma	

Name of operation: None Date of: 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. Specify .....

(Signed) W. W. Wiseman, M. D.
(Address) Cambridge, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109976

RECEIVED JUL 6 - 1938

Registration District No. 86
Primary Registration District No. 1810 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Julia Tilford

(a) Residence No. 344 E Comm St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F M	wht	Married

5a. If married, widowed or divorced
~~HUSBAND~~ of (or) WIFE of George Tilford

6. DATE OF BIRTH (month, day, and year) Aug 9 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Elmer Lawson
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Moore
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT E. R. Tilford
(Address) Pendleton Ore

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Ida Date 6-5-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED July 5, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-3-1938

22 I HEREBY CERTIFY, That I attended deceased from March 17, 1938, to June 3, 1938
I last saw her alive on June 3 1938: death is said to have occurred on the date stated above, at 11:30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic lymphatic leukemia	?
Severe secondary anemia	?
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. L. Curtis, M. D.
(Address) Fidler Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser

RECEIVED JUL 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109977

Registration District No. 86

Primary Registration District No. 1212 Local Registrar's No. 18

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rhoda Elizabeth Williamson

(a) Residence No. ..... Mann Creek St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. ~~mos.~~ ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F

4. Color or Race Wht

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John H. Williamson

6. DATE OF BIRTH (month, day, and year) Apr. 6-1855

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME Johnson

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Nancy Watts

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT J. D. Williamson
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Cem. Date 7-11-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED July 6, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-9-1938

22 I HEREBY CERTIFY, That I attended deceased from 6-2-, 193?, to 6-8-, 193?

I last saw h~~er~~ alive on 6-2 193?: death is said to have occurred on the date stated above, at 6 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Chronic Myocarditis	6-1-38
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If ~~so~~, specify .....

(Signed) F. A. Johnson, M. D.

(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109978

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 20

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Cramer

(a) Residence No. 716 E Park St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94 ½

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

JUL 6 - 1938

6. DATE OF BIRTH (month, day, and year) Oct. 24-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	8	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER
13. NAME Thomas Cramer
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Mary Mark
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Rebecca Simons
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 6-27- 193 8

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED July 6, 193 8 Marie Hawthorn Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-24-193 8

22 I HEREBY CERTIFY, That I attended deceased from March 25, 193 7, to 6-24, 193 8
I last saw him alive on 5-28 193 8: death is said to have occurred on the date stated above, at 10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary embolism	6-24-38
Other **contributory causes** of importance:	
Hypertension	?
Coronary sclerosis	?

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) P. Cantrell, M. D.
(Address) Fields Bldg.

109979

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109979

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 205

JUL 2 1938

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Rauert.

(a) Residence No. Payette, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ada Mauser Rauert.

6. DATE OF BIRTH (month, day, and year) Nov. 20. 1879.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	7	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grand Island
(State or country) Nebraska.

FATHER

13. NAME James Rauert.
14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER

15. MAIDEN NAME Anna Zagge.
16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT James Henry Rauert.
(Address) Payette, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Payette, Idaho. Date July. 21. 1938.

19. UNDERTAKER Edith Landon.
(Address) Payette, Idaho.

20. FILED 7-19, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-18 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to July 18, 1938.
I last saw h[illegible] alive on July 17 1938.: death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute Intestinal Obstruction	June 14 1938

Other contributory causes of importance:

General Septicaemia	

Name of operation Abdominal Section Date June 21, 38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide or homicide~~? Date of injury June 14 1938
Where did injury occur? Payette Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Falling Heavy Barrel Blacksmith
Nature of injury Internal Strangulation Loop of Intestine Around Band
24 Was disease or injury in any way related to occupation of deceased No If so, specify Falling Heavy Barrel

(Signed) James L. Elsworth M. D.
(Address) Boise Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

109980

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109980

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 115

RECEIVED
JUL 25 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eddie Browne

(a) Residence No. 904 16 Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pearl Browne

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1886

7. AGE: Years 51 | Months 8 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Princeton Mo.
(State or country)

FATHER
13. NAME C. D. Browne
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME M. A. Dykes
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Mrs. Pearl Browne
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cemetery Date 7/20, 1938

19. UNDERTAKER Keith Galloway
(Address) Nampa, Ida.

20. FILED July 26, 1938 Lyda A. Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/18 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8th, 1938, to July 18, 1938
I last saw him alive on July 8th 1938: death is said to have occurred on the date stated above, at 3:45 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/8/38

Other **contributory causes** of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Robert L. Rodwell, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10998?

PLACE OF DEATH
County of Ada
City of Near Boise

REC'D JUL 25 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109981

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 77
(No. Ada Co: Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

51c

2. FULL NAME Percy E. Fletcher

(a) Residence No. Ada County Hospital St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. 10 (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of 1876
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/15/~~1875~~

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62 ~~63~~	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chalk Mound
(State or country) Kansas

FATHER
13. NAME Solon W. Fletcher
14. BIRTHPLACE (city or town)
(State or country) New Hampshire

MOTHER
15. MAIDEN NAME Catherine Durham
16. BIRTHPLACE (city or town) Burlington
(State or country) Vt:

17. INFORMANT Mrs C M Sherman
(Address) Salina Kansas

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Council Grove Kan: Date 7/24, 193 8

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-23 193 8 L. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/21 193 8

22 I HEREBY CERTIFY, That I attended deceased from Sept, 193 7, to 7/21, 193 8
I last saw h~~im~~ alive on 7/21 193 8: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of prostate	1937
metastasis	
Other **contributory causes** of importance:	
—	

Name of operation ..... Date of .....
What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) T W Edmund, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10998 2

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

RECEIVED
JUL 25 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109982

Registration District No. 30
Primary Registration District No. 105 Local Registrar's No. 106
(No.) 466
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole L. Jackson

(a) Residence No. 1423 Government Way St.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, and year) 6/30/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 6/1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Lars Jackson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Bertha Jackson
(Address) C.D.A.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Harlem, Mont. Date 7/21, 1938

19. UNDERTAKER Mooney Mortuary
(Address) C.D.A.

20. FILED 7/21, 1938 L C Knotek MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) ~~July 21~~ 7-21-38

22 I HEREBY CERTIFY, That I attended deceased from June, 1937, to July 21, 1938
I last saw him alive on July 19, 1938; death is said to have occurred on the date stated above, at 2:40 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1936
Exhaustion	1937
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Cons Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hamilton Y. Engelmann M. D.
(Address Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

REC'D JUL 25 1938

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109983

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 53

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Benjamin Poore

(a) Residence No. St. Lewiston, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Paulson Poore

6. DATE OF BIRTH (month, day, and year) April 20, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1938

11. Total time (years) spent in this occupation 9yrs

12. BIRTHPLACE (city or town) Asheville
(State or country) North Carolina

FATHER

13. NAME Robert Thomas Jefferson Poore

14. BIRTHPLACE (city or town) Asheville
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Lucinda Mathilda Randall

16. BIRTHPLACE (city or town) Asheville
(State or country) North Carolina

17. INFORMANT Mrs. Anna P. Poore
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint, Ida. Date July 18, 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho

20. FILED July 27, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 16, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to July 15, 1938
I last saw him alive on July 15 1938: death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) B B Rendle, M. D.
(Address) Sandpoint Idaho

109984

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109984

JUL 27 1938

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 101

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Alfred Benjamin Chambers

(a) Residence No. ____ St. Chilco, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or ~~WIFE~~) of Olga Chambers

6. DATE OF BIRTH (month, day, and year) 4-15-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1, 38
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Des Moines (State or country) Iowa.

FATHER

13. NAME Thomas E. Chambers.
14. BIRTHPLACE (city or town) ____ (State or country) England

MOTHER

15. MAIDEN NAME Jennie Wicks
16. BIRTHPLACE (city or town) Unknown (State or country) Iowa.

17. INFORMANT Olga M. Chambers (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. CdA Date 7-10, 1938

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida

20. FILED July 7, 1938 E. C. Knothen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-8 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-8-38 (attended) to 7-8-38, 193__
I last saw h__ alive on 7-8 193__: death is said to have occurred on the date stated above, at 12 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by shooting with a 25-35 rifle — the mouth	

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7-8-38 193__
Where did injury occur? Country
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Suicide by shooting
Nature of injury Gunshot wound

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Coroner E. H. Teed M.D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

10995 V

PLACE OF DEATH
County of Ada
City of 5: Mi. S. W. of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10995

JUL 28 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 78
(No. Died. 5.Mi. S.W.OF Boise)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin L. Larson

(a) Residence No. 704 So. 17th. St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Larson

6. DATE OF BIRTH (month, day, and year) 1/27/1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	5	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Donneybrook
(State or country) No. Dak:

FATHER
13. NAME Ole Larson
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER
15. MAIDEN NAME Cordelia E. Elliott
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Dolly Larson
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 7/25, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-25, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-21-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Highway accident	
Fatal wds. after	
death	
Other contributory causes of importance:	
Accidental	
Instant death	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 7/21/38, 193.....
Where did injury occur? W. of Boise
(Specify city or town, county, and state)
Specify whether injury occurred ~~in industry, in home,~~ or in public place
Manner of injury Auto & Motorcycle
Nature of injury Head & Chest

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) A. J. Beals M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109986

PLACE OF DEATH

County of Ada

City of Boise

JUL 28 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109986

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 210

(No. St. Alphonsus Hos.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Edward Kilker

(a) Residence. No. St. Alphonsus Hospital Nurse's Home

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Freeman Kilker

6. DATE OF BIRTH (month, day, and year) April 2-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Helper

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Freeport, Ill

FATHER

13. NAME Christian Kilker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emilia Kilker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. D. J. Howes Kamiah Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 7-21, 1938 Barnes

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 7-20, 1938 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-19- 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/10, 1938, to 7/19, 1938

I last saw him alive on 7/19, 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coagulation incomplete not determined.	
Blood culture showed marked Hemolytic Strep.	
Other contributory causes of importance:	
General Septemia	
& Pneumonia	

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Refused

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A. Pettengill, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Clifton

JUL 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

109987

DO NOT WRITE IN THIS SPACE
State File No. 109987

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 2
(No. 870)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adelbert Cutler Henderson

(a) Residence No. Clifton Idaho St.
(Usual place of abode) 40 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Elvira Henderson

6. DATE OF BIRTH (month, day, and year) July 11 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76		6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kaysville Ut. (State or country)

FATHER
13. NAME Samuel Goforth Henderson
14. BIRTHPLACE (city or town) Mo. (State or country)

MOTHER
15. MAIDEN NAME Helen Mar Cutler
16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT Mary Henderson (Address) Clifton Idaho

18. BURIAL, CREMATION OR REMOVAL Place Clifton Id. Date July 20 1938

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Aug 8, 1938 G. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 17, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to July 17, 1938
I last saw him alive on July 17 1938: death is said to have occurred on the date stated above, at 5:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7-10-38
Other contributory causes of importance:	
Cystoscopy	6-10-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. Cutler, M. D.
(Address) Preston, Idaho

109988

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Owyhee

City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109988

338 Registration District No. 107

Primary Registration District No. ..... Local Registrar's No. 11a

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Oliver Turner

(a) Residence. No. ..... Homedale St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary Brown Turner

6. DATE OF BIRTH (month, day, and year) May 22 1879

7. AGE — Years: 59 | Months: 1 | Days: 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Indiana

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Mrs Mary Turner (Address) Homedale Ida

18. BURIAL, CREMATION OR REMOVAL 7-6-38 Place Morris Hill Cemetery Boise Ida., 193..

19. UNDERTAKER Paul L. Case (Address) Caldwell Idaho

20. FILED 7/30, 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1936, to July 4, 1938.

I last saw him alive on June 29 1938: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2-27-1938
Chr. Valvular Disease	Jan. 5. 1936
Chr. Myocarditis	Jan. 5. 1936

Other **contributory causes** of importance:

Nephritis	Feb. 2-1938
Chronic Nephritis	Dec. 1937

Name of operation ..... Date of .....

What test confirmed diagnosis? Dr Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Talbot, M. D.

(Address) Wilder Ida

109989

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109989

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 81

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Oliver Elliott

(a) Residence No. Route #1, Boise St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Agnes Elliott

6. DATE OF BIRTH (month, day, and year) 9-22-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greenwood County
(State or country) Kansas

FATHER

13. NAME William Henry Elliott

14. BIRTHPLACE (city or town) St. Joseph,
(State or country) Missouri

MOTHER

15. MAIDEN NAME Anne Jane Biggers

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT Mrs. Agnes Elliott
(Address) Boise, Idaho--Route #1

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-29-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 7-29, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-27 1938

22 I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to July 27, 1938

I last saw him alive on July 27, 1938; death is said to have occurred on the date stated above, at 4:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109990

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
109990
State File No.

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 80

(No. Veterans' Administration, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME ADAIR, James M.

(a) Residence No. Route #3, Buhl, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-11-1844

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	93	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME William Adair

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Mary - maiden name unknown

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Maude A. White
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date July 28 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 7-28, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-27-1938

22 I HEREBY CERTIFY, That I attended deceased from October 1, 1937, to July 27, 1938

I last saw him alive on July 27 1938: death is said to have occurred on the date stated above, at 10:55 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial degeneration, severe	unknown
Other **contributory causes** of importance:	
Arteriosclerosis, gen'l. severe	
Senility	

Name of operation Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. McClellan, M. D.

Address V.A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

109991

DO NOT WRITE IN THIS SPACE
State File No. 109991

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 1

AUG 1 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Garland Edward Bergquist

(a) Residence No. 261 N. State Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Reenna Keller

6. DATE OF BIRTH (month, day, and year) Sept 13, 12

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
25	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trucking Business

10. Date deceased last worked at this occupation (mo. and yr.) 7-6-38

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Glenns Ferry
(State or country) Idaho

FATHER

13. NAME P. A. Bergquist

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Jessie Baird

16. BIRTHPLACE (city or town) Thatcher
(State or country) Idaho.

17. INFORMANT Leland Bergquist
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date 7-7, 1938

19. UNDERTAKER Leeral L. Johnson
(Address) Preston Idaho

20. FILED Aug 8, 1938 H. W. Sales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/6/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Killed instantly crushed to death by a Caterpillar buldozer	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 7/5/38
193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M.D. ~~Phy~~ Coroner
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10995

1938 Registration District No.
Primary Registration District No. 16 5 17 Local Registrar's No. 121
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Calvin Garey
(a) Residence No. Shoshone, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: MALE
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): MARRIED
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mayta Garey
6. DATE OF BIRTH (month, day, and year): May 9 1911
7. AGE: Years 26 | Months 6 mo | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Appleton
(State or country) Minnesota

FATHER
13. NAME Clarance
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Rose Wilkes
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mayta Garey
(Address) Shoshone Ida

18. BURIAL, CREMATION OR REMOVAL
To Place Filer Date , 193
19. UNDERTAKER Fred C Drake
(Address) Twin Falls, Idaho
20. FILED 7/16, 1938 Myrtle C. Burdett Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 4 1938
22 I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h in alive on March 1938: death is said to have occurred on the date stated above, at 3 00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
drowned as a result of a fall from a horse while fording Big Wood River in line of duty.	
Other **contributory causes** of importance:	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury June 4, 1938
Where did injury occur? Wood River Trail
(Specify city or town, county, and state) Co.
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify while fording river
(Signed) Garrett Howard M. D.
(Address) Shoshone

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latan
City of Genesee

JUL 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10993

Registration District No. 62
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Timothy Driscoll

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Driscoll

6. DATE OF BIRTH (month, day, and year) 10/5/~~63~~

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	74	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Merchant
10. Date deceased last worked at this occupation (mo. and yr.) 1918
11. Total time (years) spent in this occupation 15 yr.

12. BIRTHPLACE (city or town) Walworth Co.
(State or country) Wisconsin

FATHER
13. NAME James Driscoll
14. BIRTHPLACE (city or town) ____
(State or country) Ireland

MOTHER
15. MAIDEN NAME Dwyer
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Edna Driscoll
(Address) Genesee, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Genesee, Ida. Date 7/22, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 7/22, 1938 A. J. Stokes
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/19 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/21, 1938, to 7/19, 1938
I last saw h. alive on 7/19 1938; death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, Left.	
Hypertensive Cardio-Vascular-renal disease.	
Other contributory causes of importance:	
Terminal hypostatic pneumonia.	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1938
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A. J. Stokes M. D.
(Address) Genesee

109964

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109964

AUG 5 - 1938

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 82

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

2028

2. FULL NAME Charles Rohe

(a) Residence No. ..... St. Hailey, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) Sept. 11, 1895

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	42	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 7-22-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cortland
(State or country) Nebraska

FATHER

13. NAME Henry Rohe

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lincoln, Neb. Date August 1, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 8-1, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-26 1938

22 I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to July 26, 1938

I last saw him alive on July 26 1938: death is said to have occurred on the date stated above, at 4:00 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture, 2d, 3d, 4th and 5th Cervical Vertebrae with Compression of Cord	7-22-38
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical findings and X-ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, ~~suicide or homicide~~? Yes Date of injury 7-22, 1938

Where did injury occur? Hailey, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Industry

Manner of injury Injury from falling pole

Nature of injury Fracture, 2d, 3d, 4th & 5th Cervical Vertebrae

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured while repairing derrick

(Signed) J. H. McClellan, M. D.

(Address) V.A., Boise, Idaho

7/1/39

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109995

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109995

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 226

AUG 5 - 1938

(No St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lyle Clair Eisenhart

(a) Residence No. Route 2, Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Lottie Eisenhart
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/7/78

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Silverton
(State or country) Oregon

FATHER
13. NAME Lawrence Eisenhart
14. BIRTHPLACE (city or town)
(State or country) U. S. A.

MOTHER
15. MAIDEN NAME Mary Schneider
16. BIRTHPLACE (city or town)
(State or country) U. S. A.

17. INFORMANT Mrs. L. L. Eisenhart
(Address) Salt Lake City, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-4-, 1938

19. UNDERTAKER Schneider & McCann
(Address) Boise, Ida.

20. FILED 8-2, 1938 E. B. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-1 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-1-38, 193..., to 8-1-38, 193...
I last saw him alive on 8-1-, 1938: death is said to have occurred on the date stated above, at 11:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture	8-1-38
Other contributory causes of importance:	
hemorrhage brain	8-1-38
cerebral hemorrhage	8-1-38

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 8-1-38, 193...
Where did injury occur? Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury Crushed by truck
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Ref. truck

(Signed) Winters & Wolfe M. D.
(Address) 500 Eastman Bldg., Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109996

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109996

AUG 8 - 1938

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Della Grant 50

(a) Residence. No. ..... Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J E Grant

6. DATE OF BIRTH (month, day, and year) Mar 24 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Work

12. BIRTHPLACE (city or town) (State or country) Neb

FATHER

13. NAME William Moore

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Matilda Kline

16. BIRTHPLACE (city or town) (State or country) Neb

17. INFORMANT J. E. Grant
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 7/30, 1938

19. UNDERTAKER C. D. Buckmaster
(Address) Emmett Ida

20. FILED 7/30, 1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct ....., 1937, to July 28 ....., 1938
I last saw h. alive on 7-28 ....., 1938; death is said to have occurred on the date stated above, at 4 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	9 mo
Metastasis to lung & liver	2 mo
"	2 mo

Other **contributory causes** of importance:

Carcinomatosis Peritonei	9 mo.
Senile Tuberculosis Pulmonalis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109997

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109997

AUG 8 - 1938
Registration District No. 92
Primary Registration District No. 2049
Local Registrar's No. 1
(No. C. & M. Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME Joseph Mayer Orman

(a) Residence No. (Usual place of abode) St. San Francisco, Calif (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of Marie Orman
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 13, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	9	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail store
10. Date deceased last worked at this occupation (mo. and yr.) 6/38
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Odessa
(State or country) Russia

FATHER
13. NAME Rossan Orman
14. BIRTHPLACE (city or town)
(State or country) Russia

MOTHER
15. MAIDEN NAME Deena Orman
16. BIRTHPLACE (city or town)
(State or country) Russia

17. INFORMANT Mrs. V. A. St. Germain
(Address) W. 1214 Sprague, Spokane, Wash.

18. BURIAL, CREMATION OR REMOVAL Cremation
Place Spokane, Wash. Date ....., 193..

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 8-5, 1938 Walter Doberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 15, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 7/15/38, 193.. to 7/15/38, 193..
I last saw him alive on 7/15/38, 193..: death is said to have occurred on the date stated above, at 4:24 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other **contributory causes** of importance:	
Died In A Few Miutes after Attack.	

Name of operation ..... Date of .....
What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) O. D. Platt, M. D.
(Address St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

109998

PLACE OF DEATH

County of Lewis

City of Craigmont,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109998

RECEIVED
AUG 8 - 1938

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Grandison Coursey 109

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mildred Wagner Coursey

6. DATE OF BIRTH (month, day, and year) Feb. 19 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Williamsville
(State or country) Virginia

FATHER

13. NAME Charles Franklin Coursey

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Rose Ella Farnsworth.

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mildred Coursey
(Address) Craigmont, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn. Date 7-28, 1938.

19. UNDERTAKER C. E. Clark
(Address) Craigmont, Ida.

20. FILED 7-27, 1938 C. E. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 26 1938

22 I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to July 26, 1938

I last saw h... alive on July 26: death is said to have occurred on the date stated above, at 11:00 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	July 21
LOBAR	

Other **contributory causes** of importance: --

Name of operation -- Date of .....
What test confirmed diagnosis? usual there an autopsy? --

23. If death was due to exter'l causes (violence) fill in also the following: -

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? --
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** -

Manner of injury -

Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. Duncan, M. D.

(Address) Craigmont, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

AUG 22 1938

JAMES W. HAWKINS, M. D., DIRECTOR
ECHO DELL WATSON, CHIEF CLERK

BARZILLA W. CLARK, GOVERNOR
EX-OFFICIO COMMISSIONER
OF PUBLIC WELFARE

#109998

August 17, 1938

R.E. Dunlap, M.D.
Craigmont, Idaho.

Dear Dr. Dunlop:

Among the death records received from Lewis County this month, was one for John Grandison Coursey, who died July 26, 1938. Death certificate was signed by you. Cause of death given was "Pneumonia".

Will you kindly specify whether this was Lobar (a) or Bronchial in type, and give us a contributory cause, if there was one, as this information is (b) now required by the Federal Government in Washington, D.C.

A notation on the bottom of this letter will be satisfactory, and returned in the enclosed envelope which requires no postage.

Very truly yours,

DIVISION OF PUBLIC HEALTH
Pearl Dillingham
Pearl Dillingham
Registrar of Vital Statistics

PBA

(a) Lobar pneumonia

(b) no contributory

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Corrett

PLACE [redacted] WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109995

109995

County of Ada
City of Boise

JUL 26 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 215

(No. 140)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Verna Mae Draper

(a) Residence. No. St. Lukes Hospital St. Boise Route 4
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard E. Draper

6. DATE OF BIRTH (month, day and year) Sept. 2, 1915

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
22	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poplar Idaho

MOTHER FATHER

13. NAME Chancy Albert Bassett

14. BIRTHPLACE (city or town) (State or country) Wyoming ~~Not Known~~

15. MAIDEN NAME Annis Wetzel

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Howard E. Draper

18. BURIAL, CREMATION OR REMOVAL
Place. Emmett, Ida. Date. July 26 1938.

19. UNDERTAKER C. D. Buckendorf
(Address) Emmett

20. FILED 7-27 1938 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 23 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1938, to 7-23, 1938.
I last saw her alive on 7-23 1938. death is said to have occurred on the date stated above, at 6-30 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicemia	7-13-38
Following	
Miscarriage	7-11-38
Lobular pneumonia	7-15-38

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 1938.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. B. Barnett, M. D.
(Address) East. Bldg. Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] 10000

PLACE OF DEATH
County of Shoshone
City of Marble Creek

[redacted] WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11999

AUG 8 - 1938

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 36

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Enoch Koth

(a) Residence No. Marble Creek, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race white
5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) 8/9/1875

7. AGE Years 62 | Months 11 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (pensioned Spanish American War Veteran)
10. Date deceased last worked at this occupation (mo. and yr.) 8/29/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Louis, Mo.
(State or country)

FATHER

13. NAME Steven Koth
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER

15. MAIDEN NAME ---- Steen
16. BIRTHPLACE (city or town) U.S.
(State or country)

17. INFORMANT Dooley Cramp
(Address) Marble Creek, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Coeur d' Alene Date Aug. 2, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d' Alene, Idaho

20. FILED Aug 6, 1938 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/2 1938

22 I HEREBY CERTIFY, That I attended deceased from 8/1, 1938, to 8/2, 1938
I last saw him alive on 8/2 1938: death is said to have occurred on the date stated above, at 6:20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
strangulated hernia	7/29/38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Edward Dehné, M. D.
(Address) Marble Creek, Idaho

Stewart

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

110001

DO NOT WRITE IN THIS SPACE
State File No. 110001

Local Registrar's No. 197

2. FULL NAME Martin Luther Hurst
(a) Residence. No. 1911 N. 18th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6. DATE OF BIRTH (month, day, and year) 5-4-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	2.	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Bldg.
10. Date deceased last worked at this occupation (mo. and yr.) June 6
11. Total time (years) spent in this occupation 16 yrs 3 mos

12. BIRTHPLACE (city or town) (State or country) Pilgrim Iowa Clinton County

FATHER
13. NAME Amos Hurst
14. BIRTHPLACE (city or town) (State or country) Lancaster Co. Penna.

MOTHER
15. MAIDEN NAME Mary Conrad
16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT (Address) Mrs. Alice Walker Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Johns Cem. Date July 11th 1938

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 7-11, 1938 E. R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 8 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to July 8, 1938
I last saw him alive on July 8, 1938; death is said to have occurred on the date stated above, at 3:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	About May 1938
Left temporal lobe	
Other contributory causes of importance: None —	

Name of operation Left Parietal Craniotomy Date July 7 1938
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Lawrence Stewart M. D.
(Address) 105 N 8th Boise Idaho

110002

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110002

AUG 10 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 227

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christina Carolina Kirkman

(a) Residence No. 238 Taft Avenue St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Wallace Kirkman

6. DATE OF BIRTH (month, day, and year) 12-19-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orderville,
(State or country) Utah

FATHER

13. NAME Jacob Kockerhans

14. BIRTHPLACE (city or town) Switzerland
(State or country)

MOTHER

15. MAIDEN NAME Mary Ann Zundle

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT J. W. Kirkman
(Address) Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date 8-4-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 8-4, 1938 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-2-1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to Aug 2-, 1938.
I last saw him alive on Aug 2, 1938: death is said to have occurred on the date stated above, at 11:15 pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Post. Operative Pneumonia	Aug 1-1938

Other **contributory causes** of importance:

Emergency Operation	July 27

Name of operation Exploratory Laparotomy Date of July 27.
What test confirmed diagnosis? Yes. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Parker, M. D.
(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Boston ✓ 11003

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110003

AUG 1 0 1938

Registration District No. 24
Primary Registration District No. 1004
Local Registrar's No. 217

(No. 909 North 21 Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James A. Hannum

(a) Residence No. 909 north 21 street. St.
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth C. Hannum .

6. DATE OF BIRTH (month, day, and year) Sept. 27. 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail carrier
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burlington
(State or country) Iowa

FATHER

13. NAME William J. Hannum
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Talitha E. Wright
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Mrs. Ruth C. Hannum
(Address) 909 N. 21. street. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-28, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 7-28, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. July

21. DATE OF DEATH (month, day and year) 24 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan, 1934 to July 24, 1938
Last saw him alive on July 19 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency & Myocarditis	Don't know Jan 1934

Other **contributory causes** of importance: Generalized Oedema Dec 1936

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. C. Bratton, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

110004

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110004

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clyde Morris

(a) Residence. No. 1123 W. Sharpe Ave St. Spokane Wn
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 28 - 1910

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
27	9	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lineman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Pacific Telephone Co.
10. Date deceased last worked at this occupation (mo. and yr.) 7-30-38
11. Total time (years) spent in this occupation 8 yr.

12. BIRTHPLACE (city or town) Wilmington Idaho
(State or country)

FATHER
13. NAME James N. Morris
14. BIRTHPLACE (city or town) Palouse
(State or country) Wn.

MOTHER
15. MAIDEN NAME Ella K. Pfannebecker
16. BIRTHPLACE (city or town) Bagnorney
(State or country) Iowa

17. INFORMANT George Heyman Spokane Wn.
(Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Spokane Wash. Date July 31, 1938

19. UNDERTAKER Hogan & Joseph
(Address) Spokane Wn

20. FILED Aug. 6, 1938 W. Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-31 1938

22. I HEREBY CERTIFY, That I attended deceased from —, 193..., to —, 193...
I last saw h...alive on —, 193... death is said to have occurred on the date stated above, at 7:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured skull & broken neck	
Injuries received when he	
drove a motorcycle into	
Other **contributory causes** of importance:	
side of a car on highway	
no inquest	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 7-31 1938
Where did injury occur? St. Maries Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Highway
Manner of injury Highway Accident
Nature of injury fracture of skull & neck

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) C. S. Stysack - Coroner
(Address) St. Maries Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110005

PLACE OF DEATH
County of Twin Falls
City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

AUG 10 1938

DO NOT WRITE IN THIS SPACE
State File No. 11000

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 145

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Tillie Palm

(a) Residence No. Kimberly, Idaho St. Culver City, California
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. 22 Days ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If widowed, WIFE of (or) WIFE of Julius Palm (deceased)

6. DATE OF BIRTH (month, day, and year) May 8, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mascoutah
(State or country) Illinois

FATHER
13. NAME Henry J. Decker
14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

MOTHER
15. MAIDEN NAME Marie Bantzel
16. BIRTHPLACE (city or town) Belleville
(State or country) Illinois

17. INFORMANT Mrs. Tom Nail
(Address) Kimberly, Idaho

18. BURIAL, CREMATION, OR REMOVAL (Removal)
Place Burial-Los Angeles, California Date 7/29, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 7-29-, 1938 [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-26-38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to July 26, 1938
I last saw her alive on 7-26- 1938: death is said to have occurred on the date stated above, at 6:00 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	July 26, 1938
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Stanley Colbaugh M. D.
(Address) Kimberly, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ler White 11 0006

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110006

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 132
(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

87

2. FULL NAME Marion Brown

(a) Residence No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Brown

6. DATE OF BIRTH (month, day, and year) 6-6-1874

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Joseph Brown
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Phoebe Fitzgerald
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Lillie Brown
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date July 6, 1938

19. UNDERTAKER Brower Hamp Co.
(Address) Lewiston Idaho

20. FILED July 19, 1938 M. H. Casteel M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-2 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-6, 1938, to 7-2, 1938
I last saw him alive on 7-2 1938: death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	7-2-38
Other **contributory causes** of importance:	
Arterio sclerosis & Hypertension	about 2 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Cardinal symptoms Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. White, M. D.
(Address Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Finney

110007

PLACE OF DEATH
County of Shoshone
City of KINGSTON
RECEIVED
AUG 10 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 11000

Local Registrar's No. 47

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Hill

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ina

6. DATE OF BIRTH (month, day, and year): Nov. 30 - 1876

7. AGE: Years 62 | Months 7 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Finland

FATHER
13. NAME: ✓
14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER
15. MAIDEN NAME: ✓
16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMANT: Mrs. John Hill
(Address) Kingston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kingston Date July 14, 1938

19. UNDERTAKER: R. L. Stout
(Address) Kellogg Ida

20. FILED July 18, 1938 Mrs. Helene Mrazek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 20 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23rd 1938, to July 20, 1938.
I last saw him alive on July 20 1938.; death is said to have occurred on the date stated above, at 5 9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Greenberg, M. D.
(Address) Kellogg Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110008 V

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110008

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 189
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

210

2. FULL NAME Allen G Van Arsdale
(a) Residence. No. Dutton Ment St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Verna Van Arsdale

6. DATE OF BIRTH (month, day, and year) March 3 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	4	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kalso No Dak

FATHER
13. NAME James O Van Arsdale
14. BIRTHPLACE (city or town) (State or country) No Dak

MOTHER
15. MAIDEN NAME Olive McKinness
16. BIRTHPLACE (city or town) (State or country) No Dak

17. INFORMANT (Address) George Solid Dutton Ment
18. BURIAL, CREMATION OR REMOVAL Great Falls Mont. Date 7-7, 1938
19. UNDERTAKER (Address) Schreiber & McCarvel Boise Idaho
20. FILED 7-5, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-4 1938
22. I HEREBY CERTIFY, That I attended deceased from 7-4, 1938, to 7-4, 1938
I last saw h/m alive on 7-4, 1938; death is said to have occurred on the date stated above, at 10:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture	7-4-38

Other contributory causes of importance:

Fracture clavicle	7-4-38
Lac pneumothorax Rt	"
Rt clavicle	

Name of operation ..... Date of .....
What test confirmed diagnosis? ~~Was there an autopsy?~~ No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 7-4 1938
Where did injury occur? Bowman Ranch Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Auto accident
Nature of injury Ran off grade
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas W Bowman, M. D.
(Address) 500 E Bowman Blvd Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110009

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110009

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 88

AUG 13 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin F. Jester

(a) Residence. No. Caldwell Ida. 1690 Everett

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Jester

6. DATE OF BIRTH (month, day, and year): 3-20-1870

7. AGE: Years: 68 | Months: 4 | Days: 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Ind.

FATHER

13. NAME: Clayton Brown

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Phoebe Roberts

16. BIRTHPLACE (city or town) (State or country): Richmond Ind.

17. INFORMANT: J. Jester Jr.
(Address): Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Canyon Hill Date: 7-31 1938

19. UNDERTAKER: C. V. Peckham
(Address): Caldwell Ida

20. FILED: 8/8 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-28 1938

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1938 to July 28, 1938

I last saw h.e alive on July 28, 1938: death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia.	July 24 '38
Point of entrance not known	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. McCoy

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Anderson 110010

PLACE OF DEATH
County of Ada
City of

RECEIVED
AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11001

Registration District No. 8
Primary Registration District No. 3004
Local Registrar's No. 74
(No. 5 mi W. of Boise)

(If death occurred in a hospital or institution, give its name instead of street and number)

37

2. FULL NAME Carroll Frederick Allen.

(a) Residence No. 1721. N. 8 th Street. St. Died 5 Miles West of Boise, Planta-
(Usual place of abode) 10 Years in Boise. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elinor. B. Allen.

6. DATE OF BIRTH (month, day, and year) May. 24. 1891.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	1.	13.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canada.
(State or country)

FATHER
13. NAME Charles. E. Allen.
14. BIRTHPLACE (city or town) Canada.
(State or country)

MOTHER
15. MAIDEN NAME Etta Lavina Pearson.
16. BIRTHPLACE (city or town) Mass.
(State or country)

17. INFORMANT Mrs. Elinor. B. Allen.
(Address) 1721. N. 8 th Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. July. 11. 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7-11, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938, to ....., 193..
I last saw him alive on July 7 1938: death is said to have occurred on the date stated above, at 4:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
related cause: Low grade chronic strept infection of nose & throat.	Unknown
Principal cause: coronary embolism.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? B
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) Dr. L. O. Baumann D. O.
(Address 627 Idaho Bldg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr. E.S. McKenzie

110011

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110011

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 123

(No. Good Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

95 W

2. FULL NAME William P. Garr

(a) Residence No. 208 Second Avenue South St. Nampa, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma ~~Edna~~ Garr

6. DATE OF BIRTH (month, day, and year) May 18, 1868

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisville,
(State or country) Kentucky

FATHER

13. NAME Horace Garr

14. BIRTHPLACE (city or town) Kentucky
(State or country)

MOTHER

15. MAIDEN NAME Eliza Jane Yager

16. BIRTHPLACE (city or town) Kokomo,
(State or country) Indiana

17. INFORMANT Mrs. Edna Garr
(Address) Nampa, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Morris Hill Boise, Idaho Date Aug 14, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED Aug 15, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-14 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938, to Aug 14, 1938

I last saw him alive on Aug 13 1938.: death is said to have occurred on the date stated above, at 2:05 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute cardiac failure	
Other **contributory causes** of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stephen E. McKenzie M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11001

Registration District No. 73
Primary Registration District No. 3 1 N-2
Local Registrar's No. 173

(No. Idaho Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

Aug 15 1938

2. FULL NAME Henry Edwin Hill.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Mary Ellen Hill.

6. DATE OF BIRTH (month, day, and year) 12/12/1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (mo. and yr.) 7/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Millville, Utah.

FATHER

13. NAME George Hill.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Marriett Bassett.
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Preston W. Hill
(Address) Irwin, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 8-12-38, 193

19. UNDERTAKER C. E. Eckersell
(Address) Rigby, Idaho.

20. FILED Aug 11, 193 Jay Summons
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/10 1938

22 I HEREBY CERTIFY, That I attended deceased from 8/8, 193 8., to 8/10, 193 .
I last saw h alive on 8/9 193 8: death is said to have occurred on the date stated above, at 7:25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?

Other contributory causes of importance:

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ivan Hatch, M. D.
(Address) Idaho Falls, Idaho.

110013

PLACE OF DEATH
County of Bonn.
City of Idaho Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110013

AUG 15 1938

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 169

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Iwai Kurosumi

(a) Residence No. ..... St. Ogden, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Japanese	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Yasui Kurosumi

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53-54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Japanese import
10. Date deceased last worked at this occupation (mo. and yr.) Aug 38
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) ..... (State or country) Japan

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) ..... (State or country) Japan

MOTHER
15. MAIDEN NAME Jane Kurosumi
16. BIRTHPLACE (city or town) ..... (State or country) Japan

17. INFORMANT S. T. Ishikashi
(Address) Ogden, Utah

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Ogden, Utah Date Aug. 9, 1938

19. UNDERTAKER O. C. Buck
(Address) Ida Falls, Ida.

20. FILED Aug 9, 1938 C. Eyrimond Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 8 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause of death	
unknown	
Probable Heart	
attack.	
No medical attendance	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? Idaho Falls
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** On Highway
Manner of injury Caught in Crane
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [redacted] Coroner, M. D.
(Address) [redacted]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11001

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 238

AUG 17 1938

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~Edward B. Cottingham~~ Edward Blaine Cottingham

(a) Residence No. American Hotel St. St. Louis, Missouri

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie Cottingham

6. DATE OF BIRTH (month, day, and year) Oct. 31-1885 Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52 ~~48~~	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Field Repres- Salesman entative

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. newspaper work

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 25 33

12. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Osgood Indiana

MOTHER FATHER

13. NAME Charles ~~Unknown~~ Daniel Cottingham

14. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Moores Hill Indiana

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Sparta, ~~Unknown~~ Indiana

17. INFORMANT Edward Chas Cottingham

(Address) C. E. Vandenburg 153 Marion Road Cincinnati O.

Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Aug 17-

Place Cincinnati, Ohio Date 8-15 193 8

19. UNDERTAKER William McBratney

(Address) Boise, Idaho

20. FILED 8-13, 193 8 R. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-12 193 8

22. I HEREBY CERTIFY, That I attended deceased from 8/11/38, 1938, to 8/12, 1938

I last saw h~~im~~ alive on 8/12 193 8; death is said to have occurred on the date stated above, at 1:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac arteriosclerosis	8/11/38 4 P.M.

Other contributory causes of importance:

Arteriosclerosis	8/9/38

Name of operation no Date of

What test confirmed diagnosis ~~Clinical findings~~ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Howard M. Chadwick M. D.

(Address 411 Capitol Bldg Boise Idaho

94A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of .....

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. .....

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Blaine Cottingham

(a) Residence No. 153 Martini Road, Sayler Park Station St. Cincinnati, Ohio

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of Effie N. Cottingham
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. field representative

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. newspaper work

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 11, 1938

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Osgood
(State or country) Indiana

FATHER

13. NAME Charles Daniel Cottingham

14. BIRTHPLACE (city or town) Moores Hill
(State or country) Indiana

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) Sparta (?)
(State or country) Indiana

17. INFORMANT Edward Charles Cottingham
(Address) 153 Martini Rd. Cinti, O.

18. BURIAL, CREMATION OR REMOVAL
Place Highland Cemetery Date Aug. 17, 1938
Ft. Mitchell, Ky.

19. UNDERTAKER McBratney
(Address)

20. FILED ....., 193.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of 12 miles S of Boise

AUG 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11001

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

106

2. FULL NAME Everett A Miner

(a) Residence No. Route 2 Kuna, Idaho St.

(Usual place of abode) 4g years (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or ~~WIFE of~~) Alice Miner

6. DATE OF BIRTH (month, day, and year) 1-11-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wayne County, Iowa
(State or country)

FATHER

13. NAME P. R. Miner

14. BIRTHPLACE (city or town) Fulton County
(State or country) Illinois

MOTHER

15. MAIDEN NAME Alvira D. Smith

16. BIRTHPLACE (city or town) Zanesville,
(State or country) Ohio

17. INFORMANT Mrs. E. A. Miner
(Address) Route 2, Kuna, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Morris Hill
Place Boise, Idaho Date 2-7-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 2-7, 193 8 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Feb 7 193 8

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 193 8, to Feb 7, 193 8

I last saw him alive on Feb 4 193 8: death is said to have occurred on the date stated above, at 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 25-1938
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Jewell, M. D.

(Address) Meridian, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Kuna,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11001C

Registration District No. 124

Primary Registration District No. 2407 Local Registrar's No. 249

AUG 8 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernal Eugene Weatherby

(a) Residence No. ..... St. Kuna Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 1, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
One		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Meridian (State or country) Idaho

FATHER

13. NAME Ernal Weatherby

14. BIRTHPLACE (city or town) Pittsgrove (State or country) Arkansas

MOTHER

15. MAIDEN NAME Juanita Parsons

16. BIRTHPLACE (city or town) Sparks (State or country) Oklahoma

17. INFORMANT H C Weatherby (Address) Kuna

18. BURIAL, CREMATION OR REMOVAL
Place Kuna Date 3-22 1938

19. UNDERTAKER B W Robinson (Address) Meridian Ida

20. FILED 3-22, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-21 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-19, 1938, to 3-21, 1938

I last saw h.im alive on 3-21 1938: death is said to have occurred on the date stated above, at 5:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Fact 3-19-38

Other **contributory causes** of importance:

Malnutrition	

Name of operation ✓ Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193✓

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury ✓

Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) O. M. Thomson, M. D.

(Address) Meridian, Ida

PLACE OF DEATH Ada

County of [redacted]

City of Boise

REC[illegible]

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11001

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 203

(No. St. Lukes Boise

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Wagle Stivers 72a

(a) Residence No. Wilder Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Irene C. Stivers

6. DATE OF BIRTH (month, day, and year) 12/22/1891

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
46	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elsinore
(State or country) Iowa

FATHER

13. NAME Frank M. Stivers

14. BIRTHPLACE (city or town)
(State or country) Not Known

MOTHER

15. MAIDEN NAME Bessie Rollins

16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Irene C. Stivers
(Address) Wilder, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Cem. Date 7/14, 1938

19. UNDERTAKER [illegible]
(Address) Boise, Idaho

20. FILED 7-15, 1938 R. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/27/1938

22 I HEREBY CERTIFY, That I attended deceased from October, 1937, to June 27, 1938

I last saw h[illegible] alive on 6-27 1938: death is said to have occurred on the date stated above, at 6:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myelogenous Leukemia	1936
Other **contributory causes** of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harold W. Lloyd, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11001

Registration District No. 2
Primary Registration District No. 2024
Local Registrar's No. 190
(No. St. Luke's)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac Walters Speirs

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Ruby Speirs

6. DATE OF BIRTH (month, day, and year) 9-21-1879

7. AGE: Years 58 | Months 9 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Mill
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Wm. H. Speirs
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Mary Jane Walters
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Ruby Speirs
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 8/3, 1938

19. UNDERTAKER C. D. Buckmaster
(Address) Emmett Ida

20. FILED 8/7, 1938 E. A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-24-38 1938, to 6-30 1938
I last saw him alive on 6-30 1938; death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Chronic myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? N O

23. If death was due to exter'l causes (violence) fill in also the following:—
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Spangler M. D.
(Address Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11001

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 191
(No. 1302 N. 8 St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Jefferson Bowman

(a) Residence No. (Usual place of abode) St. Ola, Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M Bowman

6. DATE OF BIRTH (month, day, and year) Dec 5, 1866

7. AGE: Years 71 | Months 6 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 6 mo. ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centreville (State or country) Iowa

FATHER
13. NAME William Bowman
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Nancy Caylor
16. BIRTHPLACE (city or town) Polk County (State or country) Indiana

17. INFORMANT x Addie Pennastess (Address) Ola Ida

18. BURIAL, CREMATION OR REMOVAL
Place Ola, Ida Date July 5, 1938

19. UNDERTAKER C D Buckmaster (Address) Emmett Ida

20. FILED 7-7, 1938 E. R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/1 1938

22 I HEREBY CERTIFY, That I attended deceased from February 16, 1937, to July 1, 1938
I last saw h[illegible] alive on 7-1 1938: death is said to have occurred on the date stated above, at 7:45 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	7
Other **contributory causes** of importance:	

Name of operation Cystostomy Date of Feb-37
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F B Jeppeser M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

RECEIVED

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2004

Primary Registration District No. 2004 Local Registrar's No. 13

(No. .....)

DO NOT WRITE IN THIS SPACE

State File No. 11002

(If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME Theodore Kroeger.

(a) Residence No. 2604. Broadway Street. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 years. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 16. 1856.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	1.	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dentist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hennstedt
(State or country) Germany.

FATHER

13. NAME Gustave Kroeger.

14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER

15. MAIDEN NAME Johannah Detleps.

16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT Gustave. H. Kroeger.
(Address) R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery, July. 5 193 8.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7-8, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7 2 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 4-30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probably Senility only	
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 193.....

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. W. Forney M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Near City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110021

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 71

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 12 1938

RECEIVED

99

2. FULL NAME Willis Robert Skiff

(a) Residence. No. 1501 Main St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Myrtle Skiff

6. DATE OF BIRTH (month, day, and year) 6/28/1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Oregon

FATHER

13. NAME O.J.Skiff

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Elizabeth Haynes

16. BIRTHPLACE (city or town) (State or country) Ark:

17. INFORMANT (Address) Mrs. H. H. Endsley Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Cloverdale Date 7/6/ 193 8

19. UNDERTAKER Schreiber & McCann

(Address) Boise Idaho

20. FILED 7-6, 193 8 R. Sharp

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3rd. 193 8

22. I HEREBY CERTIFY, That I attended deceased from June 1, 193 8, to July 3, 193 8

I last saw h— alive on 7/3, 193 8: death is said to have occurred on the date stated above, at 10: P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Arteriosclerosis	May 1938
Popliteal artery	
Left leg	
Other contributory causes of importance:	
Uremia	July 1-1938

Name of operation Amputation Date of 6-22-38

What test confirmed diagnosis? ? Was there an autopsy? ?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. W. Edmund, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Near Boise

RECEIVED

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110022

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 72

(No. Ada Co: Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Estella ~~Stella~~ Mae Longwell 155

(a) Residence. No. Ada Co: Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Clifton Longwell

6. DATE OF BIRTH (month, day, and year) 11/3/1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beloit Kan.

FATHER

13. NAME William Sutton

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Mary Louise Mount

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT Clyde Lee (Address) Boise Rt 2 155

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 7/8, 1938

19. UNDERTAKER Schreieber & McCann (Address) Boise Idaho

20. FILED 7-9, 1938 R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/6 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to July 6, 1938

I last saw ~~him~~ alive on July 6, 1938; death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Sarcomatosis of bone	1934
Other contributory causes of importance:	
Spontaneous fractures	4 yr

Name of operation radium Date of 1934

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F W Edmund, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 192

(No. .....)

DO NOT WRITE IN THIS SPACE

State File No. 11002

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Franklin Hammer.

(a) Residence No. 508. South Walnut Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 years. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Effie. L. Hammer.

6. DATE OF BIRTH (month, day, and year) April. 1. 1871.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fort Scott.
(State or country) Kansas.

FATHER

13. NAME William. B. Hammer.

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth. E. Gumm.

16. BIRTHPLACE (city or town) Virginia.
(State or country)

17. INFORMANT Mrs. Effie. L. Hammer.
(Address) 508. S. Walnut Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. July. 6. 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7-7, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-6 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-6, 1938, to 7-6, 1938

I last saw h. alive on 7-6 1938: death is said to have occurred on the date stated above, at 7:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-6

Other **contributory causes** of importance:

Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 300 Eastman Bldg, Boise

Kolsch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110024

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 195

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen A. Strother

(a) Residence. No. 1003 North 9th St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred about 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Strother

6. DATE OF BIRTH (month, day, and year) 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cohoestown N. Y.

FATHER

13. NAME Hamer Worley

14. BIRTHPLACE (city or town) (State or country) Mich

MOTHER

15. MAIDEN NAME Katherine Quinn

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Maude Worley Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place St. John's Date 7/9, 1938

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 7-11, 1938 E. R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938, to July 6, 1938

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~ Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. A. Gardner, M. D.

(Address) Boise Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11002

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
AUG 12 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 196

(No. St. alphonsos
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Vincent Acordagoitia (ACORDOGOC/TIA)

(a) Residence. No. St. Stibnite Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-7-1938

7. AGE — Years | Months | Days | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME John Vincent Acordagoitia
14. BIRTHPLACE (city or town) De Lamar, Ida.
(State or country)

MOTHER
15. MAIDEN NAME Rena Hess
16. BIRTHPLACE (city or town) Boise Idaho
(State or country)

17. INFORMANT Mrs. Flora Acordagoitia
(Address) Stibnite Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St Johns Date 7-9, 1938

19. UNDERTAKER Schreiber McCann
(Address) Boise Idaho

20. FILED 7-11, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938, to July 7, 1938
I last saw him alive on July 7, 1938; death is said to have occurred on the date stated above, at 11.05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	at Birth
Other contributory causes of importance:	

~~Major~~ operation ~~for purpose~~ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Clyde Burge Jr M.D., M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Burge

Burge

15-7d

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110026

Local Registrar's No. 194

466

2. FULL NAME Elizabeth Miller

(a) Residence No. Route #4 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. A. Miller

6. DATE OF BIRTH (month, day, and year) 12-23-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Umberland County
(State or country) Pennsylvania

FATHER

13. NAME William Allen

14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Louisa K. Eisele

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT A. A. Miller
(Address) Route #4, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mausoleum Date 7-11-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 7-9, 193 E. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-7-1938

22 I HEREBY CERTIFY, That I attended deceased from yr 8, 1938, to July 7, 1938
I last saw h[illegible] alive on July 7 1938: death is said to have occurred on the date stated above, at 7:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Advanced Carcinoma of Stomach	
Other **contributory causes** of importance:	
Ascites & abdomen	
Metastatic Ca Liver	

Name of operation none Date of

What test confirmed diagnosis? Phy Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alfred Bridges M D, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11002

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 193

(No. St Alphonsus hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Byron E. Jewell

(a) Residence No. (Usual place of abode) St. Kuna Ada Rt

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	~~Married~~ Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Vera Jewell

6. DATE OF BIRTH (month, day, and year) Jan 27 1883

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
55	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Winterset (State or country) Iowa

FATHER

13. NAME John T Jewell

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Julia K. Currer

16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT Vera Jewell (Address) Kuna Ida

18. BURIAL, CREMATION OR REMOVAL Place Kuna Ida Date 7-9, 1938

19. UNDERTAKER Bud Johnson (Address) Meridian Ida

20. FILED 7-8, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 7 1938

22 I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to July 7, 1938

I last saw him alive on July 5 1938: death is said to have occurred on the date stated above, at 10 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Right side heart dilatation	June 1 - 1938
Other **contributory causes** of importance:	
Bronchiectasis	1930 ?

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. C. Jewell, M. D.

(Address) Hyndeison, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Near Boise

RECEIVED

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110028

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 76

(No. Ada Co: Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Selma Floretta Carr

(a) Residence. No. 512½ Broad St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/18/1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bladen Neb.

FATHER

13. NAME Joseph David Carr

14. BIRTHPLACE (city or town) (State or country) Ill:

MOTHER

15. MAIDEN NAME Nola Stoughton

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Nola Carr. 512½. Grove St. Boise Ida:

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 7/12/1938

19. UNDERTAKER Schreiber & McCann

(Address) Boise Idaho

20. FILED 7-14 1938 R. Sharp

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/9 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1938, to death, 193..

I last saw her alive on 7-7, 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Empyema left	7-1-38
2. Lobar pneumonia.	6-26-38.

Other contributory causes of importance:

Leg swelling from Toxic Thyroid removal	

Name of operation Thyroidectomy Date of 6-8-38.

What test confirmed diagnosis? Physical findings Was there an autopsy? NO.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. H. Watt, M. D.

(Address) Boise Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or paricular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation,
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

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#6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Kuna

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

AUG 8 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 11002

Registration District No. 124
Primary Registration District No. 2201
Local Registrar's No.
(No. Rout 1 - Kuna)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Ray LaVelle
(a) Residence No. Rout 1 - Kuna Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~ (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 23 1927
7. AGE: Years 11 | Months 3 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise Idaho.

FATHER
13. NAME: James M. LaVelle
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Alice V. Taylor
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): James M. LaVelle Rout 1 - Kuna
18. BURIAL, CREMATION OR REMOVAL: Place Kuna Cem Date 8/11, 1938
19. UNDERTAKER (Address): Jim Dalley Nampa Idaho.
20. FILED 8-13, 1938 R. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7/9 1938
22 I HEREBY CERTIFY, That I attended deceased from ..... 193.., to ....., 193..
I last saw him alive on Dead 7/9 1938: death is said to have occurred on the date stated above, at 10:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Drowning. While Swimming in Indian Creek Near Kuna.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. McCann Coroner M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr. Rife & Eastman

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110030

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 75

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

53e

2. FULL NAME Frederick James Hammer

(a) Residence. No. 2602 Warm Springs St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Elizabeth J. Hammer

6. DATE OF BIRTH (month, day, and year) July 7-1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida.

FATHER

13. NAME Francis M. Hammer

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Amanda Thompson

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT (Address) Ralph H. Hammer Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 7/13, 1938

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 7-11, 1938 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1938, to 7-9, 1938

last saw h~~e~~ alive on 7-8, 1938; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Neck	1936
At. tic	
Other contributory causes of importance:	

Name of operation e Date of

What test confirmed diagnosis? e Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Barnett, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise.

RECEIVED Sat.
AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11003

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 202
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Catherine Hamm Holt.

(a) Residence No. 1324. Idaho Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred Nine Months. (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

9/a²

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas. A. Holt.

6. DATE OF BIRTH (month, day, and year) Aug. 4. 1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	11	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Astoria Ill.
(State or country)

FATHER

13. NAME Conrad Hamm.
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Amanda Gunnett.
16. BIRTHPLACE (city or town) Penn.
(State or country)

17. INFORMANT Thomas. A. Holt.
(Address) 1324. Idaho. Street.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Memorial Park. July. 13. 1938.
Place Date

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7-14, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-9 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-18, 1938, to 7-9, 1938
I last saw her alive on 7-9 1938: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy with effusion	
following Pneumonia	Dec-1937
Other contributory causes of importance:	
Cardiac - Endocarditis	
acute with acute	
pericarditis -	7-1-38

Name of operation Paracentesis Date of 6-21-38
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ~, 193~
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ~
Manner of injury ~
Nature of injury ~

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. P. Hamilton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED
AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110032

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 198

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Baby Romich

(a) Residence. No. 1215 Broad St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-10-38

7. AGE Years	Months	Days	If LESS than 1 day 5 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida.

FATHER

13. NAME Tom Romich

14. BIRTHPLACE (city or town) (State or country) Spokane Wash.

MOTHER

15. MAIDEN NAME Helen Marie Dixon

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Tom Romich Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/12, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-11, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-10 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to July 10, 1938
last saw him alive on July 10, 1938; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	7-10-38
Other contributory causes of importance: Violent Efforts at Birth of Baby, Atelectasis Lateral.	—

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ernest T. Kohen M. D.
(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECORDED
AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110033

Registration District No. 24
Primary Registration District No. 1004
Local Registrar's No. 200

(No. Died at Home 2802 W. Idaho St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Thurman Leslie

(a) Residence. No. 2802 West Idaho St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

118

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Leslie

6. DATE OF BIRTH (month, day, and year) Sept 25. 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Rue
(State or country) Ohio

FATHER
13. NAME John Henry Leslie
14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER
15. MAIDEN NAME Evelyn Crawford
16. BIRTHPLACE (city or town)
(State or country) U.S.A.

17. INFORMANT Sadie Leslie
(Address) 2802 Ida: St: Boise Ida:

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/13, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-14, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1938, to 7-11, 1938
last saw him alive on July 11, 1938: death is said to have occurred on the date stated above, at 6:15 p. m.
The principal cause of death and related causes of importance were as follows:

paralytic ileus. Intestinal obstruction a cute obstruction
Last stage about 24 hours

Date of onset

Other contributory causes of importance:

Very extensive intestinal adhesions from several abdominal operations

Name of operation None for several years Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. M. Taylor M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

Piondexter.

DO NOT WRITE IN THIS SPACE
State File No. 11003

Local Registrar's No. 199

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Nellie Morgan Snow.

(a) Residence No. 1116. W. Jefferson Street. St.
(Usual place of abode) 49 years in Boise.
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14. 1859.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	10.	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Monmouth, Ill.
(State or country)

FATHER

13. NAME John T. Morgan.
14. BIRTHPLACE (city or town) New York.
(State or country)

MOTHER

15. MAIDEN NAME Maria Harroun.
16. BIRTHPLACE (city or town) Penn.
(State or country)

17. INFORMANT Harold. M. Snow.
(Address) Dillon, Montana.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. July. 14 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7-13, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-12-1938

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1938 to July 12, 1938
that I last saw her alive on July 7 1938: death is said to have occurred on the date stated above, at 8:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occlusion Left Femoral Artery	?

Other contributory causes of importance:

Arteriosclerotic Heart Disease Senility	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) A. M. Woodbridge, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 1100

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 201

AUG 12 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Edna. W. Hudlow.

(a) Residence No. 1819. N. 17 Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 years. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank. L. Hudlow.

6. DATE OF BIRTH (month, day, and year): Sep. 17, 1876.

7. AGE: Years 61. Months 9. Days 26. If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Idaho City,
(State or country): Idaho.

FATHER

13. NAME: William. W. West.

14. BIRTHPLACE (city or town): St Louis
(State or country): Missouri.

MOTHER

15. MAIDEN NAME: Nannie. E. Sampson.

16. BIRTHPLACE (city or town): Fulton, Mo.
(State or country)

17. INFORMANT: Frank. L. Hudlow.
(Address): Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date July. 16 1938.

19. UNDERTAKER: Summers Funeral Home.
(Address): Boise, Idaho.

20. FILED 7-14-1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 13 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to July 13, 1938

That I last saw her alive on July 13 1938: death is said to have occurred on the date stated above, at 9:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1937
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. J. Swendsen M. D.

(Address) Boise Idaho

Koelch

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110056

Local Registrar's No. 204

159

2. FULL NAME Hugh Jamison

(a) Residence No. 1819 North 29th Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) 7-17-38

7. AGE Years	Months	Days	If LESS than 1 day 11 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

FATHER

13. NAME Elmer Hugh Jamison

14. BIRTHPLACE (city or town) Price,
(State or country) Utah

MOTHER

15. MAIDEN NAME Mary Ellen Harris

16. BIRTHPLACE (city or town) Fornfelt,
(State or country) Missouri

17. INFORMANT Elmer H. Jamison
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 7-18-38, 193

19. UNDERTAKER William McPratner
(Address) Boise, Idaho

20. FILED 7-18, 193 8 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-17-193 8

22 I HEREBY CERTIFY, That I attended deceased from July 17, 1938, to July 17, 193.

I last saw him alive on July 17 193 8: death is said to have occurred on the date stated above, at 5:45 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth—7½ months	
Cause undetermined	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ivan Loelsch, M. D.

(Address)

Shaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

AUG 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 11003

Local Registrar's No. 206

2. FULL NAME Osa McDonald Mitchell

(a) Residence No. 516 South 15th Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Merlin Mitchell

6. DATE OF BIRTH (month, day, and year) May 12, 1872

7. AGE — Years: 66 | Months: 2 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Osawatomy.
(State or country) Kansas

FATHER

13. NAME ---------Hatfield

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT C. E. McDonald
(Address) Rt. #4, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-19-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 7-19, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-17-1938

22 I HEREBY CERTIFY, That I attended deceased from 7-12, 1938, to 7-17, 1938

I last saw h.. alive on 7-17 1938: death is said to have occurred on the date stated above, at 8:55 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma, Neck	7-3-38
Other contributory causes of importance: Diabetes Mellitus	1936 (?)
& Cirrhosis	

Name of operation Incision Carbuncle Date of 7-17-38

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. B. Shaw, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110038

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 208

(No. St. Alphonsus Hos.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Jayo

(a) Residence. No. (Usual place of abode) St. Emmett, Ida (If nonresident give city or town and state)

Length of residence in city or town where death occurred. about 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Pittenger

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel Jayo

6. DATE OF BIRTH (month, day, and year) Dec 3 - 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 5 Mo ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Ignatio Jayo

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Johanna Maguiza

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT (Address) A Jayo Boise, Ida

18. BURIAL, CREMATION OR REMOVAL Boise

Place St. Johns Date 7-21, 1938

19. UNDERTAKER Schreiber & McCann

(Address) Boise, Ida

20. FILED 7-20 1938 R. B. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-18 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to July 18, 1938

last saw h[illegible] alive on July 18, 1938: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immediate cause of death Uremic apparently Heart Block	
Autopsy refused	
Other contributory causes of importance:	
Gastric Crisis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Refused

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ND Date of injury ....., 193..

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11003

Registration District No. 204
Primary Registration District No. 1004
Local Registrar's No. 207

AUG 16 1938

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bessie Adelaide Savage

(a) Residence No. Nampa Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ed Savage

6. DATE OF BIRTH (month, day, and year) 9-22-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	9	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wis
(State or country)

FATHER
13. NAME F. J. Newman
14. BIRTHPLACE (city or town) Wis
(State or country)

MOTHER
15. MAIDEN NAME Taggert
16. BIRTHPLACE (city or town) Wis
(State or country)

17. INFORMANT Ed Savage
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 7-21, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED 7-20, 1938 R. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/19 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-15, 1938, to 7-19, 1938
I last saw her alive on 7-19 1938; death is said to have occurred on the date stated above, at 9 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Decompensated Heart	
Other **contributory causes** of importance:	
Anasarca	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold W. Hawe, M.D.
(Address 220 N 1st St. Boise)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110040

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 209

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pete Faranda

(a) Residence. No. 521 Grove St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred about 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Father give

123

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) about 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Herder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) France
(State or country)

FATHER

13. NAME Not obtainable
14. BIRTHPLACE (city or town) France
(State or country)

MOTHER

15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) France
(State or country)

17. INFORMANT Mrs. A. Letemendy
(Address) 521 Grove St. Boise

18. BURIAL, CREMATION OR REMOVAL
Place St. Johns Cem. Boise Date 7-22, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Ida

20. FILED 8-20 1938 R. L. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/19 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from 7/17, 193[illegible], to 7/19, 1938
I last saw him alive on 7/19, 193[illegible]: death is said to have occurred on the date stated above, at 3 7 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	
Other contributory causes of importance:	
Intestinal Volvulus	

Name of operation Bowel Resection Date of 7/17/38
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred C. Tietzel M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110041

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 79
(No. Ada County Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Alma Johnson
(a) Residence. No. 1803 N. 12th St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Ollie Johnson

6. DATE OF BIRTH (month, day and year) Dec. 12, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	7	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 10 yr-
11. Total time (years) spent in this occupation 15 yr-

12. BIRTHPLACE (city or town) (State or country) Onawa City Iowa

FATHER
13. NAME Chas. Alma Johnson
14. BIRTHPLACE (city or town) (State or country) Wamberburg Sweden

MOTHER
15. MAIDEN NAME Mary Peterson
16. BIRTHPLACE (city or town) (State or country) Wamberburg Sweden

17. INFORMANT Mrs. L. R. Osgood
(Address) 1203 N. 12th Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-22, 1938

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 7-25 1938 C. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-19 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1937, to 7/19, 1938
[last saw h alive on 7/19, 1938: death is said to have occurred on the date stated above, at 9a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Anaemia	1937
Other contributory causes of importance:	
Cerebral Hemorrhage	1938

Name of operation Blood Tr. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. W. Allmond M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Barr Tree

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11004

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 214

AUG 12 1938

(No. St. Alphonsus Hos
(If death occurred in a hospital or institution, give its name instead of street and number)

127

2. FULL NAME Mary Slattery

(a) Residence No. 510 North 12 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Slattery

6. DATE OF BIRTH (month, day, and year) Aug. 24-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glasgow
(State or country) Scotland

FATHER
13. NAME James Dougherty
14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER
15. MAIDEN NAME Mary ?
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT James A Slattery
(Address) Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place St. Johns Date 7-23, 1938

19. UNDERTAKER Schreiber & Mahoney
(Address)

20. FILED 7-27, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) July 20 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 14, 1938, to July 20, 1938
I last saw her alive on July 20 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gall Stone Obstruction of Common Bile duct & Subacute Myocarditis	about July 5 1937.

Other **contributory causes of importance:**

Name of operation Cholecystotomy Date of July 20 1938
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Braffanet M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Redriven

PLACE OF DEATH

County of Ada

City of Boise

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110045

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 211

(No. St Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virginia Joanne Schilling (SCHILLING) 1-57C

(a) Residence No. 1304 No. 26th St. Boise Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/22/38

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day 14 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

MOTHER FATHER

13. NAME Phillip Schilling

14. BIRTHPLACE (city or town) La Crosse (State or country) Wisc

15. MAIDEN NAME Elvira A. Mink

16. BIRTHPLACE (city or town) Soldier (State or country) Idaho

17. INFORMANT Phillip Schilling (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place St. John's Date 7/23, 1938

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 7-25, 1938 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-22 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/22/38, 193..., to 1/22/38, 193...

I last saw her alive on 1/22 1938.; death is said to have occurred on the date stated above, at 4:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Heart Defect - Probable patent Foramin Ovale	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Dettman M D

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11004

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 2 12

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Bula Jean Hardin

(a) Residence No. Cy's. Camp So. 17th. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/4/1938

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Joseph Hardin

14. BIRTHPLACE (city or town) Council Grove
(State or country) Kan:

MOTHER

15. MAIDEN NAME Lillian Dixon

16. BIRTHPLACE (city or town) Witchita
(State or country) Kan:

17. INFORMANT Joseph Hardin
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 7/25, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-25-1938 R. Starr
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/23/1938

22 I HEREBY CERTIFY, That I attended deceased from July 21st, 1938, to July 23rd, 1938

I last saw h[illegible] alive on July 21st 1938: death is said to have occurred on the date stated above, at 5:35 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Infection Diarrhoea	7/12-38

Other **contributory causes** of importance:

Decomposition, Pulse Rate

Name of operation 0 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. M. Morgan, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise
RE[illegible]

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

Lb Springer

DO NOT WRITE IN THIS SPACE
State File No. 11004

Local Registrar's No. 219

4-C

2. FULL NAME James Charles Birdwell

(a) Residence No. Atlanta, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME James M. Birdwell

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Margaret Brown

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Fred Birdwell
(Address) Harlen, Mont.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Memorial Park July 28 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 7-28, 1938 E. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH July

21. DATE OF DEATH (month, day and year) 25 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-23-38, 193..., to 7-25, 1938

I last saw him alive on 7-25 1938; death is said to have occurred on the date stated above, at 10:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Spotted Fever	7-16-38

Other **contributory causes** of importance:

Cardiac Disease	7

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Springer M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110040

Local Registrar's No. 220

82a

2. FULL NAME Rose E. Plum

(a) Residence No. 1420 North 7th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Abram Plum

6. DATE OF BIRTH (month, day, and year) 11-9-1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sheboygen.
(State or country) Wisconsin

FATHER

13. NAME Cornelius Kesler

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Emaline ----------

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT John F. Backes
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-29-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 7-30, 1938 R. A. Kemp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-25 1938

22 I HEREBY CERTIFY, That I attended deceased from 2-20, 1938, to 7-24, 1938

I last saw h.r alive on 7-24 1938: death is said to have occurred on the date stated above, at 11:50 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral-hemorrhage	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. F. Backes, M. D.

(Address) Gem Bldg. Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11004

AUG 12 1938

Registration District No. 2
Primary Registration District No. 1204
Local Registrar's No. 213

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Emma E. Stelle

(a) Residence No. 1415 Harrison Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	~~Widow~~ Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nelson Stelle

6. DATE OF BIRTH (month, day, and year) 8-1-1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McHenry County.
(State or country) Illinois

FATHER
13. NAME William Wright
14. BIRTHPLACE (city or town) McHenry County
(State or country) Illinois

MOTHER
15. MAIDEN NAME ~~Unknown~~ Marion Mills
16. BIRTHPLACE (city or town) ~~Unknown~~
(State or country) Indiana

17. INFORMANT Mrs. Arthur W. Stevens
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Portland, Ore. Date 7-27-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 7-27, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-26 1938

22 I HEREBY CERTIFY, That I attended deceased from March, 1938, to 7-26, 1938
I last saw h~~er~~ alive on 7-26 1938: death is said to have occurred on the date stated above, at 9:00 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930

Other **contributory causes of importance:**

Hypostatic Pneumonia - Nature unknown	June 1938

Name of operation None, Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. Gunnell, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11004

AUG 12 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 218

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

16-1d

2. FULL NAME Nancy Marie Jeppesen.

(a) Residence No. 2105. Irene Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 26. 1938.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Franklin. B. Jeppesen.
14. BIRTHPLACE (city or town) Emmettsburg,
(State or country) Iowa.

MOTHER

15. MAIDEN NAME Dorothy May Kitch.
16. BIRTHPLACE (city or town) Clarinda
(State or country) Iowa.

17. INFORMANT Franklin. B. Jeppesen.
(Address) 2105. Irene Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. July. 27 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7-28, 1938 N. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/26 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/26, 1938, to 7/26, 1938
I last saw h[illegible] alive on 7/26 1938.: death is said to have occurred on the date stated above, at 12 10 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage as birth	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. E. Adman M. D.
(Address) Boise, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

RECEIVED

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11004.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 216

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

95 N

2. FULL NAME Mary Wallace Neal.

(a) Residence No. 1510. Franklin Street. St.

(Usual place of abode) 61 years in Boise. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 6, 1868.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70.	6	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho City, Idaho.
(State or country)

FATHER

13. NAME John. M. Wallace.

14. BIRTHPLACE (city or town) Missouri.
(State or country)

MOTHER

15. MAIDEN NAME Eliza Parsons.

16. BIRTHPLACE (city or town) Texas.
(State or country)

17. INFORMANT Miss. Virginia Neal.
(Address) 1510. Franklin Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery, Date July 29. 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho

20. FILED 7-28, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-27 1938

22 I HEREBY CERTIFY, That I attended deceased from June 16 1937, to July 27 1938

I last saw her alive on July 17 1938.: death is said to have occurred on the date stated above, at 3 30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	

Other contributory causes of importance: Varicose Ulcer of Arms for a number of years.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ruth Bowker M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise. RL

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

Transit

DO NOT WRITE IN THIS SPACE

State File No. 11005

Local Registrar's No. 230

1860

2. FULL NAME Frederick William Jutsum.

(a) Residence No. R.D. # 2. Boise, Idaho. 3 Miles west of Boise.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 years. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Mary. C. Jutsum.

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1874.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	8	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England.
(State or country)

FATHER

13. NAME William Jutsum.

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT Frederick W. Jutsum.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Cloverdale Date Aug 10 1938

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-8, 1938 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/7 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/27, 1938, to 8/7, 1938

I last saw him alive on 8/7 1938: death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess Left Thigh	July 27/38
Septicemia	Aug 2-38
generalized.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 7/27 8/5 1938

Where did injury occur? Highway
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Employed on Highway

Manner of injury Stumbled

Nature of injury Sprain. Muscular

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify .....

(Signed) F.B. Burnett, M. D.

(Address East Bldg. Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams.

City of New Meadows

RECEIVED AUG 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11005

Registration District No. 11

Primary Registration District No. ____ Local Registrar's No. 187

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Dreyer

(a) Residence. No. ____ St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94 Dr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Addie Leoattie Dreyer

6. DATE OF BIRTH (month, day, and year) Dec 24 1861.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	6	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

FATHER

13. NAME Henry Dreyer

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN- Beach

16. BIRTHPLACE (city or town) (State or country) UNKNOWN.

17. INFORMANT Willie Dreyer (Address) New Meadows Ida

18. BURIAL, CREMATION OR REMOVAL

Place New Meadows Date 7-6-38, 193...

19. UNDERTAKER Blake Hancock (Address) New Meadows Ida.

AUG - 9 1938

20. FILED ____, 193.... DR. ALVIN S. THURSTON Registrar

COUNCIL, IDAHO

AUG - 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3 1938

22. I HEREBY CERTIFY, That I attended deceased from June ____, 193... to July 3 ____, 193...

I last saw him alive on June ____, 193...: death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion —	
sudden —	7/3/38
Other contributory causes of importance:	
Coronary Heart Disease —	2 yrs

Name of operation 0 Date of 0

What test confirmed diagnosis? None Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury....., 193...

Where did injury occur? 0 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify ____

(Signed) Alvin S. Thurston M.D., M. D.

(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11005

JUL 5 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 120
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Lucie Etta Later

(a) Residence No. 520 N. Ninth St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jack

6. DATE OF BIRTH (month, day, and year) Sept. 17, 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	8	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 15 yr.

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER
13. NAME Nathan A. Williams
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Louisa Charling
16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMANT Don Williams
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Iona Cemetery Date June 11, 1938
Iona Idaho

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello

20. FILED 6-10, 1938 D. McKay
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 8 1938

22 I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to June 8, 1938
I last saw her alive on June 8 1938.: death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	May 31, 1938
Probably due to old pus tube or abscess which broke.	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. A. Hughart M.D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello Grace 2a

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110053

Registration District No. 8-84
Primary Registration District No. 7-159 Local Registrar's No. 21
(No. Residence 2161)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 8 - 1938

2. FULL NAME Cassie Muir Lasley

(a) Residence No. Grace, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Heber William Lasley

6. DATE OF BIRTH (month, day, and year) Sept. 18, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hatch, (State or country) Idaho

FATHER
13. NAME Moses Muir
14. BIRTHPLACE (city or town) Bountiful (State or country) Utah

MOTHER
15. MAIDEN NAME Mary V. Call
16. BIRTHPLACE (city or town) Bountiful (State or country) Utah

17. INFORMANT Heber William Lasley (Address) Grace, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Grace, Idaho Date 7/1/38, 193

19. UNDERTAKER Arthur L. Hall (Address) Pocatello, Idaho

20. FILED ~~July 11, 193~~ [illegible] Aug 11-1938. Mrs J.J. Pitts

MEDICAL CERTIFICATE OF DEATH.

~~21. DATE OF DEATH (month, day and year) 6/28/38~~

22 I HEREBY CERTIFY, That I attended deceased from 1/2/38, 193..., to 6/28/38, 193...
I last saw her alive on 6/28/38 193...: death is said to have occurred on the date stated above, at 12 Midn.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	
Other contributory causes of importance: 0	

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy? Physical Ex.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 110054

1. PLACE OF DEATH
County of Bannock
City of Lava Hot Springs (No. ..... St.)
Registration District No. 84
Primary Registration District No. 216
AUG 6 - 1938
Registered No. 20

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stella Mary Campbell

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	White	Married

6. DATE OF BIRTH: June (Month) 9 (Day) 1895 (Year)

7. AGE: 43 Yrs. 0 Mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer): Own home

9. BIRTHPLACE (State or Country): Malad Idaho.

10. NAME OF FATHER: Frank Potter

11. BIRTHPLACE OF FATHER (State or Country): Downey Idaho.

12. MAIDEN NAME OF MOTHER: Rebecca Sanderson

13. BIRTHPLACE OF MOTHER (State or Country): Willard Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. G. Campbell
(Address) Lava Hot Springs

15. Filed Aug 1 - 1938 Mrs. G. G. Fitz, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 2 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 1938, to July 2 1938, that I last saw her alive on July 2 1938, and that death occurred on the date stated above, at 2:20 P. M.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism
(Graves Disease)

(Duration) 3 Yrs. ..... mos. ..... ds.

Contributory (Secondary) None known

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. A. Rich M. D.

7-2-1938 (Address) Lava Hot Springs.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 5 days. In the State 20 yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lava Hot Springs — DATE OF BURIAL: 7-5-1938

20. UNDERTAKER: A. W. Hall — ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110055

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 138
(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Harry E Butts

(a) Residence No. 1250 E. Lewis St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margeret

6. DATE OF BIRTH (month, day, and year) Oct. 28 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P.R.R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Junction City
(State or country) Kansas

FATHER

13. NAME John H. Butts

14. BIRTHPLACE (city or town) Delhi, N.Y.
(State or country) Unknown

MOTHER

15. MAIDEN NAME Alice E Heath

16. BIRTHPLACE (city or town) North Chesterfield
(State or country) New Hampshire

17. INFORMANT Mrs. Margeret Butts
(Address) 1250 E Lewis

18. BURIAL, CREMATION OR REMOVAL
Place Junction City Date July 5, 1938

19. UNDERTAKER Dawhard Funeral Home
(Address) Pocatello Idaho

20. FILED 7-3, 1938 D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2 1938

22 I HEREBY CERTIFY, That I attended deceased from June 30, 1938, to July 2, 1938
I last saw him alive on July 2 1938: death is said to have occurred on the date stated above, at 5:00 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	?
Other **contributory causes** of importance:	
Hypostatic Pneumonia	6-30-38

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ben C Eisenberg, M. D.
(Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110056

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 140
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Thalia (Etta) Johntz Brady

(a) Residence No. 740 N Arthur St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of S. E. Brady

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	4	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Strausburg
(State or country) Ohio

FATHER
13. NAME Henry Johntz
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Nora Fernsell
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT S. E. Brady
(Address) Bannock Hotel

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date July 5, 1938

19. UNDERTAKER Howards Funeral Home
(Address) Pocatello Idaho

20. FILED 7-8, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 2 1938

22 I HEREBY CERTIFY, That I attended deceased from March 27, 1938 to July 2, 1938
I last saw h[illegible] alive on July 1 1938: death is said to have occurred on the date stated above, at 1-25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma of lung	
Other contributory causes of importance: Bilateral carcinomas of breast, operated 1934 and 1936	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110057

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 139
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Natividad Martinez
(a) Residence No. 503 N. 4th ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: Mexican
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of: Manuel Martinez
6. DATE OF BIRTH (month, day and year):
7. AGE: Years 54. Months Days If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): old Mexico

FATHER
13. NAME: Ortez
14. BIRTHPLACE (city or town) (State or country): old Mexico

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): old Mexico

17. INFORMANT (Address): Manuel Martinez Pocatello Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello Date: July 6, 1938
19. UNDERTAKER (Address): D. C. Ray Pocatello Idaho
20. FILED July 5, 1938 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 4 1938
22 I HEREBY CERTIFY, That I attended deceased from June 29 1938 to July 4, 1938
I last saw her alive on July 4 1938; death is said to have occurred on the date stated above, at 8:10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute suppurative Cholecystitis with Cholelithiasis.	June 18, 1938.
Chronic Cholecystitis	many years.
Other contributory causes of importance:	
Senility	Gradual onset.
Myocarditis	unknown.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. N. Hoagland M. D.
(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110058

AUG 8 - 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 1402

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Marie Lundquist

(a) Residence No. 745 North 12th Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Oluf Lundquist

6. DATE OF BIRTH (month, day, and year): June 16, 1895.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cache Junction,
(State or country) Utah.

FATHER

13. NAME Lawrence Lundquist

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Serena Johnson

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Oluf Lundquist
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Newton, Utah Date July 11, 1938.

19. UNDERTAKER Arthur J. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 8, 1938. M. Lang Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 6, 1938

22 I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to July 6, 1938.
I last saw h[illegible] alive on July [illegible], 1938.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart.	July 4, 1938

Other contributory causes of importance:

Name of operation Hemitorony Date of July 11 1938
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. N. Hughart, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110058

AUG 8 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 142
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95b2

2. FULL NAME Thomas Wm. Norfolk

(a) Residence No. 141 South 4th. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Bell Steed

6. DATE OF BIRTH (month, day, and year) Sept 26, 1866

7. AGE: Years 71 | Months 9 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pangiora
(State or country) Canterberry NewZeland

FATHER

13. NAME William Norfolk
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Ann Miles
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. Ed. Hayball
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date July 10, 1938
Mountainview

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED July 8, 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/7/1938

22 I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1938, to July 7, 1938.
I last saw him alive on July 6 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endarteritis obliterans	unknown.
Other contributory causes of importance:	
Cardio-nephritis	unknown.

Name of operation amputation L. leg Date of 6/26/38
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. N. Hughes M. D.
(Address) Pocatello, Idaho

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110060

AUG 8 - 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 143
(No. St. Anthony Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Effie Belle Bible.

(a) Residence No. West Center St Blackfoot St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Bible

6. DATE OF BIRTH (month, day, and year) Sept 16 1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	9	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Clark Hallaway

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Belle Wyatt

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Thomas Bible
(Address) Blackfoot, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date July 17, 1938

19. UNDERTAKER E. T. Beck
(Address) Blackfoot Ida

20. FILED July 15, 1938 [signature] Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 15 193

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938, to July 15, 1938
I last saw her alive on July 14 1938: death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Thrombocytic Leukemia	
Purpura	
Cardiac death	

Other **contributory causes** of importance:

Thrombocytic Leukemia	
Purpura	

Name of operation No Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) [signature], M. D.
(Address) Pocatello Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110061

PLACE OF DEATH

County of Bannock

City of Chesterfield, (No.) AUG 8 - 1938

Registration District No.

Primary Registration District No. 2161

Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number.)

159

2. FULL NAME Marline Helbrook

(a) Residence. No. Chesterfield, Ida St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July-14- 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Chesterfield, Ida

PARENTS

10. NAME OF FATHER Lawrence E. Helbrook

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Chesterfield, Ida

12. MAIDEN NAME OF MOTHER Mary M. Boyatt

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Marysville, Idaho

14. Informant Lawrence, E. Holbrook

(Address) Chesterfield Idaho

15. Filed Aug 1, 1938 Mrs. G. G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) -15- (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July- 14, 1938, to July-14, 1938

that I last saw h~~er~~ alive on July- 14-1938, 19

and that death occurred, on the date stated above, at 1 P.M. m.

The CAUSE OF DEATH* was as follows:

Unknown - Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G G Fitz, M. D.

Aug- 1-, 1938 (Address) Bancroft, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Chesterfield, Ida	7/16- 38 19
20. Undertaker: Had none.	Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110062

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 144

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

99

2. FULL NAME Mrs. Jennie Mathews

(a) Residence No. 435 S. 5th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced (or) WIFE of Ernest T. Mathews

6. DATE OF BIRTH (month, day, and year) Apr. 16 1832

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Glasser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ernest T. Mathews
(Address) Pocatello Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mt. View Date July 19, 1938

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED July 18, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH. 16

21. DATE OF DEATH (month, day and year) July 1938

22 I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to March 29, 1938

I last saw h.. alive on June 5 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1937
Other contributory causes of importance:	
Chronic Glomerulonephritis	
Chronic cystitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. M. Newton, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110063

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 145
(If death occurred in a hospital or institution, give its name instead of street and number) (No. Pocatello General Hospital)

AUG 8 - 1938

2. FULL NAME Robert Edward Godfrey

(a) Residence. No. Cuppetsville (north of Pocatello) St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Singhe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 18 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	7	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lima
(State or country) Montana

FATHER
13. NAME W. E. Godfrey
14. BIRTHPLACE (city or town) Lima
(State or country) Montana

MOTHER
15. MAIDEN NAME Alma Flynn
16. BIRTHPLACE (city or town) Dell
(State or country) Montana

17. INFORMANT W.E Godfrey
(Address) Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date July 20 1938

19. UNDERTAKER Dunnard Funeral Home
(Address) Pocatello Idaho

20. FILED June 20 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938, to July 17, 1938
I last saw him alive on July 16, 1938; death is said to have occurred on the date stated above, at 2:07 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	July 5, 1938
Other contributory causes of importance:	
acute nephritis	Unknown.

Name of operation None Date of
What test confirmed diagnosis? Culture throat Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110064

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 147

AUG 3 - 1938

(No.) Portneuf River, East of Lava Hot Springs.
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Oscar Everett

(a) Residence No. 2526 Tenth Ave. South, Seattle, St. Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24, 1927.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	11	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

FATHER

13. NAME Charles Everett

14. BIRTHPLACE (city or town)
(State or country) West Virginia.

MOTHER

15. MAIDEN NAME Gertrude Mars

16. BIRTHPLACE (city or town)
(State or country) West Virginia.

17. INFORMANT Gertrude Mars Everett
(Address) Seattle, Washington.

18. BURIAL, CREMATION, OR REMOVAL
Place Seattle, Washington Date July 22, 1938

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 21, 1938.
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 18, 1938,

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned in Portneuf River East of Lava Hot Springs	
Accidental	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall, Funeral Director M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110065

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 146
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 8 1938

2. FULL NAME Benjamin D Dempsey

(a) Residence No. (Usual place of abode) Rupert St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-12 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Clay Center Kansas

FATHER
13. NAME Samuel Dempsey
14. BIRTHPLACE (city or town) (State or country) Dent Kansas

MOTHER
15. MAIDEN NAME Altha Bishop
16. BIRTHPLACE (city or town) (State or country) Dent Kansas

17. INFORMANT Mrs. B. Dempsey Rupert
(Address) 3400 W. Wash. Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date July 20, 1938

19. UNDERTAKER L. D. Sayer
(Address) Pocatello, Ida.

20. FILED July 20 1938 [illegible] Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 19 1938

22 I HEREBY CERTIFY, That I attended deceased from July 13, 1938, to July 19, 1938
I last saw h. alive on July 19 1938: death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease 6 mos.	
Cerebral Hemorrhage	July 13
Other contributory causes of importance:	

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. P. Howard, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110066

AUG 8 - 1938

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 149

(No. 1004 W. Fremont)

(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Phebe Delsine Bradbrook

(a) Residence No. 1004 W. Fremont St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter Bradbrook

6. DATE OF BIRTH (month, day, and year) April 21 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school teacher

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Benjamin Ellis

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Myers

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs. Ava Mowbray
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date ....., 193 8

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED July 22, 193 8 [signature illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/20 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct., 193 7, to July 20, 193 8.

I last saw her alive on July 16 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis (Severe Anginal attack).	Unknown.

Other contributory causes of importance:

Senility	Gradual
Diabetes Mellitus	7 to 8 years ago.

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. T. Urquhart M. D.

(Address Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110067

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 148

(No. 845 So. Main St.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Poppleton

(a) Residence. No. 845 So. Main St. St. Pocatello, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) of Elizabeth Rankin Poppleton

6. DATE OF BIRTH (month, day, and year) March 25, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Armour & Co.
10. Date deceased last worked at this occupation (mo. and yr.) May 1938.
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Wellsville Utah

FATHER
13. NAME William Poppleton
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Leah Perks
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Elizabeth Rankin Poppleton
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date July 23, 1938

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 21, 1938. [signature] Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20, 1938.

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to July 18, 1938
I last saw h[illegible] alive on 7/18/38, 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	
Uremic Coma	

Name of operation None Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 17, 1938
Where did injury occur? Frankline Co Caldwell
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Franklin Co Caldwell
Nature of injury Fall

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110068

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 150

AUG 8 - 1938

(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

95b

2. FULL NAME James Joseph Juchau

(a) Residence No. Virginia, Idaho. St. Virginia, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the wo
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Elizabeth Newbold

6. DATE OF BIRTH (month, day, and April 2, 1861.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City,
(State or country) Utah.

FATHER

13. NAME James Joseph Juchau
14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME Elizabeth Littlewood
16. BIRTHPLACE (City or town) Mid-Ocean S. S. Tyrene
(State or country) Atlantic Ocean

17. INFORMANT Mrs. James J. Juchau
(Address) Virginia, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge, Ida. Date July 24, 193 8.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 23, 193 8. J. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and July 21, 193 8.

22 I HEREBY CERTIFY, That I attended deceased from July 12, 193 8 to July 21, 193 8.
I last saw h[im] alive on July 21, 193 8.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	Unknown
Other **contributory causes** of importance:	
Senility	Unknown

Name of operation — Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. Hastings Hart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

AUG 8 – 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110069

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 154

(No. St Anthony Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

15 U

2. FULL NAME Libby Spence

(a) Residence No. Inkom Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Owen R. Spence

6. DATE OF BIRTH (month, day, and year) April 8 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Firth
(State or country) Idaho

FATHER

13. NAME Ole Olson

14. BIRTHPLACE (city or town) unknown
(State or country) Sweden

MOTHER

15. MAIDEN NAME Ella Shafer

16. BIRTHPLACE (city or town) Weber
(State or country) Utah

17. INFORMANT Owen R. Spence
(Address) Inkom Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ burial
Place Inkom Date ....., 193..

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED J-25, 1938 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 25 1938

22 I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to July 22, 1938

Last saw her alive on July 21 1938; death is said to have occurred on the date stated above, at 3:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Mediastinal abscess	July 12-35
Carcinoma en mass	

Other **contributory causes** of importance:

Secondary Anaemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. M. Nuston, M. D.

(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110070

Aug 3 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 151
(No. Saint Anthony Hosp. Pocatello Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

44C

2. FULL NAME Jason Morgan CC5-24508
(a) Residence No. 5652 Prosser Ave. St. Elmwood Place Ohio
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. C. C.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. enrollee
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Capt. Dupree, Quartermaster
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cincinatti Ohio Date July25, 1938

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED July 25 1938 [signature] Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/24/1938

22 I HEREBY CERTIFY, That I attended deceased from July 19, 1938, to July 24, 1938
I last saw him alive on July 24 1938: death is said to have occurred on the date stated above, at 1.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever, severe type.	July 16, 1938

Other contributory causes of importance:

Toxic Myocarditis	

Name of operation Date of
What test confirmed diagnosis? Phy Exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Albert L. Eisner, M. D.
(Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110071

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 152
AUG 8 - 1938
(No. St. Anthoney Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME August Peterson

(a) Residence No. Lund, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed husband of Ammie Christena Isaacson

6. DATE OF BIRTH (month, day, and year) July 19, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Karl Knowlstrom
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Katherine Johnson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Geo. Kutterer
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lund, Idaho Date July 30, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED July 27, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/26 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-10, 1938, to 7-26, 1938
I last saw h— alive on 7-26 1938: death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7-10-38

Other **contributory causes** of importance:

Chronic hypertrophic prostatitis	Jan 1938

Name of operation none Date of —
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110072

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 153

AUG 8 - 1938

183

(No. Residence
If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Richard Ward

(a) Residence No. North of City of Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 21, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho
(State or country)

FATHER

13. NAME Willis Richard Ward
14. BIRTHPLACE (city or town) Portage
(State or country) Utah

MOTHER

15. MAIDEN NAME Alta Palton
16. BIRTHPLACE (city or town) Provo
(State or country) Utah

17. INFORMANT Willis Ward
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho, 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED July 29 193 8 [illegible] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/27/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned in irrigating ditch at Pocatello (accidental)	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall Coroner
(Address Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110073

AUG 8 - 1938

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 155

(No. St. Anthony Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August Charles Bartels

(a) Residence. No. 1035 E. Center St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1070

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, and year) June 20 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. realtor

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cincinatti (State or country) Ohio

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT R. L. Black (Address) Pocatello Idaho

18. BURIAL, ~~CREMATION~~ or REMOVAL

Place Mountainview cem Date Aug. 2, 1938

19. UNDERTAKER Downard Funeral Home (Address) Pocatello Idaho

20. FILED Aug 3, 1938 [signature] Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to July 31, 1938

I last saw h[illegible] alive on July 30, 1938; death is said to have occurred on the date stated above, at 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic H.D.	1 yr.
Bronchopneumonia	July 25

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. B. Howard, M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110074

Registration District No. 32
AUG 1938
Primary Registration District No. 2049 Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Ernestine Julia Garl

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. S. Garl

6. DATE OF BIRTH (month, day, and year) July 4, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Battle Creek
(State or country) Mich.

FATHER

13. NAME Nancy Hicks
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT A. S. Garl
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL Cremation
Place Spokane, Wash Date 7/9, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Aug. 6, 1938 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 6, 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to July 6, 1938
I last saw h er alive on July 6 1938: death is said to have occurred on the date stated above, at 11; P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis-Malvalv	
Hyper Thyroidism	
Chr nephritis.	

Other **contributory causes** of importance:

Name of operation non Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. E. Patton, M. D.
(Address St Maries Idaho.

Clerk - Idaho.
Benewah -

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 110075

Local Registrar's No. 3

2. FULL NAME George Oliver Scott

(a) Residence. No. Eureka Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Vera Grace Scott

6. DATE OF BIRTH (month, day, and year): Aug 27 - 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Logging

10. Date deceased last worked at this occupation (mo. and yr.): Oct. 1937

11. Total time (years) spent in this occupation: 7 yrs.

12. BIRTHPLACE (city or town) (State or country): Freeway Ore.

FATHER

13. NAME: Frederic W. Scott

14. BIRTHPLACE (city or town) (State or country): Logan Utah

MOTHER

15. MAIDEN NAME: Frances Emelia Pethick

16. BIRTHPLACE (city or town) (State or country): Pendleton Ore.

17. INFORMANT (Address): Mrs. Vera Scott Eureka Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place St. Maries Ida. Date July 13 1938

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED Aug. 6., 1938 W. Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-9 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Mr. inquest	

Other **contributory causes** of importance:

Name of operation ..... Date of Oct. 1937

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. S. Stpeth - Coroner M.D.
(Address) St. Maries

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110076

AUG 10 1938

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 4
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

166

2. FULL NAME Anna C. Bechtel

(a) Residence. No. St. Maries - Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 7
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman Bechtel
6. DATE OF BIRTH (month, day, and year): Dec. 31 - 1861
7. AGE: Years 76 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Home
10. Date deceased last worked at this occupation (mo. and yr.): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Hamilton Ill

FATHER
13. NAME: ? Swigleson
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Elizabeth Elfgen
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Helen V. Williams St. Maries Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Spokane Wn. Date July 14, 1938
19. UNDERTAKER (Address): Hapgood Funeral Home St. Maries Ida.
20. FILED Aug. 6, 1938 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 12 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.. alive on ....., 193.... Death is said to have occurred on the date stated above, at about 2:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by drowning	
Other **contributory causes** of importance:	
No inquest	

Name of operation — Date of —
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury? 7-12 1938
Where did injury occur? Benewah Co. Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place**. Public resort beach
Manner of injury... drowning
Nature of injury... drowning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) C. S. Stapgeal Coroner C. D.
(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110077

Registration District No. 32

Primary Registration District No. 2049 · Local Registrar's No. 5

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1964

2. FULL NAME Harvey P. Stephens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	married

5a. If married, widowed, or divorced, HUSBAND ~~of~~ (or) WIFE of Ruth Stephens

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
about 36				

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** logging

10. Date deceased last worked at this occupation (mo. and yr.) July 13 38

11. Total time (years) spent in this occupation 3 mo.

12. BIRTHPLACE (city or town) (State or country) Hot Springs Arkansas

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Georgana Long

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT John Moore (Address) St. Maries

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place St. Maries Id. Date July 16 1938

19. UNDERTAKER STAPISH FUNERAL HOME (Address) ST. MARIES, IDAHO

20. FILED Aug. 1a, 1938 E. Walter Roberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 193 8, to 7-13, 193 8.

I last saw him alive on 7-12, 193 8; death is said to have occurred on the date stated above, at 12:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal skull fracture	7-12-38
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/13 1938

Where did injury occur? near Clarkia Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In logging Camp

Manner of injury Struck by falling tree

Nature of injury Skull fracture

24. Was ~~disease~~ or injury in any way related to occupation of deceased? Yes If so, specify See above

(Signed) O A Robins M.D.

(Address) St. Maries Idaho

Platt

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11007

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 6

AUG 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME Oscar Bolan

(a) Residence. No. St. Maries Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Bohn

6. DATE OF BIRTH (month, day, and year) Feb. 12- 1857

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	81	5-	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Building

10. Date deceased last worked at this occupation (mo. and yr.) 1924

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Norway

MOTHER OF FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Lily Barker (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Park Ida. Date 7-19 1938

19. UNDERTAKER STAPISH FUNERAL HOME (Address) ST. MARIES, IDAHO

20. FILED Aug. 6., 1938 Walter Oberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/16 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-15-, 1938., to 7-16., 1938.

I last saw him alive on 7-16., 1938.; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Senility	

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury.., 193.
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. -
Manner of injury -
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Patton M. D.
(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 110079

Local Registrar's No. 7

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

92a

2. FULL NAME William Blackburn

(a) Residence. No. 4th & Main St. Maries Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE: Years: About 80 | Months: — | Days: — | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Steamboatman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Logging
10. Date deceased last worked at this occupation (mo. and yr.): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Mrs. Clara Nevins St. Maries Ida.

18. BURIAL, CREMATION OR REMOVAL
Place St. Maries Date Aug 2, 1938

19. UNDERTAKER: STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED Aug 6, 1938 S. Walter Bberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-30 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1937, to 7-30, 1938.
I last saw him alive on 7-30, 1938.: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Terminal Senility	
Chronic Endocarditis	
not compensated	

Other **contributory causes** of importance:

Edema of lungs & abdomen	

Name of operation none Date of ....
What test confirmed diagnosis? clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....
(Signed) H. E. Patton M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110080

AUG 4 - 1938

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 100.

(No. ..... if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orson Jerry

(a) Residence. No. ..... St. .....
(Usual place of abode) Shelley Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Lucretia Cox

6. DATE OF BIRTH (month, day, and year) Sept 17-18

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	8.	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or [redacted] in which work was done, [redacted]ilk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and [redacted]) 11. Total time (years) spent in this occupation 41 yrs

12. BIRTHPLACE (city or town) Millcreek Utah
(State or country)

MOTHER FATHER

13. NAME Orson Jerry

14. BIRTHPLACE (city or town) Shelley Idaho
(State or country)

15. MAIDEN NAME Retta Pomeroy

16. BIRTHPLACE (city or town) Blue
(State or country)

17. INFORMANT Mrs Stella Sykes
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Parker. Date June 1, 1938

19. UNDERTAKER Jesse L. Keller
(Address) Shelley Idaho

20. FILED Aug 1, 1938 Mrs Stella Sykes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-13-, 1938, to 6-15-, 1938

I last saw h[redacted] alive on 6-15-, 1938; death is said to have occurred on the date stated above, at 10 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rectum + large bowel	1934

Other contributory causes of importance:

None Apparent	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Carter M. D.
(Address) Box 66 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED AUG 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110081

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 96

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eda Elwina Woodruff

(a) Residence No. 585 North Shilling St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

108

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Leo E. Woodruff

6. DATE OF BIRTH (month, day, and year) June 10-1888

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	55	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Brel,
(State or country) Switzerland.

FATHER

13. NAME Samuel Rohrback

14. BIRTHPLACE (city or town) ____
(State or country) Switzerland

MOTHER

15. MAIDEN NAME Margurite Bohler

16. BIRTHPLACE (city or town) ____
(State or country) Switzerland

17. INFORMANT Adell R. Wurtzbi
(Address) 2507 Green Street

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place S.L.C., Utah. Date July 7, 1938.

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho.

20. FILED July 6, 1938 Wm Walus E Fabian
Registrar.

MEDICAL CERTIFICATE OF DEATH. July 4/

21. DATE OF DEATH (month, day and year) July 4 1938

22 I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to July 4, 1938

I last saw h e alive on July 3, 1938: death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	June 19, 1938
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193____

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Ezra M. Rackley, M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Basalt

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110082

RECEIVED AUG 4 - 1938

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 97
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Ida Drucilla "Berg" McCurdy

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bert McCurdy

6. DATE OF BIRTH (month, day, and year) 4-3-1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	3	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Basalt
(State or country) Idaho

FATHER
13. NAME John Berg
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME Tena Clemson
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Bert McCurdy
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place BASALT CEM. Date 7-6-38, 193

19. UNDERTAKER
(Address) Shelley Idaho

20. FILED 7-8-, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 6, 1938

22 I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 6, 1938
I last saw her alive on July 6 1938: death is said to have occurred on the date stated above, at 2:45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs	1937
Secondary to Carcinoma of left breast	1933
Other contributory causes of importance:	
Pleural effusion	Jan, 1938

Name of operation Breast Amputation Date of 1933
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) H Lloyd Jackson, M. D.
(Address Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110083

AUG 4 - 1938

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 104

(No. Fort Hall Agency Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Naomi Ruth Decker

(a) Residence. No. Fort Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, and year) July 2, 1938.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
-	-	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (mo. and yr.) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Fort Hall
(State or country) Idaho.

FATHER

13. NAME Leo C. Decker

14. BIRTHPLACE (city or town) Tipton
(State or country) Indiana

MOTHER

15. MAIDEN NAME May Muhm

16. BIRTHPLACE (city or town) Randolph.
(State or country) Nebraska

17. INFORMANT Leo C. Decker--Father
(Address) Fort Hall, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Mission Cemetery Date July 6, 1938

19. UNDERTAKER Family
(Address)

20. FILED Aug 2, 1938 E. Mc Nalen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to July 6, 1938

I last saw her alive on July 6, 1938: death is said to have occurred on the date stated above, at 6:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobular.	July 6
Other contributory causes of importance:	
Premature birth. 8 mos.	

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? no.

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? - Date of injury -, 193-

Where did injury occur? -
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury. -

Nature of injury. -

24. Was disease or injury in any way related to occupation of deceased? - If so, specify.

(Signed) Thomas W. Schmidt M. D.

(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110084

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 98

AUG 4 - 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mon G. A. Smith

(a) Residence No. No. Shilling Ave. Blackfoot St. St. George, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nancy Irene Homer Smith

6. DATE OF BIRTH (month, day, and year) August 3 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER
13. NAME John L. Smith
14. BIRTHPLACE (city or town) Potsdam
(State or country) New York

MOTHER
15. MAIDEN NAME Agusta Bowen Cleveland
16. BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio

17. INFORMANT Mon C. Smith
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Homes-Plemons Date July 12, 1938

19. UNDERTAKER J. C. Landberg
(Address) Blackfoot, Idaho

20. FILED ....., 193.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 9 1938

22 I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to July 9, 1938
that I last saw h.... alive on July 9, 1938: death is said to have occurred on the date stated above, at 6:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	4/2/38

Other **contributory causes of importance:**

Senility	

Name of operation [redacted] Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Eagan M.D., M. D.
(Address) Blackfoot

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho

AUG 4- 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 12I-R
Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE
State File No. 110085
Local Registrar's No. 105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maggie Ingiap

(a) Residence No. Fort Hall Idaho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: Shoshone Indian 4/4
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Ingiap
6. DATE OF BIRTH (month, day, and year): July I, I878
7. AGE — Years: 60 — Months: — — Days: I3 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (mo. and yr.): Present
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Lemhi, Idaho

FATHER
13. NAME: Tissidimit
14. BIRTHPLACE (city or town) (State or country): Lemhi, Idaho

MOTHER
15. MAIDEN NAME: Cecelia *-----
16. BIRTHPLACE (city or town) (State or country): Lemhi, Idaho

17. INFORMANT: Jessie Smith,
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Butte Cem. Date: July I7, 1938

19. UNDERTAKER: Agency Carpenter
(Address) Fort Hall Idaho

20. FILED Aug. 2, 1938 Mrs Helen E Paine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July I4, I938

22 I HEREBY CERTIFY, That I attended deceased from not attended, 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 3: P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown	
No attending physician	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Herman A Schwegler
(Address) Fort Hall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110086

Aug 4 - 1938

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 99

(No.) 34

(If death occurred in a hospital or institution, give its name instead of street and number) Ysela

2. FULL NAME Emma Hirschi Anderson

(a) Residence No. Geneva, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marion Anderson

6. DATE OF BIRTH (month, day, and year) 3-15-14

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	24	~~4~~	~~26~~ 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Geneva, Idaho

FATHER

13. NAME Otto Hirschi

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Freda Teuscher (unknown)

16. BIRTHPLACE (city or town) unknown (State or country) Germany

17. INFORMANT Records State Hospital South
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Date July, 193 8

19. UNDERTAKER John C. Yeakley.
(Address) Blackfoot, Idaho

20. FILED July 16, 193 8 Wm Adams Bannock
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-15 1938

22 I HEREBY CERTIFY, That I attended deceased from July 6, 193 8, to July 15, 1938
I last saw her alive on July 15 193 8: death is said to have occurred on the date stated above, at 9:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	unknown
Cerebral Meningeal type meningeal	3 days

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Siegmund, M. D.
(Address) Blackfoot

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110087

AUG 4 - 1938

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 101

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Allen Taylor

(a) Residence No. out 1 St. Blackfoot, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 18. 1914

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	24	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Ida.

FATHER

13. NAME U. W. Taylor
14. BIRTHPLACE (city or town) Salem (State or country) Utah.

MOTHER

15. MAIDEN NAME Vada Conkle
16. BIRTHPLACE (city or town) Oneal (State or country) Nebr

17. INFORMANT W. W. Taylor (Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL Place Grove City Cemetery 7/20 1938

19. UNDERTAKER E. T. Peck (Address) Blackfoot Idaho

20. FILED July 20, 1938 Wm. Yates Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-18 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-17, 1938, to 7-18, 1938

I last saw him alive on 7-18 1938: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Acute dilatation of heart	7-17-38

Other contributory causes of importance:
Toxic goiter

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. S. Miller M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110088

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 102

AUG 4 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Varien Cyrus White

(a) Residence No. South Broadway St.

(Usual place of abode) (If nonresident give city or town and state) 35yrs

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widoded

5a. If married, widowed, or divorced HUSBAND of Minnie L Cefer. (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 9. 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterianarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fremont County Idaho

FATHER

13. NAME I.H.White

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Mary C Hawley

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT L Burton

(Address) Blackfoot Idaho

18. BURIAL, ~~CREMATION OR~~ REMOVAL

Place Idaho Falls Date 7-30-38, 193

19. UNDERTAKER E T Peck

(Address) Blackfoot

20. FILED July 29, 1938 Wm Nalen Jr Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-29-1938

22 I HEREBY CERTIFY, That I attended deceased ~~from~~ 7-27, 193 8, to , 193 8

I last saw him alive on , 193 ; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J O Humphreys, M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110089

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 108

AUG 8 - 1938

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number)

932

2. FULL NAME W. L. Jarecki

(a) Residence No. ..... St. New Sweden, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 29 mos. 1 ds. 0 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) 11/16/67

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) (State or country) No data

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Records, State Hospital South
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Aberdeen, Ida. Date Aug 4, 1938

19. UNDERTAKER Edgin Sedgley
(Address) Blackfoot, Idaho

20. FILED Aug 4, 1938 Walter E. Talbot
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/27 1938

22 I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to July 27, 1938

I last saw him alive on July 27 1938: death is said to have occurred on the date stated above, at 2:40 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	Indef.
Mitral insufficiency	Indef.
Decompensation; fibrillation	22nd

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** none

Manner of injury

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. O. Cornwell, M. D.

(Address) Blackfoot, Idaho

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110090

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 103

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Ohmstead

(a) Residence No. County Hospital, St. 225 S. Maple
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/28/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or 5 ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Ida.

FATHER

13. NAME Robert Ohmstead

14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER

15. MAIDEN NAME no date

16. BIRTHPLACE (city or town) (State or country) Hepper, Utah.

17. INFORMANT Josephine Parsons
(Address) Blackfoot Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cemetery Date 7/29/38 193

19. UNDERTAKER A J Peck
(Address) Blackfoot Ida

20. FILED July 29, 1938 W. Matthews Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-28 193 8

22 I HEREBY CERTIFY, That I attended deceased from On July 28, 193 8, to July 28, 193 8

I last saw him alive on July 28 193 8 death is said to have occurred on the date stated above, at 9:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foreman Ovale	July 28, 38
Other contributory causes of importance: None	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. Humphrey, M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110091

Registration District No. 121

Primary Registration District No. 8194 Local Registrar's No. 107

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Junior Lee Kendall

(a) Residence No. Shelley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 31 1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
14	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saga Kyo.

FATHER

13. NAME John H. Kendall

14. BIRTHPLACE (city or town) (State or country) Oxford Idaho

MOTHER

15. MAIDEN NAME Dora Holman

16. BIRTHPLACE (city or town) (State or country) Vernal Utah

17. INFORMANT (Address) John H. Kendall Shelley Rt

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Shelley Date Aug 1, 1938

19. UNDERTAKER (Address) C. A. Shilliene 444 "J" Street Idaho Falls

20. FILED Aug 1, 1938 Mrs. Walter E. Hatzie, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1938

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from ~~last saw alive~~ on 7-29-, 193 8, to ~~the body~~ Found dead about 1½ hr. ~~1938~~; death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning	7-29-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Yes Date of injury 7/29, 193 8

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Found near Snake River

Manner of injury Canal East of Shelley.

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Edwin Cutler, M. D.

(Address) Box 86 Shelley

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PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho

Aug 4- 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110092

Registration District No. 12I-R
Primary Registration District No. 2194-R
Local Registrar's No. 106
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peodo Silver

200

(a) Residence No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho. Ind. 4/4	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sam Marshall

6. DATE OF BIRTH (month, day, and year) — 1866—

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	Q	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) — —

11. Total time (years) spent in this occupation — —

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Fannie Pandoah
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Presby. Mission Date Aug. 1, 1938

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall Idaho

20. FILED Aug. 2, 1938, 193 Mrs Hales E Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 30, 1938

22 I HEREBY CERTIFY, That I attended deceased from Not attended, 193..., to ..., 193...
I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown	
No attending physician	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Norman W. Schweizer, M. D.
(Address) Fort Hall Idaho

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110093

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 109.

AUG 8 - 1938

(No. 210 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Curtis Smith

(a) Residence No. 49 Morris Ave. St. Rockville Centre, N.Y.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/4/1915

7. AGE: Years 23 | Months 1 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot, Idaho.
(State or country)

FATHER

13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Howard L Hodgskin
(Address) C.C.C. Camp DG 94, Midway

18. BURIAL, CREMATION OR REMOVAL
Rockville Centre N.Y. Date Aug 6, 1938

19. UNDERTAKER John C. Handley
(Address) Blackfoot Idaho

20. FILED Aug 4, 1938 W. P. Talent Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/4 1938

22 I HEREBY CERTIFY, That I attended deceased from August 4, 1938, to August 4, 1938
I last saw him ~~alive~~ on 8-4 1938: death is said to have occurred on the date stated above, at about 4 1/2 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Compound, comminuted fracture of Skull	
Other **contributory causes** of importance:	
Contusion & laceration of Brain	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 8/4, 1938
Where did injury occur? Near Tabor, Highway No 27, Bingham County, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Hit by an automobile
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Albert L. Cowgill M. D.
(Address Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110094

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 35

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

167

2. FULL NAME Ruben Leonard Gross

(a) Residence, No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marian Herndon

6. DATE OF BIRTH (month, day, and year) Aug 23-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) July 4-1938

11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Ruben T. Gross

14. BIRTHPLACE (city or town) (State or country) Milwaukee Michigan

MOTHER

15. MAIDEN NAME Rose Pitman

16. BIRTHPLACE (city or town) (State or country) Jerico Missouri

17. INFORMENT (Address) Gilbert Gross Carey - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Carey Date July 7, 1938

19. UNDERTAKER J. L. Harris (Address) Hailey - Idaho.

20. FILED 8-1, 1938 Robert H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 5, 1938

I last saw h alive on July 5, 1938: death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound Head.	
Shooting, Instantaneous death	
Cerebral Contusion, Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury July 5, 1938

Where did injury occur? Carey, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gun shot wound

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. W. [illegible], M. D.

(Address) Hailey, Idaho

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Ketchum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110095

AUG 5 - 1938

Registration District No. 57
Primary Registration District No. 2022

Local Registrar's No. 36

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jens Anderson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M. Anderson

6. DATE OF BIRTH (month, day, and year) Dec 30 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Drum River Michigan

FATHER

13. NAME Olaf Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Julia Johnson

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address) Mary M. Anderson Hailey Idaho

18. BURIAL, CREMATION, OR REMOVAL Place City View Date 7-10, 1938

19. UNDERTAKER (Address) Ray Mc Goldrick Hailey Idaho

20. FILED 8-1, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8 1938

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to May 24, 1938

I last saw him alive on May 24, 1938; death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1928
Tuberculosis Laryngeal (Chronic)	1935
Tuberculosis Acute	6 weeks

Other contributory causes of importance:

Silicosis	1918
Nephritis	1930

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Silicosis

(Signed) [illegible] M. D.

(Address) Ketchum Idaho

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hutchinson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 110096

Local Registrar's No. 37

July 2 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Fox 42a

2. FULL NAME Arthur Arnold Bonning

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Lombardini

6. DATE OF BIRTH (month, day, and year) May 22 - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	46	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Club room owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Club

10. Date deceased last worked at this occupation (month and year): July 11-1938

11. Total time (years) spent in this occupation: 16 years

12. BIRTHPLACE (city or town) (State or country): Hutchinson Idaho

FATHER

13. NAME: James Bonning

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Ellen Morrell

16. BIRTHPLACE (city or town) (State or country): Taylorville California

17. INFORMENT (Address): Katherine Bonning Hutchinson Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Hutchinson Idaho Date July 18, 1938

19. UNDERTAKER: T. F. Farris
(Address) Hailey Ida

20. FILED 8 - 1, 1938 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-14-38, to 7-16-38
I last saw him alive on 7-16-38: death is said to have occurred on the date stated above, at 2:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-16-38

Other contributory causes of importance:
Acute alcoholism
Hyper tension

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. W. Fox M.D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey
AUG 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 3022

DO NOT WRITE IN THIS SPACE
State File No. 110097

Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Fox 48

2. FULL NAME Susie Farrell

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 25-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Chambermaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Hotel

10. Date deceased last worked at this occupation (month and year) April 27-1938

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Tuscarora Penna

FATHER

13. NAME Michael Farrell

14. BIRTHPLACE (city or town) (State or country) Beaver Meadows Penn

MOTHER

15. MAIDEN NAME Mary Ellen Kiefer

16. BIRTHPLACE (city or town) (State or country) Bushy Run Penn

17. INFORMENT (Address) Katherine Eastman Hailey Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Hailey Date 7-30, 1938

19. UNDERTAKER L. J. Harris (Address) Hailey Idaho

20. FILED 8-1, 1938 Albert B. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1938, to 7-28, 1938

I last saw her alive on 8/28, 1938: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uteri	Unk.
Other contributory causes of importance:	

Name of operation ~~Tumor~~ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Pond, M. D.

(Address) Hailey, Idaho

8/2/38

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 110098

Local Registrar's No. 39

(No. [illegible] Aug 5)
(If death occurred in a hospital or institution, give its name instead of street and number.)

For 930

2. FULL NAME Wesley H. Cutler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 17-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah -

FATHER

13. NAME T. J. Cutler -

14. BIRTHPLACE (city or town) (State or country) Denmark -

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Cordelia Hampton Franklin - Idaho -

17. INFORMENT (Address) T. J. Cutler Hailey - Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place City Plot, Date Aug 2, 1938

19. UNDERTAKER (Address) C. Hans Hailey Idaho.

20. FILED 8-2, 1938 Robert H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/29, 1938, to 7/31, 1938
I last saw h~~e~~ alive on 7-31, 1938; death is said to have occurred on the date stated above, at 8:12 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Acute

Other contributory causes of importance:

Arthritis	15 yrs

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. W. Th M. D.
8/2 (Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
~~City~~ of Garden Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110099

Registration District No. 12
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL - 4 1938

2. FULL NAME William C. Graham

(a) Residence No. Crouch Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
~~Male~~	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nannie Johnson Graham

6. DATE OF BIRTH (month, day, and year) Aug. 12, '65

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 3 yrs.
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) .....
(State or country) Champain, Ill.

MOTHER FATHER

13. NAME James Graham
14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Mary Crooks.
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Earl R. Graham,
(Address) Crouch, Idaho.

18. BURIAL, ~~CREMATION~~
Place Nampa, Idaho Date 7-13, 1938

19. UNDERTAKER Robison
(Address) Nampa, Idaho.

20. FILED July 23 1938 Mrs E B Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 10 1938

22 I HEREBY CERTIFY, That I attended deceased from July 10, 10 P.M 1938, to July 10, 1938 P.M 1938
I last saw him alive on July 7 1938: death is said to have occurred on the date stated above, at 9:00P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac Failure	July 10 1938
Other contributory causes of importance:	
Unknown	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: Not in this case
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A M Reynolds M. D.
(Address Centerville, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of Stiermen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110100

Registration District No. 12
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Edward Davis

(a) Residence No. 1163 River Street St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-2-1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

FATHER

13. NAME Gordon Keith Davis
14. BIRTHPLACE (city or town) Portland,
(State or country) Oregon

MOTHER

15. MAIDEN NAME Virginia Thelma Bunce
16. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

17. INFORMANT Gordon K. Davis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 7-26- 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 8/1 1938 Imro E Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-23 1938

22 I HEREBY CERTIFY, That I attended deceased from July 23, 1938, to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 11:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull crushed when hit by cord wood on truck which scraped car in which child was riding.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? Boise County, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** public place
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J E Shanahan Co M. D.
(Address) Idaho City

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110101

AUG 14 1938

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 54
(No. Lake Pend'd'Oreille)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eli Rapids

(a) Residence No. ..... St. Kootenai, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write this): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 12, 1921

7. AGE: Years 16 | Months 4 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School
10. Date deceased last worked at this occupation (mo. and yr.) Sep 1937
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Red Lodge
(State or country) Montana

FATHER

13. NAME Daniel Rapids
14. BIRTHPLACE (city or town) Jugo Slavia
(State or country)

MOTHER

15. MAIDEN NAME Yeka Todorick
16. BIRTHPLACE (city or town) Jugo Slavia
(State or country)

17. INFORMANT Daniel Rapids
(Address) Kootenai, Idaho.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem
Place Sandpoint, Ida Date Aug. 1, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Aug 1, 1938 Virgil C Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 7, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Overturn Row Boat	
Body recovered 7-30-38	
Near Newport, Idaho in	
Pend'd Oreille River.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homi Acc Date of injury 1-7-38
193...
Where did injury occur? Bonner County, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place public place
Manner of injury Accidental Drowning
Nature of injury Overturned Boat

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) L. G. Moon Coroner M. D.
(Address) Sandpoint, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110102

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 55

AUG 16

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Theodore Hinchley

(a) Residence No. Sandpoint, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

157

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint, Id
(State or country) Idaho.

FATHER

13. NAME Kenneth Hinchley
14. BIRTHPLACE (city or town) Gordon
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Gertrude Hunt
16. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho.

17. INFORMANT Kenneth Hinchley
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date July 2, 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Aug 9, 193 8 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 1, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes:	
Probable Heart Insuffiency	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. G. Moon Coroner M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110103

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 56
(No. Crosby Res. 4th & Superior
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Eva Cummings
(a) Residence No. S. Third Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthus Cummings
6. DATE OF BIRTH (month, day, and year) June 7th 1862
7. AGE: Years 76 | Months 0 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) ?
11. Total time (years) spent in this occupation Many Years

12. BIRTHPLACE (city or town) Scranton
(State or country) Pa.

FATHER
13. NAME Hiram Ackerly
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT S. W. Cummings
(Address) Sandpoint, Idaho.
18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida Date 7-2, 1938
19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.
20. FILED Aug 9, 1938 Virgil C. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to July 1, 1938
I last saw her alive on May 18 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1935
& Chronic Myocarditis	1935
Other contributory causes of importance:	
Arterio Sclerosis	1930

Name of operation NO Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify .....
(Signed) Wm F. Tyler, M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

Aug 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110104

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 58
(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Martha Adeline Gosage

(a) Residence No. ..... St. Sagle, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William H. Gosage

6. DATE OF BIRTH (month, day, and year) July 2, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Mar 1938

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Cumberland City
(State or country) Kentucky

FATHER

13. NAME Charles Buries

14. BIRTHPLACE (city or town) Unknown
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Jane Guffy

16. BIRTHPLACE (city or town) Unknown
(State or country) Kentucky

17. INFORMANT William H. Gosage
(Address) Sagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lordsburg, N. Mex. Date 7-11-38, 193

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 7-9-38, 193 Virgil C. Graden Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 7, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from March 26, 1938, to July 7, 1938

I last saw her alive on July 7 1938: death is said to have occurred on the date stated above, at 5-20 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	March 1938

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Dr. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Kendle, M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

AUG 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110105

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 59
(No. 215 Pine Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Severin Wicks

(a) Residence No. 215 Pine Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Audrey Wicks

6. DATE OF BIRTH (month, day, and year) Jan. 27, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Club
10. Date deceased last worked at this occupation (mo. and yr.) July 1938
11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) Unknown
(State or country) Norway

FATHER
13. NAME Jens Jensen
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER
15. MAIDEN NAME Ellen M. Olson
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Mrs. Audrey Wicks
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date July 12 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho

20. FILED Aug 9, 193 8 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from Mar, 1936, to July 10, 1938
I last saw him alive on July 10 1938: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Acute Alcoholism	July 6 '8

Other contributory causes of importance:

Chronic Alcoholism	

Name of operation None Date of
What test confirmed diagnosis? cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) B.C. Kindler, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110106

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 60
(No. Bottle Bay Rural)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 14

466

2. FULL NAME JAMES O'DOYLE

(a) Residence No. Bottle Bay Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 27, 1870

7. AGE: Years 68 | Months 0 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Caretaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Summerhome Property
10. Date deceased last worked at this occupation (mo. and yr.): June 1938
11. Total time (years) spent in this occupation: 6 yrs

12. BIRTHPLACE (city or town): Unknown
(State or country): Virginia

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town): Unknown
(State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town): Unknown
(State or country): Unknown

17. INFORMANT: L. G. Moon
(Address): Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Sandpoint, Ida. Date: July 14, 1938
Cem.: Pinecrest

19. UNDERTAKER: L. G. Moon
(Address): Sandpoint, Idaho.

20. FILED Aug 9, 1938 Virgil C. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 12, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 1936, to July 10, 1938
I last saw him alive on July 7, 1938: death is said to have occurred on the date stated above, at About 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	1936

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Floyd G. Wentz M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BONNER
City of SANDPOINT

Tyler AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155
(No. GRAHAM HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 110107

Local Registrar's No. 61

34

2. FULL NAME GEORGE WILSON

(a) Residence No. ..... St. Kootenai Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) ..... (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, or REMOVAL Pinecrest Cemetery
Place Sandpoint, Ida. Date July 14, 193 8

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.

20. FILED Aug 9, 193 8 Virgil C. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 13, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to July 13, 1938
I last saw h. alive on July 1 1938: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gumma Left Lip	May 1938
Other **contributory causes** of importance:	
Locomotor Ataxia	1936
Lues	

Name of operation no Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Colburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110108

AUG 12 1938

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 63
(No. Colburn, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Louise Cochrane

(a) Residence No. Colburn, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 7, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	3	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint,
(State or country) Idaho.

FATHER
13. NAME John Barton Cochrane
14. BIRTHPLACE (city or town)
(State or country) West Virginia

MOTHER
15. MAIDEN NAME Caroline La Fore
16. BIRTHPLACE (city or town) Marionette
(State or country) Wisconsin

17. INFORMANT J. B. Cochrane
(Address) Colburn, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Pinecrest Cem Date July 18, 1938

19. UNDERTAKER D. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Aug 9, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 15, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 4:42p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Struck by Railway Train	
Body severed thru abdomen	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? acc Date of injury 7-15-38 193...
Where did injury occur? Bonner County Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Struck by Train
Nature of injury Severed body

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) D. G. Moon Coroner M. D.
(Address) Sandpoint, Idaho.

207e

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110109

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 52
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2107

2. FULL NAME James Oliver

(a) Residence No. St. Newport, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 8, 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Newpaper Truck
10. Date deceased last worked at this occupation (mo. and yr.): July 1938
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) Priest River
(State or country) Idaho.

FATHER
13. NAME Joseph Oliver
14. BIRTHPLACE (city or town)
(State or country) Italy

MOTHER
15. MAIDEN NAME Swenda Guardonal
16. BIRTHPLACE (city or town)
(State or country) Italy

17. INFORMANT Frankie Oliver
(Address) Newport, Washington.

18. BURIAL, CREMATION OR REMOVAL
Place Priest River Idaho Date July 18, 193 8

19. UNDERTAKER Sherman & Davis
(Address) Newport, Wash.

20. FILED Jan 17, 193 8 Virgil C Fudeen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 16th, 1938. 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 4:50a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Auto Accident- Plunge from Highway No. 195 about seven miles south of Sandpoint.	
Crushed by auto	
Other contributory causes of importance:	
Probable asleep at wheel	

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicid Acc Date of injury 7-16-38
193...
Where did injury occur? Bonner County Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Crushed by Auto
Nature of injury Probable Concussion and fracture skull

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. E. Moon Coroner
(Address) Sandpoint, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
110110
State File No.....

Registration District No. 85

Primary Registration District No. 2185 Local Registrar's No. 16-38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Nyberg

(a) Residence. No..... St. .....
(If rural place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. If married, widowed, or divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 63 | Months | Days | If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, weaver, bookkeeper, etc.** Woodcutter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging Camp

10. Date decreased last worked at this occupation (mo and yr.) 1931

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Oscar Sorgren Priest River Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Priest River Ida Date July 20, 1938

19. UNDERTAKER H. G. Moon
(Address) Sandpoint Idaho

20. FILED 7-21 ..., 193.. D. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from ...., 193.... to ....., 193....

I last saw h ...alive on ....., 193...; death is said to have occurred on the date stated above, at about 2 a.m.

The **principal cause of death** and related causes of importance were as follows: **Date of onset**

Natural Causes .....

Probable Cerebral Hemorrhage .....

Other **contributory causes** of importance:

.....

.....

.....

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following.
Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

H. G. Moon Coroner
(Signed) ..... M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110111

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 643

Tyler AUG 14 1938

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Mary Anna Lloyd

(a) Residence No. Clarksforks Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. (Single) Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jan. 26, 1865

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) May 1938

11. Total time (years) spent in this occupation 1930

12. BIRTHPLACE (city or town) Penn
(State or country) Minn.

FATHER

13. NAME Edward S. Lloyd

14. BIRTHPLACE (city or town) NOrthcumberland
(State or country) Pa.

MOTHER

15. MAIDEN NAME Emma Frances Brown

16. BIRTHPLACE (city or town) Auburn
(State or country) New York

17. INFORMANT Effie J. Prater
(Address) Clarksforks

18. BURIAL, CREMATION OR REMOVAL
Place Clarksforks Date July 25, 1938

19. UNDERTAKER L.G. Moon
(Address) Sandpoint Idaho

20. FILED Aug 9, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 21, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to July 21, 1938
I last saw her alive on July 21 1938: death is said to have occurred on the date stated above, at 7:00p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1935
Chronic Nephritis	

Other contributory causes of importance:

Arteria Sclerosis

Name of operation No. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F. Tyler, M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110112

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 6

(No. Long Lake Camp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Weisz

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Magdeline Weisz

6. DATE OF BIRTH (month, day, and year) Sept. 15, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hookman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging Camp
10. Date deceased last worked at this occupation (mo. and yr.) 7-22-38
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Jugo Slavia

FATHER

13. NAME Thomas Weisz
14. BIRTHPLACE (city or town) (State or country) Jugo Slavia

MOTHER

15. MAIDEN NAME Elizabeth Mathias
16. BIRTHPLACE (city or town) (State or country) Jugo Slavia

17. INFORMANT Frank Weisz
(Address) Kootenai, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida Date July 26 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Aug 9, 1938 Virgil C. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 22, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Struck by falling tree	
Crushed skull	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? acc Date of injury 7-22-38 193...
Where did injury occur? Caribou Creek, Bonner County
(Specify city or town, county)
Specify whether injury occurred in industry, in home, or in public place industry
Manner of injury Struck by falling tree
Nature of injury Basil fracture

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify at work
(Signed) L. G. Moon Coroner M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110113

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 65

(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Mc Bride

(a) Residence No. Sandpoint, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 20, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Age Pensioner

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) County Mohammahan
(State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT George Dugan
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida Date July 27, 193 8

19. UNDERTAKER L. G. Moom
(Address) Sandpoint, Idaho.

20. FILED Aug 9, 193 8 O. C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 25, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from Dec 1, 193 5, to July 25, 193 8

I last saw h~~im~~ alive on July 22 193 8: death is said to have occurred on the date stated above, at 1:30a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis + Myocarditis	1934

Other **contributory causes** of importance:

Rheumatism

Name of operation no : Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110114

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 6

(No. Division & Lake Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 14 1938

2. FULL NAME Julian Pearl Soper

(a) Residence No. Division & Lake Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Warren Soper

6. DATE OF BIRTH (month, day, and year) Nov. 26, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Jan 1938

11. Total time (years) spent in this occupation Many yrs

12. BIRTHPLACE (city or town) Phillipsburg
(State or country) Kansas

FATHER

13. NAME Fred Lisenberg

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Margret Beechley

16. BIRTHPLACE (city or town) Unknown
(State or country) Illinois

17. INFORMANT Mrs. Margaret Miller
(Address) Samuels, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Idaho Date July 27, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Aug 9, 1938 Virgil C. Hoadley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 24, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to July 24, 1938

I last saw her alive on July 20 1938: death is said to have occurred on the date stated above, at 1:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma, Uterine	1936
Other **contributory causes** of importance:	

Name of operation no Date of -

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify -

(Signed) Wm F Tyler, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110115

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 627

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Daniel Hustead

(a) Residence No. St. Colburn, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month) August (day) 8 (year) 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School
10. Date deceased last worked at this occupation (mo. and yr.) May 1938
11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

FATHER

13. NAME Daniel D. Hustead
14. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

MOTHER

15. MAIDEN NAME Vera Moore
16. BIRTHPLACE (city or town) Unknown
(State or country) South Dakota

17. INFORMANT Daniel D. Hustead
(Address) Colburn, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date July 27 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Aug 9, 1938 Virgil C. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 25, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to July 25, 1938
I last saw h. in alive on July 25 1938: death is said to have occurred on the date stated above, at 6 30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	July 25 38
Other **contributory causes** of importance:	
Appendicitis	July 23 38

Name of operation Appendix Date of July 23 38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110116

PLACE OF DEATH
County of Bonner JUL 30 1938 Registration District No. 85
City of Newport Primary Registration District No. 2185
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 18-38

143

2. FULL NAME Alexander Ray Henke

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Nov. 27, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	9	7	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Newport Idaho

PARENTS
10 NAME OF FATHER Henry W. Henke
11 BIRTHPLACE OF FATHER (city or town) (State or country) Michigan
12 MAIDEN NAME OF MOTHER Isabella McArthur
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cheboyan, Michigan

14 Informant H. W. Henke
(Address) Newport, Wash.

15 Filed 7-28, 1938 D G Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 26 (Day) 1938 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7-26, 1938, to 7-26, 1938, that I last saw him alive on 7-25, 1938, and that death occurred, on the date stated above, at 3:0 P m.(?)

The CAUSE OF DEATH* was as follows:
accidental drowning
Pend Oreille River at East
End of Newport Bridge
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) none
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? none
Did an operation precede death? None Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Dr. W. S. Bardwell, M. D.
7-27, 1938 (Address) Newport Wash

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Newport, Wash.	7/29 1938
20. Undertaker	Address
Sherman & Davis	Newport, Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110117

Registration District No. 72
Primary Registration District No. 21 V 5
Local Registrar's No. 145

AUG 15 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gottlieb Bieri

(a) Residence No. 525 "F" St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Verena Bieri

6. DATE OF BIRTH (month, day and year) Dec 19, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building construction
10. Date deceased last worked at this occupation (mo. and yr.) July 1923
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Langnau
(State or country) Switzerland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Switzerland

MOTHER
15. MAIDEN NAME Rosina Sommers
16. BIRTHPLACE (city or town) Bern
(State or country) Switzerland

17. INFORMANT Edward S. Bieri
(Address) 525 "F" St. Ida. Falls

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Rexburg Ida Date July 2, 1938

19. UNDERTAKER O. Buck
(Address) Idaho Falls Ida.

20. FILED July 2, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 30 1938

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938 to June 30, 1938
I last saw him alive on June 30 1938: death is said to have occurred on the date stated above, at 5:26 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	June 28-38
Arteriosclerosis.	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. K. Gabbert, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110118

Registration District No. 73
Primary Registration District No. 21V-0
Local Registrar's No. 146

AUG 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Luella Roberts

(a) Residence No. 505 "K" Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Earl Roberts

6. DATE OF BIRTH (month, day and year) Dec 23 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatre pianist
10. Date deceased last worked at this occupation (mo. and yr.) 9/18
11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) Omaha
(State or country) Nebraska

FATHER
13. NAME Thomas Simpson
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Lambert
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Earl Roberts
(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls Date July 4, 1938

19. UNDERTAKER O.C. Buck
(Address) Idaho Falls, Idaho

20. FILED July 7, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 2 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to July 2, 1938
I last saw h.. alive on July 2 1938: death is said to have occurred on the date stated above, at 3:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Cervix	Unknown.
Other contributory causes of importance: Hemorrhage	July 1, 1938

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Corbett, M. D.
(Address) Idaho Falls, Ida.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110115

Registration District No. 73
Primary Registration District No. 21-D
Local Registrar's No. 141

JUL 11 1938

(No. L. D. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nell Raphael Geras

(a) Residence No. 112 South Water St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Barney Geras

6. DATE OF BIRTH (month, day, and year): Feb 28 1889

7. AGE: Years 49 | Months 4 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER
13. NAME: Raphael Raphael
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Harriett (Not known)
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Bernice Geras
(Address) 112 South Water

18. BURIAL, CREMATION OR REMOVAL
Place: Salt Lake, Utah Date: July 7, 1938

19. UNDERTAKER: Jack C. Wood
(Address) Idaho Falls, Idaho

20. FILED July 6, 1938 J. Hufman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7/4 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/3, 1938, to 7/4, 1938

I last saw her alive on 7/4 1938: death is said to have occurred on the date stated above, at 9 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage in Right Lung Concussion of Brain Shock	7/3/38

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 7/3/38
193
Where did injury occur? Bonneville Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public highway
Manner of injury Automobile Crash
Nature of injury See above

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Millsaw M. D.
(Address Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110120

AUG 15 1938

Registration District No. 73
Primary Registration District No. 21 V?
Local Registrar's No. 147
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Valeen Metcalf
(a) Residence No. 241 Hill St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 14, 1934
7. AGE — Years: 4 — Months: 5 — Days: — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Carl Russel Metcalf
14. BIRTHPLACE (city or town) (State or country): Iona Idaho

MOTHER
15. MAIDEN NAME: Agnes Smith
16. BIRTHPLACE (city or town) (State or country): Iona Idaho

17. INFORMANT: Carl R. Metcalf
(Address): Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Ucon, Idaho Date: July 17, 1938

19. UNDERTAKER: Jack A. Wood
(Address): Idaho Falls Idaho

20. FILED: July 18 1938 W. Wm. Kinnicutt Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7/14/1938

22 I HEREBY CERTIFY, That I attended deceased from 7-14-, 1938, to 7-14-, 1938
I last saw her alive on 7-14 1938: death is said to have occurred on the date stated above, at 4-30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree burns & shock & exhaustion	7-14-38

Other **contributory causes** of importance: None

Name of operation: Date of:
What test confirmed diagnosis: Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-14-38
1938
Where did injury occur? Idaho Falls Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Home
Manner of injury Burns
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. E. Templeton M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls Idaho

AUG 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110121

Registration District No. 73
Primary Registration District No. 21-7
Local Registrar's No. 144

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Eva Gemar

(a) Residence No. RFD # 2 St. Idaho Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Peter Gemar

6. DATE OF BIRTH (month, day, and year) 11-21-1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	68	7	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 6-25-38
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) Wormst
(State or country) Russia

FATHER
13. NAME Henry Griess
14. BIRTHPLACE (city or town) Unknown
(State or country) Russia

MOTHER
15. MAIDEN NAME Eva Troutman
16. BIRTHPLACE (city or town)
(State or country) Russia

17. INFORMANT Sarah Weidenbach
(Address) Sutton, Nebr.

18. BURIAL, CREMATION OR REMOVAL
Place Rose Hill Cem. Date July 17, 1938

19. UNDERTAKER Clifford C. Hayes
(Address) Idaho Falls Idaho

20. FILED July 15, 1938 E. Wm. Kinnaird
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 14 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to July 14, 1938.
I last saw her alive on July 14 1938: death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of uterus	June 24-38
Due to torsion	
Pyloric Penetration	June 24-38
Thrombophlebitis	7 days.
Other contributory causes of importance:	
Pulmonary Embolism	6 hrs.

Name of operation Hysterectomy Date of June 30-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

139C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110122

AUG 15 1938

Registration District No. 73

Primary Registration District No. 2107 Local Registrar's No. 150

(No.) I. F. L. S. Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

157d

2. FULL NAME Melvin Velay Robinson Jr.

(a) Residence No. Idaho Falls, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 7, 1938

7. AGE: Years | Months | Days: 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER

13. NAME: Melvin V. Robinson

14. BIRTHPLACE (city or town) (State or country): Colman Idaho

MOTHER

15. MAIDEN NAME: Bernice Barnes

16. BIRTHPLACE (city or town) (State or country): Shelton Idaho

17. INFORMANT (Address): M. V. Robinson Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Place: Shelton Idaho Date: July 18, 1938

19. UNDERTAKER (Address): Jack O'Neal Idaho Falls Idaho

20. FILED July 15, 1938 Wm. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/17 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-7-38, 193..., to 7-17-38, 193...

I last saw him alive on 7-17 1938: death is said to have occurred on the date stated above, at 11:35 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital	
Atresia of Ileo	
Complication	7-17-38

Other **contributory causes** of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical and autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Jensen M. D.

(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

AUG 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110123

Registration District No.
Primary Registration District No. Local Registrar's No. 151
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

187

2. FULL NAME Robert Hiram Landon
(a) Residence No. Idaho Falls Rt #5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola Landon
6. DATE OF BIRTH (month, day, and year): March 5, 1911
7. AGE: Years 26 | Months 8 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Holbrook Idaho

FATHER
13. NAME: James H. Landon
14. BIRTHPLACE (city or town) (State or country): Portage Utah

MOTHER
15. MAIDEN NAME: Amanda M. Sorensen
16. BIRTHPLACE (city or town) (State or country): Etna Idaho

17. INFORMANT: Mrs. R. H. Landon
(Address) Idaho Falls Rt #5

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: July 20, 1938

19. UNDERTAKER: Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED July 20 1938 Wm. Kinnaird Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7/18 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-17, 1938, to 7-18, 1938
I last saw him alive on 7-17 1938. death is said to have occurred on the date stated above, at 2-30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractures of mandible and base of skull	7-17-38
Kicked by horse	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-17-38 1938
Where did injury occur? County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Ranch
Manner of injury Kicked by horse
Nature of injury fracture of skull

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Farmer

(Signed) H. Ran Hatch, M. D.
(Address) Idaho Falls, Idaho

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110124

AUG 15 1938

Registration District No. 72
Primary Registration District No. 2107 Local Registrar's No. 449
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Johanna Jordon Vance

(a) Residence No. 242-5 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Sherman W. Vance

6. DATE OF BIRTH (month, day, and year): June 25, 1873

7. AGE: Years 65 | Months | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mulvilly Utah

FATHER
13. NAME: Hans Olson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT: Mrs Cleo M. Miller
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date July 21, 193 8

19. UNDERTAKER: Jack C. Ward
(Address) Idaho Falls Idaho

20. FILED July 19, 193 8 Wm Rinkaid
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 18 193 8

22 I HEREBY CERTIFY, That I attended deceased from 7-11, 193 8, to 7-18, 193 8
I last saw her alive on 7-18 193 8: death is said to have occurred on the date stated above, at 10-15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	D. K.
Pulmonary edema	D. K.

Other **contributory causes** of importance:

Hypertension	
Kidney sclerosis	

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. C. Counsman, M. D.
(Address Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH

County of Bonneville

City of Irwin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110125

AUG 15 1938

Registration District No. 73

Primary Registration District No. 2 1 N 2 e

Local Registrar's No. 152

(No. 183)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Harris Nelson

(a) Residence No. Irwin, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day and year) November 7, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME Harris Nelson

14. BIRTHPLACE (city or town) Irwin
(State or country) Idaho

MOTHER

15. MAIDEN NAME Eva E. Lawson

16. BIRTHPLACE (city or town) Utah.
(State or country) "

17. INFORMANT Harris Nelson
(Address) Irwin, Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Shelley, Ida. Date July 21, 1938

19. UNDERTAKER O. C. Ryck
(Address) Idaho Falls Ida.

20. FILED July 20 1938 Wm Kimmerd
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 18 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 6:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause of death	
By Drowning	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur? Swan Valley Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** In the Lower

Manner of injury In Water

Nature of injury Drowning

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred Pintler Coroner

(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

AUG 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 21-D
Local Registrar's No. 153

DO NOT WRITE IN THIS SPACE
State File No. 110126

46C

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Kimball Skillen

(a) Residence No. Driggs Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ralph Skillen

6. DATE OF BIRTH (month, day, and year) Aug. 29 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Driggs Idaho

FATHER

13. NAME Ray Chase Kimball
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME Emily Seamons
16. BIRTHPLACE (city or town) (State or country) Farrington Utah

17. INFORMANT Ray C. Kimball
(Address) Driggs Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Driggs Date July 22, 1938

19. UNDERTAKER W. M. McFarland
(Address) St. Anthony Idaho

20. FILED July 22, 1938 Lyn Summers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 19 1938

22 I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 19, 1938.
I last saw h.. alive on July 19, 1938.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma Colon	?

Other **contributory causes** of importance:

Acute Appendicitis operated on	July 1

Name of operation Resection Colon Date of July 12
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110127

AUG 15 1938

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 162

(No. Idaho Falls L.D.S.Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Milton Stewart McCoy.

(a) Residence No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth R. McCoy.

6. DATE OF BIRTH (month, day, and year) 12/28/1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Dealer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale & Retail.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wisconsin.
(State or country)

FATHER

13. NAME Daniel Stewart McCoy
14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER

15. MAIDEN NAME Mahala Coborn.
16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT Mrs. M. S. McCoy
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 7/22, 1938

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED July 22, 1938 Guy Fessmond
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/20 1938

22 I HEREBY CERTIFY, That I attended deceased from July 3, 1938, to July 20, 1938
I last saw h.. alive on July 20, 1938: death is said to have occurred on the date stated above, at 1:45P m.

The principal cause of death and related causes of importance were as follows:

Hernia
Hypertrophied Prostate

Date of onset July 1, 1938

Other contributory causes of importance:

Complete Cystitis.

July 5, '38

Name of operation None Date of .....
What test confirmed diagnosis? Urine. Was there an autopsy? No. Sputum and Blood urea.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon Tell M. D.
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH.
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110128

Registration District No. 73
Primary Registration District No. 2 1 7
Local Registrar's No. 156

AUG 15 [illegible]

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Leon Bowles

(a) Residence No. ..... Rigby Rt #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 16, 1932

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Shelton
(State or country) Idaho

FATHER

13. NAME Arthur Lloyd Bowles

14. BIRTHPLACE (city or town) Nephi
(State or country) Utah

MOTHER

15. MAIDEN NAME Alice Lovell

16. BIRTHPLACE (city or town) Shelton
(State or country) Idaho

17. INFORMANT A. L. Bowles
(Address) Rigby Rt #2, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelton Idaho Date July 27 193 8

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED July 27, 193 8 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/22 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 2-30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause of death	
Lg Falling Girl	
Slight Cerebral	
and Drowning.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

(Accident) suicide, or homicide? ..... Date of injury ....., 193 8

Where did injury occur? Shelton Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in (public place) Public Road

Manner of injury Drowning

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Frank Davis Coroner

(Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

AUG 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110129

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 159

(No. 2108)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benny Peterson

(a) Residence No. 595 Chamberlain Ave. St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Peterson

6. DATE OF BIRTH (month, day, and year) Nov. 26 1900

7. AGE: Years 37 | Months 7 | Days 30 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackriver Falls Wis.

FATHER

13. NAME Ben Peterson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Petra Gunderson
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Pete Peterson
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 7/30, 1938

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls Idaho

20. FILED July 30, 1938 Vera Kinnaird
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 25 1938

22 I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to July 25, 1938
I last saw him alive on July 25 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture	7-24-38
Cerebral Concussion	7-24-38
Pneumothorax	7-24-38
Fracture of Lt. Chest	7-24-38
Visceral Lt. Chest	7-24-38
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury 7-24, 1938
Where did injury occur? Bonneville Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Highway (Cyclone fence)
Manner of injury Ran into a bridge (auto)
Nature of injury Traumatic

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Emerson, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonniville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110130

Registration District No. 73
Primary Registration District No. 21 V-D
Local Registrar's No. 55

AUG 15 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Nell "Snowball" Smith

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Smith

6. DATE OF BIRTH (month, day, and year) 3-13-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Randolph
(State or country) Utah

FATHER
13. NAME John Gar. Snowball
14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER
15. MAIDEN NAME Eva Tipton
16. BIRTHPLACE (city or town) West Point
(State or country) Utah

17. INFORMANT J. Francis Smith
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Ida. Date ....., 193..

19. UNDERTAKER Longmaker
(Address) Shelley, Ida.

20. FILED July 26, 193 8 Wm Kinnaird
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 25 193 8

22 I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to July 25, 1938
I last saw h.. alive on July 25 1938: death is said to have occurred on the date stated above, at 9:10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Obstruction and strangulation of small bowel	July 23

Other **contributory causes** of importance:

Post operative adhesions from former op.	

Name of operation Resection, Date of 7,24,38
What test confirmed diagnosis? Op. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. Ray Hatch, M. D.
(Address) Idaho Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110131

Registration District No. 73
Primary Registration District No. 2107
Local Registrar's No. 160

AUG 15 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William T Bailey

(a) Residence No. Ucon, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Zina Dee Bailey

6. DATE OF BIRTH (month, day, and year) Nov 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salt Lake city (State or country) Utah

FATHER
13. NAME George Bailey
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Elsie Anderson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Earl Bailey
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Ucon Date July 29, 1938

19. UNDERTAKER Jack A Hood
(Address) Idaho Falls Idaho

20. FILED July 30, 1938 Mrs Kinnaird
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 26th 1938

22 I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to July 26, 1938
I last saw him alive on July 25, 1938: death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1926
Uraemia Chronic Nephritis	
Epidemic Cerebral Cobb	
Stenosis	1920
Other contributory causes of importance:	
Myocarditis	1938

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H B Smyth, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

AUG 15 1938

DO NOT WRITE IN THIS SPACE
State File No. 110132

Registration District No. 13
Primary Registration District No. 2110
Local Registrar's No. 157
(No.) Bercen Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sanford L. Forbush
(a) Residence No. St. Victor, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Libbie Forbush
6. DATE OF BIRTH (month, day and year): July 11, 1872
7. AGE: Years 66 | Months 0 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self employed
10. Date deceased last worked at this occupation (mo. and yr.): June 38
11. Total time (years) spent in this occupation: 31

12. BIRTHPLACE (city or town) (State or country): Manti Utah

FATHER
13. NAME: Sanford Forbush
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Christina Jensen
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Libbie Forbush Victor, Ida.
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Idaho Falls Date: July 29, 1938
19. UNDERTAKER (Address): C. A. Butler Ida. Falls, Ida.
20. FILED: July 27, 1938 Mrs. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 27 1938
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to July 27, 1938
I last saw h— alive on July 27, 1938: death is said to have occurred on the date stated above, at 12:15 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical & Post Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. K. Abbott, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonny.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110133

AUG 15 1938

Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 158
(No. L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Webb Gilbert Powers

(a) Residence, No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Wht.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Susie Powers
6. DATE OF BIRTH (month, day and year): Sept 24 1900
7. AGE — Years: 38 — Months: 5 — Days: 4 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retail petroleum
10. Date deceased last worked at this occupation (mo. and yr.): July 38
11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

FATHER
13. NAME: John Raymond Powers
14. BIRTHPLACE (city or town) (State or country): Unk.

MOTHER
15. MAIDEN NAME: Edna Laura Webb
16. BIRTHPLACE (city or town) (State or country): Ogden Utah

17. INFORMANT (Address): Susie Powers Ida. Falls Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Rose Lee Idaho Falls Date: 7/31, 1938

19. UNDERTAKER (Address): A. Burns Ida. Falls Ida.

20. FILED July 30, 1938 Wm Kinnaird Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 28 1938

22 I HEREBY CERTIFY, That I attended deceased from July 26, 1938 to July 28, 1938
I last saw h[illegible] alive on July 28, 1938.: death is said to have occurred on the date stated above, at 11:25 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 20
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) [signature], M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110134

AUG 15 1938

Registration District No. 13
Primary Registration District No. 2d
Local Registrar's No. 161
(No. I.F.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mona Anne Rider

(a) Residence No. ..... St. Blackfoot, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Ida.

FATHER
13. NAME John L. Rider
14. BIRTHPLACE (city or town) (State or country) Basalt Idaho

MOTHER
15. MAIDEN NAME Alta Woolf
16. BIRTHPLACE (city or town) (State or country) Nevada Idaho

17. INFORMANT John L. Rider
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Ida. Date July 31, 1938

19. UNDERTAKER John A. Engberg
(Address) Blackfoot, Ida.

20. FILED Aug. 1, 1938 Jay Fitzsimmons
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 30 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938 to July 30, 1938
I last saw h.. alive on July 30 1938: death is said to have occurred on the date stated above, at 8:48 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity 6½ mo gestation	
Cause unknown	
Other **contributory causes** of importance:	

Name of operation Normal delivery Date of July 28-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Cloback M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110135

Registration District No. 13
Primary Registration District No. 2140
Local Registrar's No. 163

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Harris

(a) Residence No. 400 Eastern Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of H. M. Harris

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clifton
(State or country) Idaho

FATHER
13. NAME Nathan Smith
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Jane Sant
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Ada Bonnell
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Grace Date Aug. 4, 193 8

19. UNDERTAKER Jack A Hood
(Address) Idaho Falls, Idaho

20. FILED Aug 7, 193 8 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 7 193 8

22. I HEREBY CERTIFY, That I attended deceased from July 31, 193 8, to Aug 1, 193 8
I last saw her alive on Aug 2 193 8: death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 1 38
Other contributory causes of importance:	
Hypertension & Chr. Glomerulitis	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. C. Post, M. D.
(Address Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110136

AUG 15 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 164
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Gunn Witt

(a) Residence No. R. F. D. #4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None
6. DATE OF BIRTH (month, day and year): August 8, 1938
7. AGE: Years 0 | Months 2 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓
10. Date deceased last worked at this occupation (mo. and yr.): ✓
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho.

FATHER
13. NAME Gottlieb Witt
14. BIRTHPLACE (city or town) (State or country) N. Dakota

MOTHER
15. MAIDEN NAME Emma Messner
16. BIRTHPLACE (city or town) Halliday (State or country) N. Dakota

17. INFORMANT Gottlieb Witt
(Address) Idaho Falls, Ida.
18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls, Ida. Date August 4, 1938
19. UNDERTAKER O. E. Buck
(Address) Idaho Falls, Ida.
20. FILED Aug 3, 1938 Wm. Kennard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 3 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ? m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Found Dead in Bed. 5:30 A.M. Aug 3, 1938,	
Cause of death Unknown.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** At Home
Manner of injury Cause unknown
Nature of injury Poor Health

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) Fred Sutton Cannon M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110137

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 165

AUG 15 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME James Alma O'Brien

(a) Residence No. Retonia Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan. 24-1868

7. AGE: Years 70 | Months 6 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kaysville Utah

FATHER
13. NAME: John O'Brien
14. BIRTHPLACE (city or town) (State or country): Ire.

MOTHER
15. MAIDEN NAME: Rebecca A. King
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT: Byron N. O'Brien (Address) Retonia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Layton Utah Date 8/7, 1938

19. UNDERTAKER: W. M. Hansen (Address) St. Anthony Idaho

20. FILED Aug 12, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 4 1938

22 I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to Aug 4, 1938.

I last saw h[illegible] alive on Aug 4 1938.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance: Chronic Nephritis	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110138

Registration District No. 13
Primary Registration District No. 2-10-2
Local Registrar's No. 172

AUG 15 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pauline Weber

(a) Residence No. 287 - 9th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12 1893

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elgin (State or country) Illinois

FATHER

13. NAME George Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Scholtz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss May Weber
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Aug 9, 1938

19. UNDERTAKER Jack A. Woodall
(Address) Idaho Falls, Idaho

20. FILED Aug 11, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/6 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-5, 1938, to 8-6, 1938

I last saw h[illegible] alive on 8-6 1938: death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Cabell, M.D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110139

Registration District No. 13
Primary Registration District No. 2 1 5 0
Local Registrar's No. 167

AUG 15 1938

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Warren Peterson

(a) Residence No. 1590 Curtis St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 26, 1933

7. AGE: Years 5 | Months | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Anthony (State or country) Idaho

FATHER

13. NAME John B. Peterson
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Lena E. Conley
16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMANT John B. Peterson
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Aug 8, 1938

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls, Idaho

20. FILED Aug 8, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Aug 6 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1938, to Aug 6, 1938

I last saw him alive on Aug 6 1938. Death is said to have occurred on the date stated above, at 1-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pinhall brain tumor	D.K.
c hemorrhage	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. C. Erickson, M. D.
(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

AUG 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110140

Registration District No. 73
Primary Registration District No. 21-2 Local Registrar's No. 170
(No. Idaho Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Golda Poulsen.

131

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married.

5a. If married, widowed, or divorced
(or) WIFE of Lenord Hyrum Poulsen.
6. DATE OF BIRTH (month, day, and year) 8-13-1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 7/38
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Grover, Wyoming.
(State or country)

FATHER
13. NAME Francis Lyman Hincks.
14. BIRTHPLACE (city or town) Thayne, Wyoming.
(State or country)

MOTHER
15. MAIDEN NAME Lillie E. Nelson.
16. BIRTHPLACE (city or town) Grover, Wyoming.
(State or country)

17. INFORMANT Lenord H. Poulsen
(Address) Salmon, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Ida. Date 8-13, 193 8

19. UNDERTAKER A. Buckwell
(Address) Rigby, Idaho.

20. FILED Aug 10, 193 8 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-9 193 8

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 193 8, to Aug 9, 193 8
I last saw her alive on Aug 9 193 8: death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1926
Chronic Nephritis	1926

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? Supposed there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Leavitt M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH.
County of Bonneville
City of Idaho Falls

AUG 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110141

Registration District No. 13
Primary Registration District No. 21 V-2
Local Registrar's No. 171
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1106

2. FULL NAME Eugene Wright
(a) Residence No. 372 N. Ridge St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline C. Wright
6. DATE OF BIRTH (month, day, and year): Aug 5 1872
7. AGE: Years 66 | Months | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

FATHER
13. NAME: Gilbert J. Wright
14. BIRTHPLACE (city or town) (State or country): U.S.

MOTHER
15. MAIDEN NAME: Annie O'dell
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs Eugene Wright Idaho Falls, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Aug 11, 1938
19. UNDERTAKER (Address): Jack T. Wood Idaho Falls, Idaho
20. FILED Aug 11, 1938 (Registrar)

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8/9 1938
22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to 8/9, 1938
I last saw him alive on 8/9 1938: death is said to have occurred on the date stated above, at 3-30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	July 26
Other contributory causes of importance: Pleurisy with Effusion	Aug 1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. C. Clay, M. D.
(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

RECEIVED

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110142

Registration District No. 79

Primary Registration District No. 2154 · Local Registrar's No. 1867

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Edward Aldrich

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Hulda Aldrich

6. DATE OF BIRTH (month, day, and year): March 24-1870

7. AGE — Years: 40 | Months: 3 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) 7-28-38

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Green Island Iowa

FATHER

13. NAME: Andrew J. Aldrich

14. BIRTHPLACE (city or town) (State or country): Vermont

MOTHER

15. MAIDEN NAME: Mamie Ditto

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Mrs. W. E. Aldrich Bonners Ferry

18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry Date 8-4, 1938

19. UNDERTAKER (Address): W. P. Crouch Bonners Ferry

20. FILED 7-5, 1938. Ray Bowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 3 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental death. Crushed thru the Chest by a large log	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following: Accident, suicide, or homicide? Accident Date of injury .., 193.

Where did injury occur? Post Falls
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. U.S. Forest

Manner of injury. Crushed by log

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Chester M. Symonds M. D.

(Address) Coroner Boundary Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
110143
State File No.

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Lester Coyel Gammon

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth C. Gammon

6. DATE OF BIRTH (month, day, and year) June 11, 1874

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	64	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Ry Conductor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 7-11-38.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewisburg Missouri

FATHER

13. NAME George P.Gammon

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Rosa Wisdom

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Mrs. Elizabeth Gammon Bonners Ferry, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Sandpoint, Idaho Date July 15 1938

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED July 14 1938 Ken Bonsell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1938, to July 12, 1938.
I last saw him alive on June 25, 1938.: death is said to have occurred on the date stated above, at 9 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Coronary atherosclerosis	
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Crouch M. D.
(Address) Bonners Ferry, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110144

County of Boundary
City of Bonners Ferry
RECEIVED
AUG 10 1938
Registration District No. 79
Primary Registration District No. 2126
Local Registrar's No.
(No. Bonners Ferry Hospital
If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas J. Fitzpatrick. 12 1a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept. 22 1915
7. AGE: Years 22 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.): 7-1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bonners Ferry Idaho

FATHER
13. NAME: Michael Fitzpatrick
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Agnes Cashe
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): Mrs. Agnes Fitzpatrick Bonners Ferry, Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Bonners Ferry Date: July 20 1938
19. UNDERTAKER (Address): N. P. Crabeck Bonners Ferry, Ida.
20. FILED July 19, 1938 R. M. Bowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 17 1938
22. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to July 17, 1938
I last saw h[illegible] alive on July 17, 1938; death is said to have occurred on the date stated above, at 5:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured appendix with abscess	July 5 1938

Other **contributory causes** of importance:

Bacillus Infection abdominal wall	July 16 1938

Name of operation: Drained abscess Date of: July 9-11
What test confirmed diagnosis? Physical & Lobratory examination Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. M. Bowell M. D.
(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City Bonners Ferry

FILED

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110145

Registration District No. 29

Primary Registration District No. 2154 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME C. Walter Carson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Maud E. Carson

6. DATE OF BIRTH (month, day, and year): Jan. 8 - 1868

7. AGE: Years 70 | Months 6 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 6-1923

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fayette County Penna.

FATHER

13. NAME: Miles Carson

14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Penn

17 INFORMANT (Address): Mrs. Maud Carson Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL: Denver Colo. Date ..... 193..

19. UNDERTAKER (Address): H. P. Crough Bonners Ferry Ida

20. FILED July 26, 1938 Rud Bonnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 27 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to July 27, 1938.

I last saw him alive on July 27 1938; death is said to have occurred on the date stated above, at 6:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Hemorrhage	June 1937

Other **contributory causes** of importance:

Myocardial Failure	July 25-1937

Name of operation: Physicians Dx Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Rud Bonnell M. D.

(Address) Bonners Ferry Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110146

Registration District No. 29

Primary Registration District No. 2456 Local Registrar's No.

AUG 10 1938

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Smith

159

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

FATHER

13. NAME Emile E Smith

14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER

15. MAIDEN NAME Virginia Gossamer

16. BIRTHPLACE (city or town) (State or country) Meadow Creek Idaho

17. INFORMANT (Address) E. E. Smith Bonners Ferry, Ida

18. BURIAL, CREMATION, OR REMOVAL Bonners Ferry Date July 29, 1938

19. UNDERTAKER (Address) Kirtley Craigen Bonners Ferry Idaho

20. FILED July 28, 1938. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 28 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28 1938, to ..., 193...

I last saw him alive on July 28 1938: death is said to have occurred on the date stated above, at 6:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	

Other **contributory causes** of importance:

1.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following.

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. H. Duncan M. D.

(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Butte
City of Arco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110147

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 9

(No.) 930
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Verheas Wolfe

(a) Residence. No. St. Arco
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 4/9/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa Indiana

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Mildred Wolfe Arco Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Arco Date 7/30, 1938

19. UNDERTAKER (Address) W. F. Mackel Arco

20. FILED July 30, 1938 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from April, 1929, to July 28, 1938
I last saw h[illegible] alive on July 27, 1938; death is said to have occurred on the date stated above, at 9 17 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1929
Other contributory causes of importance:	
Locomotor Ataxia	1917

Name of operation Physical Exam Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) L. R. Egbert, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110149

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 81

AUG 8 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Brown Price

(a) Residence No. Wilder Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary Price

6. DATE OF BIRTH (month, day, and year) 10/5/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tazewell Illinois

FATHER
13. NAME Jacob Price
14. BIRTHPLACE (city or town) (State or country) — —

MOTHER
15. MAIDEN NAME Anna Brown
16. BIRTHPLACE (city or town) (State or country) — —

17. INFORMANT Mary J. Price
(Address) Wilder Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Cem. Date 8/29, 1938

19. UNDERTAKER E. Pettingill
(Address) Caldwell Ida

20. FILED 8/9, 1938 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/25 1938

22 I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to 8/25, 1938
I last saw him alive on 6-19 1938: death is said to have occurred on the date stated above, at 10.46 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	10-1937
Other contributory causes of importance: Chronic Nephritis	1936

Name of operation ..... Date of .....
What test confirmed diagnosis? Electro-Cardiogram Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Talbot M. D.
(Address) Wilder Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110150

Registration District No.
Primary Registration District No. 1005
Local Registrar's No. 71

AUG 8 - 1938

(No. 87a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick Guy Hoffman

(a) Residence No. 604 Dearborn St. Caldwell
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace M. Hoffman

6. DATE OF BIRTH (month, day, and year) Feb 16 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	4	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waterloo
(State or country) Iowa

FATHER
13. NAME Jacob Hoffman
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Brubaker
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Grace M. Hoffman
(Address) Caldwell, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Cem. Date 8-7-1938

19. UNDERTAKER E. V. Pinkham
(Address) Caldwell Ida

20. FILED 8/8, 1938 W. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 3 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to July 3, 1938
I last saw him alive on July 3 1938: death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tic Doloroux	1932
with gradual involvement of trunk at time	
Other contributory causes of importance:	

Name of operation 5th nerve resected Date of 1934
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) W. D. Montgomery, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110151

Registration District No. 1

Primary Registration District No. 2065

Local Registrar's No. 22

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Leonard Seibert

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): October 14, 1854

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bridgeport
(State or country) Waterloo County, Ontario

FATHER

13. NAME John Seibert

14. BIRTHPLACE (city or town) Bridgeport, Ontario
(State or country)

MOTHER

15. MAIDEN NAME Veronica Shirey

16. BIRTHPLACE (city or town) Waterloo, Ontario
(State or country)

17. INFORMANT Mrs. Knute Overgaad
(Address) 1922 Everett Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Portland Ore. Date ....., 193..

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED July 7, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1938 to July 5, 1938

I last saw h— alive on June 15, 1938; death is said to have occurred on the date stated above, at 10:30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	June 10 38

Other **contributory causes** of importance:

Chronic Nephritis	many years

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature]

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110152

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 118
AUG 10 1938
(No. 116 – Elder Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Albert Newton Story.
(a) Residence No. 116 – Elder Street. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Daisy Story.
6. DATE OF BIRTH (month, day and year): Oct 3 - 1858
7. AGE: Years 79 | Months 9 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Springfield Ill.

FATHER
13. NAME: James B. Story
14. BIRTHPLACE (city or town) (State or country): Shelby County Ill.

MOTHER
15. MAIDEN NAME: E. Bangher
16. BIRTHPLACE (city or town) (State or country): Shelby County Ill.

17. INFORMANT (Address): Mrs. C. F. Nicks, Nampa Ida
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Nampa Cemetery Date: 8/10, 1938
19. UNDERTAKER (Address): Wm. D. Gallup, Nampa Idaho
20. FILED Aug 2, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8/7 1938
22 I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 6:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Liver	
(Carcinoma)	

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? — Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) W C Holt, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110153

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 116
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Margaret Suttles
(a) Residence No. St. Kuna Ida Rt 2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Wilburn Suttles
6. DATE OF BIRTH (month, day, and year): Dec 11 1910
7. AGE: Years 27 | Months 6 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): July 1st, 1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Viola Missouri

FATHER
13. NAME: Jess Smith
14. BIRTHPLACE (city or town) (State or country): Arkansas

MOTHER
15. MAIDEN NAME: Lucy Garrison
16. BIRTHPLACE (city or town) (State or country): Viola Missouri

17. INFORMANT (Address): Wilburn Suttles Kuna Ida Rt 2

18. BURIAL, CREMATION OR REMOVAL Place: Kuna Ida Date: 7-10, 1938

19. UNDERTAKER: B. A. Robison
(Address): Meridian Idaho

20. FILED Aug 2, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 7 1938

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1937, to July 7, 1938
I last saw h~~er~~ alive on July 7 1938: death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of orbit of right eye	Not definite Probably three years
Other contributory causes of importance:	

Name of operation: Exenteration Orbit Date of: 7-7-38
What test confirmed diagnosis: Microscopic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Lewman, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell
Nelder
AUG 8 – 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110154

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 75
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Paxton
(a) Residence No. Nelder St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 28 1922
7. AGE: Years 16 | Months 3 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nelder Ida
(State or country)

FATHER
13. NAME G. A. Paxton
14. BIRTHPLACE (city or town) Salisbury Mo.
(State or country)

MOTHER
15. MAIDEN NAME Mary Edith Doyle
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Mrs. Joe Dickerson
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date ....., 193..

19. UNDERTAKER P. L. Card
(Address) Caldwell

20. FILED 8/8, 1938 Mont Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/4 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 8:30a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shot Gun Wound	
Left side of Chest.	

Other **contributory causes** of importance: Despondency

Name of operation No Date of
What test confirmed diagnosis? Hist. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
~~Accident~~, suicide, or ~~homicide~~? Date of injury 7/4, 1938
Where did injury occur? Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Home
Manner of injury Self Inflected
Nature of injury As above

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm D Talley Co M D
(Address) Wilder Idaho Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110155

AUG 10 1938

Registration District No. 207

Primary Registration District No. 3

Local Registrar's No. 115

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Calvin Kellogg

(a) Residence No. Parma St. 3 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 15 1852

7. AGE — Years: 85 | Months: 10 | Days: 23 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Peoria Illinois

FATHER

13. NAME: Henry H. Kellogg

14. BIRTHPLACE (city or town) (State or country): Vermont

MOTHER

15. MAIDEN NAME: Elizabeth Truce

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Richard Kellogg
(Address): Huntington Ore

18. BURIAL, CREMATION OR REMOVAL
Place: Cloverdale Date: Aug 10, 1938

19. UNDERTAKER: L. V. Pickthorn
(Address): Caldwell Ida

20. FILED Aug 6, 1938 Mrs. Alice Rees Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 8 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to July 8, 1938

I last saw h.. alive on July 8 1938: death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
and Dropsy	
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ...,

Where did injury occur? No
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury No.

Nature of injury No.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Mitchell M. D.

(Address) Parma Idaho

Cal-Caldwell

MARGIN RESERVED FOR BINDING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110156

Aug 8 - 1938

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 76

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Bahem

(a) Residence. No. Homedale Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carl Bahem

6. DATE OF BIRTH (month, day, and year): 11/22/86

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Otto Leydorf

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Carl Bahem Homedale Ida

18. BURIAL, CREMATION OR REMOVAL: Canyon Hill Cem. Date 7/12 1938

19. UNDERTAKER (Address): V. Pettingill Caldwell Ida

20. FILED 7-14, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/10 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938, to July 10, 1938.

I last saw h— alive on July 9, 1938; death is said to have occurred on the date stated above, at 4:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	June 3rd

Other contributory causes of importance:

Fell sustained June 3rd	May 25

Name of operation: Dr. Jones for Diagnosis Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 3 1938

Where did injury occur? Her home
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell in home

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible]

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING Mortuary

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110157

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 77

AUG 8 - 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emanuel G. Weed

(a) Residence. No. 11 Cleveland St. Caldwell
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H. Weed

6. DATE OF BIRTH (month, day, and year) Dec 8 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	9	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchants
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan Utah
(State or country)

FATHER
13. NAME James H. Glenn
14. BIRTHPLACE (city or town) Logan
(State or country) Utah

MOTHER
15. MAIDEN NAME Rosa A. Small
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Glenn D. Weed
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 7-14 1938

19. UNDERTAKER E. V. Peckham
(Address) Caldwell Ida

20. FILED 7-18 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/10, 1938, to 7/11, 1938
I last saw h[illegible] alive on 7/11, 1938: death is said to have occurred on the date stated above, at 11-60 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis	
Other contributory causes of importance:	

Name of operation Lumbar Puncture Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. A. Newberry, M. D.
(Address) Caldwell Ida

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110158

AUG 10 1938

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 120

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Carters Nursing Home)

2. FULL NAME William H. Emanuel

(a) Residence No. (Usual place of abode) Kuna, Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) 2-22-60

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME Alonzo Emanuel

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Truitt

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs H. Babbitt
(Address) Nampa Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Nampa Date 7-17, 193 8

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Aug. 2, 193 8 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/13 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-8-, 193 8, to 7-13, 193 8

I last saw him alive on 7-13- 193 8: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Negative	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following;

Accident, suicide, or homicide? ..... Date of injury ..... 193 .....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A Swayne, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110159

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 79

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Edith Jeannette Jumper

(a) Residence. No. 1117 Main St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of O. J. Jumper

6. DATE OF BIRTH (month, day, and year) Dec 28 1888

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
49	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Barnard Kansas

MOTHER FATHER

13. NAME Richard H. Beach

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Polly Jeffries

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT O. J. Jumper (Address) 1117 Main Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Hill Cemetery Date....., 193..

19. UNDERTAKER Lewis L. Crane (Address) Caldwell Ida

20. FILED ....., 193.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12, 193.8, to July 14, 193.8.

I last saw her alive on July 14, 1938.; death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma	
of sigmoid	1930
Operated -	
Other **contributory causes** of importance:	
Resection of CA - bowel	

Name of operation Anastomosis Date of 7-9-38

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm B Handford M. D.

(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110160

Registration District No. /

Primary Registration District No. 2005 Local Registrar's No. 78

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Russell Aten

(a) Residence. No. R-2 Wilder, Idaho St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	87	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER FATHER

13. NAME Jacob C. Aten

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Mary Jane Squire

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Walter Aten (Address) Wilder Ida

18. BURIAL, CREMATION OR REMOVAL Place Caldwell Ida Date ....., 193..

19. UNDERTAKER Paul L. Tagg (Address) Caldwell Ida

20. FILED 7/16, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to July 14, 1938.

I last saw him alive on July 14, 1938; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	June 26-38
Valvular Heart	July 8-38
ascites	July 10-38
Other **contributory causes** of importance:	
Chronic Nephritis	May 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Talbot M. D.

(Address) Wilder Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110161

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 113

AUG 10 1938

(No. 46)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ina Viola Finley

(a) Residence No. 612-3 St. So. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-16-77

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Amos
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry S. Finley (Address) Nampa Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL. Place Portland Ore. Date 7-18 1938

19. UNDERTAKER E. P. Robinson (Address) Nampa Idaho

20. FILED July 18, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-15-1938

22 I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1938, to July 16th, 1938
I last saw her alive on July 9, 1938: death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General abdominal Carcinomatosis	About Dec. '37
Other contributory causes of importance:	
Primary Carcinoma was probably left ovary	About Jan. 1st '36

Name of operation Paracentesis Date of Apr. 12th '38
What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. A. Lee Livingood, M. D.
(Address Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110162

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 112
(No. Nurses Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46 e

2. FULL NAME Emma Amelia Moore
(a) Residence No. Oskaloosa Iowa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-26-74

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Forest Home
(State or country) Iowa

FATHER
13. NAME Oskaloosa Moore
14. BIRTHPLACE (city or town) Forest Home
(State or country) Iowa

MOTHER
15. MAIDEN NAME Mattie Watkins
16. BIRTHPLACE (city or town) Forest Home
(State or country) Iowa

17. INFORMANT Jesse Lonelson
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oskaloosa Iowa Date 7-14 193 8

19. UNDERTAKER F. H. Robinson
(Address) Nampa Idaho

20. FILED July 18, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-14 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-23, 193 8, to 7-14, 1938
I last saw h[illegible] alive on 7-12 1938: death is said to have occurred on the date stated above, at 2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer omentum,	
Liver —	

Other contributory causes of importance:

Cancer omentum & liver —	

Name of operation Exploration Date of 6/13/38
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ernest C Selman M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110163

Registration District No. .....

Primary Registration District No. 2015

Local Registrar's No. 80

Aug 8 - 1938

95b

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Emmanuela Beutler

(a) Residence. No. ..... Caldwell Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 17 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Truesdell

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Mrs. J. S. St Clair Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date 7/20 1938

19. UNDERTAKER (Address) E. V. Pedelty Caldwell Ida

20. FILED 7-30-, 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/18 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12 1938, to July 18, 1938

Last saw h..... alive on 7/18, 1938: death is said to have occurred on the date stated above, at 10-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Hypertension	
Cardio - vascular	
Renal Disease	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T. G. Reuben M. D.

(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 110104
State File No.

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 114
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 22 1938

2. FULL NAME William Bailey Lewis

(a) Residence No. Route #3 Nampa-Emi Sec St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

46 C

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Minnie Lewis

6. DATE OF BIRTH (month, day, and year) 3/2/1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Appleton City Mo.

FATHER
13. NAME W. W. Lewis
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME L. Spurgin
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs. Minnie Lewis
(Address) Route #3. Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Dieterlawn Date 7/21, 1938

19. UNDERTAKER Keith & Allen
(Address) Nampa, Ida.

20. FILED July 23, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/19 1938

22 I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to July 19, 1938
I last saw him alive on July 19 1938: death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colon Ca. Transverse Colon with bowel obstruction and peritonitis terminal	about July 9

Other contributory causes of importance:

Name of operation Laparotomy Date of
What test confirmed diagnosis? Path. Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ——, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. A. Proctor M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110165

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 63

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

107a

2. FULL NAME Albert Joseph Hoile

(a) Residence. No. Wilder Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of Josie Hoile, Los Angeles (or) WIFE of Calif

6. DATE OF BIRTH (month, day, and year) Dec 8 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Montrose Mo.

FATHER

13. NAME Joseph Hoile

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Mary Elizabeth Simon

16. BIRTHPLACE (city or town) (State or country) Webster County Missouri

17. INFORMANT Louis Hoile
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL Parker Town Nampa Date July 25-38, 193..

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 7-25, 193.. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 23-38

22. I HEREBY CERTIFY, That I attended deceased from July 17 8, 193.. to July 22 8, 193..

I last saw him alive on July 23 8, 193..; death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	July 11-38

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. A. Neuberger M. D.

(Address) Caldwell

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110166

AUG 16 1938

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 121
(No. 1703 - 4 street)
(If death occurred in a hospital or institution, give its name instead of street and number)

462

2. FULL NAME Benjamin A. Smith

(a) Residence No. 1703 - 4th street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, and year) 3/15/58

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) So Wales

FATHER

13. NAME B. Smith

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Davies

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs Alice Smith
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pueblo Cem Date 7-26 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Aug 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/23 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/30, 1938, to 7/23, 1938

I last saw him alive on 7-23 1938: death is said to have occurred on the date stated above, at 9 5/12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/18
Consequence of sustained fracture.	6 yrs.

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. S. Tosh, M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Talbot

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Wilder

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110167

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 84

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margery Jane Strang

11a

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 22 - 1937

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
—	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER

13. NAME Walter H. Strang

14. BIRTHPLACE (city or town) Muskegon
(State or country) Mich.

MOTHER

15. MAIDEN NAME Stella Jane Dillon

16. BIRTHPLACE (city or town) Brown County
(State or country) Neb.

17. INFORMANT Walter H. Strang
(Address) Wilder Ida.

18. BURIAL, CREMATION OR REMOVAL
Wilder Cemetery Date ....., 193..

19. UNDERTAKER Paul L. Gage
(Address) Caldwell Idaho

20. FILED ....., 1938 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 25 1938

22. I HEREBY CERTIFY, That I attended deceased from July 23 193.8., to July 25., 193.8.
I last saw her alive on July 24, 1938.: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	July 23-38
Other **contributory causes** of importance:	
Influenza	July 21 38

Name of operation .... Date of ....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Robert C. Gallert M. D.

(Address) Wilder Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110168

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 85

AUG 8 - 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Andrew Kurtz

(a) Residence. No. I.O.O.F. Home St. Caldwell Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

5 | C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer, Ferryman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King County, Illinois

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Mrs. Alta C. Stockton Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Canyon Hill Cemetery Date 7-27 1938

19. UNDERTAKER (Address) H. E. Case Caldwell Idaho

20. FILED 7-28 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-25 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1936, to July 25, 1938.
I last saw him alive on July 20, 1938; death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Scrotum	
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Case, M.D.
(Address) Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110169

AUG 8 - 1938

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 86

(No.) Memorial Park Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph James Stover

(a) Residence. No. Nampa St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-15-1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME James E. Stover

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Geneva Mallory

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT James E. Stover

(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Cem. Date 7-28, 1938

19. UNDERTAKER V. Fletcher

(Address) Caldwell Ida

20. FILED 7-29, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1938, to 7-26, 1938

I last saw h— alive on 7-26, 1938; death is said to have occurred on the date stated above, at 5-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. Peritonitis	7-22-38
Other contributory causes of importance:	
Ruptured appendix	
4 days previous	

Name of operation Drainage Date of 7-25-38

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110170

Registration District No. 7
Primary Registration District No. 1096
Local Registrar's No. 122

AUG 10 1938

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Dunham

(a) Residence No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm Dunham
6. DATE OF BIRTH (month, day, and year): 1860
7. AGE — Years: 78 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penn

MOTHER FATHER
13. NAME: Mrs Dunham
14. BIRTHPLACE (city or town) (State or country):
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Sister M. Laurence R.R. No 3
18. BURIAL, CREMATION OR REMOVAL — Place: Nampa Date: 8-28 193
19. UNDERTAKER (Address): J. R. Robinson Nampa Ida
20. FILED: Aug 2, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7/26 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to 7/26, 1938
I last saw h 4 alive on 7/24 1938: death is said to have occurred on the date stated above, at 4:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Heart Disease	
Other **contributory causes** of importance:	

Name of operation ——— Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Floyd L. Bybee M. D.
(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110171

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 117

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Rena M. Schweizer

(a) Residence No. [illegible] St. Nyssa, Oregon.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of George E. Schweizer

6. DATE OF BIRTH (month, day, and year) June 12, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario
(State or country) Oregon

FATHER
13. NAME B. J. Clement
14. BIRTHPLACE (city or town) —
(State or country) Michigan

MOTHER
15. MAIDEN NAME Helen M. Plummer
16. BIRTHPLACE (city or town) —
(State or country) Michigan

17. INFORMANT George E. Schweizer
(Address) Nyssa, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Ontario Cemetery Date July 31, 1938

19. UNDERTAKER B.B. Funeral Chapel
(Address) Nyssa, Oregon

20. FILED Aug 2, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/27/1938.

22 I HEREBY CERTIFY, That I attended deceased from 3/26/, 1937, to 7-27-, 1938.
I last saw her alive on 7/27/ 1938: death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Acute intestinal obstruction.	7/26/38.
Pt. died during operation for obstruction.	

Other **contributory causes** of importance:

Subacute Cholecystitis	about 1 year ago.

Name of operation Cholecystotomy and [illegible] Date of
What test confirmed diagnosis? Op. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. O. McKelloge, M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110172

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 119

AUG 1 1938

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alak Lee Howard

(a) Residence No. 1604 Railroad St. Nampa Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 16- 1935

7. AGE: Years 2 | Months 9 | Days 12. | If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nampa, Idaho

FATHER
13. NAME: Jess E. Howard
14. BIRTHPLACE (city or town) (State or country): Meridian, Idaho

MOTHER
15. MAIDEN NAME: Ella J. Dyer
16. BIRTHPLACE (city or town) (State or country): Saginaw Nebraska

17. INFORMANT: Mrs. Jess E. Howard (Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL: Interment Nampa Date 7-29, 1938

19. UNDERTAKER: Keith Talley (Address) Nampa, Ida

20. FILED Aug 2, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/28/1938

22 I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to July 28, 1938
I last saw h.. alive on July 27 1938: death is said to have occurred on the date stated above, at 1:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cerebral concussion and extensive brain damage	

Other contributory causes of importance:
(1) Fractured femur (left)
(2) General contusions

Name of operation ___ Date of ___
What test confirmed diagnosis? ___ Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
(Accident), ~~suicide, or homicide?~~ Date of injury July 27, 1938
Where did injury occur? Nampa
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place on Street
Manner of injury Child run into by
Nature of injury auto mobile.

24 Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) Stephen E. McKenna, M. D.
(Address) Nampa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Almo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110173
Reg. No. 109386

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 61

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry DeRay Jones

(a) Residence No. (Usual place of abode) Almo Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of Mrs. H. D. Jones (or) WIFE of Almo

6. DATE OF BIRTH (month, day, and year) 1-5-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranches

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Ogden (State or country) Utah

FATHER

13. NAME Stephen Jones

14. BIRTHPLACE (city or town) Wisc. (State or country)

MOTHER

15. MAIDEN NAME Nancy Arbon

16. BIRTHPLACE (city or town) Wellsville (State or country) Utah

17. INFORMANT Mrs. H. D. Jones (Address) Almo Idaho

18. BURIAL, CREMATION OR REMOVAL Place Almo Date Aug 3, 1938

19. UNDERTAKER O. A. Gaynor (Address) Rudger

20. FILED Aug 1, 1938 Chester E. Baker Registrar.
Laura B. Spencer

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 5 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938, to April 5, 1938

I last saw him alive on April 5 1938: death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	4/24/38

Other contributory causes of importance: Valvular heart disease.

Name of operation No Clinical Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so specify.....

(Signed) C. D. Baker, M. D.

(Address) Albion Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110174

Registration District No. 49 117
Primary Registration District No. 2196
Local Registrar's No. 60

AUG 11 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wilford Green

(a) Residence No. Elba-Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. 10 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

106

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, and year) Aug. 15 1880

7. AGE: Years 57 | Months 10 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (mo. and yr.) 7-4-38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Fremonton Utah

MOTHER FATHER
13. NAME James K. Green
14. BIRTHPLACE (city or town) (State or country) No. Pata Co. Utah

MOTHER
15. MAIDEN NAME Clara E. Hammon
16. BIRTHPLACE (city or town) (State or country) No. Pata Penn.

17. INFORMANT Ida Penn Hubbard
(Address) Ogden Utah

18. BURIAL, CREMATION OR REMOVAL
Place Elwood Ut Date 7-17-, 193 8

19. UNDERTAKER Tom B. McCullagh
(Address) Burley-Idaho

20. FILED 7-14, 193 8 C. J. Oates Registrar.
Laura G. Sprocher

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-12 193 8

22 I HEREBY CERTIFY, That I attended deceased from July 11, 193 8 to July 12, 193 8
I last saw him alive on July 12 193 8: death is said to have occurred on the date stated above, at 5:25 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/8/38

Other **contributory causes** of importance:

Bronchial Asthma	

Name of operation No Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) C. J. Oates M. D.
(Address) Albion Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clear Water
City of Elk River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110175

Registration District No. 66
Primary Registration District No. 2148
Local Registrar's No. 6
(No. .....)

AUG 15 1938

82a

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Mae Anderson

(a) Residence No. ..... Elk River ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Axel Anderson

6. DATE OF BIRTH (month, day, and year) 8/27/'99

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife or

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Nebraska

FATHER

13. NAME Hont's

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Axel Anderson
(Address) Elk River, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Idaho 6/22, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 6/22, 1938 Mrs. Earl Acker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/19 1938

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1938, to June 19, 1938
I last saw her alive on 6/19 1938: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/19/38.

Other contributory causes of importance:

Cardio Vascular Renal disease.	Jan 1937.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Meyer M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

AUG 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110176

Registration District No. 20

Primary Registration District No. 2157

Local Registrar's No. 55

(No. Burns Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

92

2. FULL NAME Esther Rubedew

(a) Residence No. St. Weippe Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Rubedew

6. DATE OF BIRTH (month, day, and year) 3/1/1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Alex Sear

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME unascertained

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT William A. Rubedew
(Address) Weippe Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Weippe Ida. Date 6/29/38, 193

19. UNDERTAKER Orofino Mortuary.
(Address) Orofino Idaho

20. FILED 7/2, 193 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-27 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to June 27, 1938

I last saw her alive on June 27, 1938: death is said to have occurred on the date stated above, at 12 m. a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	unknown
Other **contributory causes** of importance:	
Brights disease	unknown

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193 ✓

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓

Manner of injury ✓

Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) W. F. Robertson, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Elk River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11017

Registration District No. 9
Primary Registration District No. 2144
Local Registrar's No. 21 2

JUL 5 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter E. Dunlap

(a) Residence. No. St.
(Usual place of abode) Mountain Wisconsin (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emily Stromberg

6. DATE OF BIRTH (month, day, and year) Sept. 17, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lumberman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Forrest

10. Date deceased last worked at this occupation (mo. and yr.) July 38

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Oconto Wisc
(State or country)

MOTHER/FATHER

13. NAME Charles Dunlap

14. BIRTHPLACE (city or town) U.S.A.
(State or country)

MOTHER/FATHER

15. MAIDEN NAME Elizabeth Elliot

16. BIRTHPLACE (city or town) U.S.A.
(State or country)

17. INFORMANT Emily Dunlap
(Address) Mountain Wisc.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Wis Date 7/3/38, 193..

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED July 5, 193 8 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1 8, 193

22. I HEREBY CERTIFY, That I attended deceased from July 1, 8, 193.. to July 1, 8, 193..
I last saw him alive on July 1, 8, 193..: death is said to have occurred on the date stated above, at 1 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage	7/1/38
Skull fracture	7/1/38

Other **contributory causes** of importance:

Name of operation ..... Date of ..... no
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/1 8
Where did injury occur? Elk River, Clearwater County, Idaho.
(Specify city, town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On highway
Manner of injury Automobile collision
Nature of injury Skull fracture, Cuts.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. F. Meyer, M. D.
(Address) Troy, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwter
City of Orofino
Grangemont dist.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110178

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 55

AUG 3 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. ranch home (rural))

82 a

2. FULL NAME MARTHA ALICE SIMONS

(a) Residence No. Grangemont (rural route) St. Orofino, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM B. SIMONS

6. DATE OF BIRTH (month, day, and year) 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (mo. and yr.) 3 ~~wks~~

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) unknwon (State or country) Michigan

FATHER

13. NAME FULTON (family name)

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT G. S. SIMONS (Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Orofino Date July 5, 1938

19. UNDERTAKER BLAKE FUNERAL HOME (Address) Orofino, Idaho

20. FILED 7/5-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/2 1938

22 I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to July 2, 1938

I last saw h[illegible] alive on June 15 1938: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Early in June 1938
Arteriosclerosis.	2 Months

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature], M. D.

(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of CLEARWATER
City of Orofino

Aug 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110179

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 56
(No. OROFINO HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

177

2. FULL NAME CLARK TEDLOCK

(a) Residence No. Lenore, Idaho (ranch home) St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) 1902

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
36	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. woodsworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. woods

10. Date deceased last worked at this occupation (mo. and yr.) 2wks ago

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) URBANA
(State or country) MISSOURI

FATHER

13. NAME FRANK TEDLOCK

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME EMMA BREEZE

16. BIRTHPLACE (city or town) URBANA
(State or country) MISSOURI

17. INFORMANT ALBERT BREEZE
(Address) LENORE, IDAHO

18. BURIAL, CREMATION OR REMOVAL Records Cemetery
Place Orofino Date July 8th, 1938

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Idaho

20. FILED 7/8, 1938 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) JULY 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938 to July 4, 1938

I last saw him alive on July 4 1938; death is said to have occurred on the date stated above, at 6 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea with blood following food poisoning	June 20, 1938

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. B. Pepperburger, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110180

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 59

AUG 3 - 1938

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1860

2. FULL NAME William E. Welch

(a) Residence No. Orofino Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Doris G. Welch

6. DATE OF BIRTH (month, day, and year) 6/15/1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Weaver
(State or country) Utah

FATHER

13. NAME Joseph Welch

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Phebe Cole

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Doris G. Welch
(Address) Orofino Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida. Date 7/18/38, 193

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 7/22, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/15 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/15, 193 8, to 7/15, 193 8

I last saw h alive on 7/15 193 8: death is said to have occurred on the date stated above, at 7:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture dislocation 6th cervical vertebrae	7/14/38

Other **contributory causes** of importance:

Severed cervical spinal cord	7/14/38

Name of operation none Date of —
What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ accident Date of injury 7/14/38, 193.....
Where did injury occur? near Orofino
(Specify city or town, county and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury. Fell from hay mow.
Nature of injury. Fractured neck

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) P. J. Hoffman M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110181

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 57
Orofino Hospital
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WILLIAM ANTON ERNE

(a) Residence No. Rural route, Orofino, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: baby

6. DATE OF BIRTH (month, day, and year): 4/3/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
no	3 mo.		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): orofino, Idaho

FATHER
13. NAME: KENNETH B. ERNE
14. BIRTHPLACE (city or town) (State or country): DULUTH, Minnesota

MOTHER
15. MAIDEN NAME: LILLIAN WELCH
16. BIRTHPLACE (city or town) (State or country): BOISE, Idaho

17. INFORMANT: Kenneth ERNE
(Address): Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Orofino Date: July 19, 1938

19. UNDERTAKER: BLAKE FUNERAL HOME
(Address): Orofino, Idaho

20. FILED: 7/19, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7/17 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/15, 1938, to 7/17, 1938
I last saw him alive on 7/17 1938: death is said to have occurred on the date stated above, at 4:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Encephalitis	7/13/38
Other **contributory causes** of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. J. Hoffman, M. D.
(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110182

Registration District No. 90
Primary Registration District No. 2167
Local Registrar's No. 66

AUG 3 - 1938

(No. 162)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Eugene Remington

(a) Residence No. ..... St. Reubrum - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 4, 1851

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	87	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Solomon Remington
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Mary DeFrander
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Records: State Hosp. North (Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp Cem. Date 7-20-, 1938

19. UNDERTAKER F. A. Silberg, Hosp. Attd (Address) Orofino, Idaho

20. FILED 7/23, 1938 F. A. Silberg Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 19 1938

22 I HEREBY CERTIFY, That I attended deceased from July 19, 1938, to July 19, 1938
I last saw him alive on July 19, 1938; death is said to have occurred on the date stated above, at 6:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Senile psychosis	

Name of operation None Date of
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110183

AUG 3 - 1938

Registration District No. 90
Primary Registration District No. 2107 Local Registrar's No. 61
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Thomas Shields

(a) Residence No. Burke, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Thomas Shields
6. DATE OF BIRTH (month, day, and year): Unknown
7. AGE: Years: 62 | Months: | Days: | If LESS than 1 day ..... hrs. or ..... min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): No history

FATHER
13. NAME: No history
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): State Hospital record Orofino

18. BURIAL, CREMATION OR REMOVAL
Place: Spokane, Wash. Date: July 25, 1938

19. UNDERTAKER (Address): Blake Funeral Home Orofino Ida.

20. FILED 7/23, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/23 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/21, 1938, to 7/23, 1938
I last saw h[illegible] alive on 7/21/1938: death is said to have occurred on the date stated above, at 2:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Alzheimer's disease	1938

Other **contributory causes** of importance:

Arterial sclerosis	Unknown

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos Jerome McElwain, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

AUG 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110184

Registration District No. 90

Primary Registration District No. 2167

Local Registrar's No. 62

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

1070

2. FULL NAME Lottie Ries

(a) Residence No. ..... St. Sandpoint, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ohio

FATHER

13. NAME William A. Ramsay

14. BIRTHPLACE (city or town) Fairhaven, (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Hayes

16. BIRTHPLACE (city or town) Fairhaven, (State or country) Ohio

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Date 7/27, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino

20. FILED 7/26, 1938 Wm. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-25 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1935 to July 25, 1938

I last saw her alive on 7-25- 1938: death is said to have occurred on the date stated above, at 12:20 A. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	7-20-38
Other **contributory causes** of importance:	
Arteriosclerosis	2 yrs.
Chronic Myocarditis	1 "

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thos. Irvine McKelvey, M. D.

(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110185

Registration District No. 96
Primary Registration District No. 2157 Local Registrar's No. 68
(No. Burns Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hendry A. Wood
(a) Residence No. Dent, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Wood, deceased

6. DATE OF BIRTH (month, day, and year) Jan/13/1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. woods worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. woods
10. Date deceased last worked at this occupation (mo. and yr.) 2 yrs ago
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Roseburg, Calif.
(State or country)

FATHER
13. NAME Hendry A. Wood
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME McFarland
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Jesse Wood
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Aug. 1st, 193 8

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Idaho

20. FILED 7/30, 1935 W. A. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-28 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-16, 1937, to 7-28, 1938
I last saw him alive on 7-28 1938: death is said to have occurred on the date stated above, at 2 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	unknown
over a year ago	

Other **contributory causes** of importance:

Age and debility	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) G. T. Robertson, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of CUSTER
City of MacKay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110186

AUG 8 - 1938

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 226

(No. ; If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME OLIVER NEPHI JACOBSON

(a) Residence. No. MacKay St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: FLORENCE S KILLICORN
6. DATE OF BIRTH (month, day, and year): Jan 9 1893
7. AGE: Years 45 | Months 6 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: STOCK BUYER
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): UTAH

FATHER
13. NAME: EDWARD JACOBSON
14. BIRTHPLACE (city or town) (State or country): SWEDEN

MOTHER
15. MAIDEN NAME: ELMINA McBRIDE
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs O. N. Jacobson MacKay
18. BURIAL, CREMATION OR REMOVAL
Place: Salt Lake Date: 7-17, 1938
19. UNDERTAKER (Address): John M Lee Mortuary
20. FILED: Aug 4, 1938 Rose Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/14 1938
22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1938, to 7/14, 1938
I last saw him alive on 7/14, 1938: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation Heart (Acute)	7/14/38
Other contributory causes of importance:	
Myocarditis (Chronic)	years

Name of operation: Date of:
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. P. Richards, M. D.
(Address) MacKay Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110187

Registration District No. 7e
AUG 8 1938
Primary Registration District No. 2153 Local Registrar's No. 227
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Conrad Hurst
(a) Residence No. Mackay St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emelia.

6. DATE OF BIRTH (month, day, and year) May 17 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER
13. NAME John
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT D. Hurst
(Address) Mackay

18. BURIAL, CREMATION OR REMOVAL
Place McCaleb Date July 16, 1938

19. UNDERTAKER John Lee
(Address) Mackay

20. FILED Aug. 4, 1938 Rose Nowatzki
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/16 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/15/38, 193..., to 7/16, 1938
I last saw him alive on 7/16 1938: death is said to have occurred on the date stated above, at 8 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	1 year
Other **contributory causes** of importance:	
Pulmonary Edema	1 mo

Name of operation ..... Date of .....
What test confirmed diagnosis? Dyn. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. P. Richards, M. D.
(Address) Mackay Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110188

Registration District No. 10
Primary Registration District No. 2186
Local Registrar's No. 252

AUG 8 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert M Wilson

(a) Residence No. Challis St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Dubuque (State or country) Iowa.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) — (State or country)

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Challis Date July 19, 1938

19. UNDERTAKER John M. Lee
(Address) Mackay

20. FILED July 18, 1938 Edna McKinney
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/18 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 1938, to July 17, 1938
I last saw him alive on July 17, 1938; death is said to have occurred on the date stated above, at 2 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
myocarditis	

Other **contributory causes** of importance:

Atherosclerosis	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 1938.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify —

(Signed) C. E. Kirsley, M. D.
(Address) Challis, Ida.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Custer.
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110185

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 228

AUG 8 - 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95-L-3

2. FULL NAME Perry Edward Warren.

(a) Residence. No. Mackay. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle.

6. DATE OF BIRTH (month, day, and year) May 15 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	2	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Preston (State or country) Idaho.

FATHER

13. NAME Levi Warren.
14. BIRTHPLACE (city or town) Ill. (State or country)

MOTHER

15. MAIDEN NAME Mary Pritchett.
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Charley Warren (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Camas Wash Date 7-21, 1938

19. UNDERTAKER John N. Lee (Address) Mackay

20. FILED Aug. 4, 1938 Rose Nawrocki Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1938

22. I HEREBY CERTIFY, That I attended deceased from —, 193..., to —, 193...
I last saw h— alive on —, 193...; death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Toxic	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ernest Burstedt Coroner, M. D.
(Address) Challis Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Custer

City of Stanley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110190

Registration District No. 108

Primary Registration District No. 2186

Local Registrar's No. 261

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Gladys Charles Smith

(a) Residence. No. Rockfield Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 20, 1938
7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day 2 hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Premature infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Stanley, Idaho

FATHER
13. NAME: Charles Richard Smith
14. BIRTHPLACE (city or town) (State or country): Philip South Dakota

MOTHER
15. MAIDEN NAME: Gladys Arlene Knodel
16. BIRTHPLACE (city or town) (State or country): Wall South Dakota

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address)

20. FILED July 25, 1938 Edna M. McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 20 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1938, to July 20, 1938
I last saw h.er alive on July 20, 1938: death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	7/20/1938
Other contributory causes of importance: Prematurity (Premature Six months gestation)	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Joseph A. Kennedy, M. D.
(Address) Ketchum, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Custer
City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110191

AUG 8 - 1938

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 229

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

947

2. FULL NAME Patrick Joseph Gilboy

(a) Residence No. Main St. Mackay Idaho
(Usual place of abode) 33 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed or ~~Divorced~~ (write the word)
Male	Irish	Widower

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of (or) ~~WIFE of~~ Anna Maria McCauley

6. DATE OF BIRTH (month, day, and year) Mar. 12, 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (mo. and yr.) ~~Sept.~~ 1937

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) Balmullett
(State or country) County Mayo, Ireland

FATHER

13. NAME William Gilboy

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Marie McKelvey
(Address) Mackay Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Summit View Date 8-1-, 1938

19. UNDERTAKER John M Lee
(Address) Mackay

20. FILED Aug 3 1938 Rose Hancock
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/28 1938

22 I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to July 28, 1938
I last saw h.~~im~~. alive on July 27 1938.: death is said to have occurred on the date stated above, at 7:40A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7-27-38

Other **contributory causes** of importance:

Arterio Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. B. Jensen, M. D.
(Address) Mackay Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110192

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 10

AUG 3 - 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Washington Kelso

(a) Residence No. Mt. Home, Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clara Lockman

6. DATE OF BIRTH (month, day, and year) May 4, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	I	II	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Missouri

FATHER

13. NAME John Kelso

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Rachael Whitney

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mrs George Kelso
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mt. View Date June 18 1938

19. UNDERTAKER Zacher Bey Funeral Home
(Address) Mountain Home Idaho

20. FILED June 20 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-15-1938

22 I HEREBY CERTIFY, That I attended deceased from 6-14- 1938, to 6-15- 1938

I last saw him alive on 6-15- 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	6-15-38

Other **contributory causes** of importance:

Acute Bronchitis	6-9-38

Name of operation ..... Date .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) Mountain Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110193

AUG 3 - 1938

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 11

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131 h

2. FULL NAME Harriet Emily Fisher

(a) Residence. No. Mountain Home St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rufus M. Fisher

6. DATE OF BIRTH (month, day, and year) April 29. 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	I	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Provo
(State or country) Utah

FATHER
13. NAME Rufus F. Fisher
14. BIRTHPLACE (city or town) ....
(State or country) Ireland

MOTHER
15. MAIDEN NAME Harriet Moore
16. BIRTHPLACE (city or town) ....
(State or country) Utah

17. INFORMANT Mr. Russel Fisher
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date June 28, 193 8

19. UNDERTAKER Zacker Bey Funeral Home
(Address)

20. FILED June 27 193 8 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 193 8

22. I HEREBY CERTIFY, That I attended deceased from April 10, 193 6 to June 25, 193 8.
I last saw her alive on June 25, 193 8: death is said to have occurred on the date stated above, at 10:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1934
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? Autopsy Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) L. E. Evans, M. D.
(Address) Mountain Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110194

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 12

AUG 3 - 1938

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louisa Hendrick

(a) Residence. No. Mountain Home St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christ Hendrick

6. DATE OF BIRTH (month, day, and year) November 15, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Hans Hoffmeister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank Hendrick
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date July 31 193 8

19. UNDERTAKER Zacher-Ray Funeral Home
(Address) Mountain Home Idaho

20. FILED Aug 1, 193 8 M Mendrus
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-28, 1938, to 7-29, 1938

I last saw her alive on 7-29, 1938: death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-28-38

Other contributory causes of importance:

Name of operation ..... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) L. E. Evans M. D.

(Address) Mountain Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110195

AUG 11 1938

Registration District No. 27
Primary Registration District No. 2169 Local Registrar's No. 3
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathleen Rofoed

(a) Residence No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15, 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (mo. and yr.) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Richmond
(State or country) Utah

FATHER

13. NAME Elverow Rofoed
14. BIRTHPLACE (city or town) Weston
(State or country) Idaho

MOTHER

15. MAIDEN NAME Leone Simmonds
16. BIRTHPLACE (city or town) Weston
(State or country) Idaho

17. INFORMANT Elverow Rofoed
(Address) Weston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weston Date July 19, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Aug 8, 1938 G. O. Stoker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 18 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938 to July 18, 1938
I last saw h... alive on July 15, 1938: death is said to have occurred on the date stated above, at 8—4 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-17-38

Other **contributory causes** of importance: None

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Franklin

RECEIVED AUG 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110196

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 4

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Emaline Cottle

(a) Residence No. Franklin Id. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Cottle (dec)

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Bardenno
(State or country) Calif

FATHER

13. NAME James Allen

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Mary Mathews

16. BIRTHPLACE (city or town) Mississippi
(State or country)

17. INFORMANT Wm Cottle
(Address) Preston Id.

18. BURIAL, CREMATION OR REMOVAL
Place Franklin Id. Date Aug 8, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Id.

20. FILED Aug 8, 1938 G. W. Steele Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 30 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to July 30, 1938

I last saw h[illegible] alive on July [illegible] 1938: death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Thrombosis	Feb-38
Other contributory causes of importance:	
Chronic Myocarditis	1937
" Hypertension	1934

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Davies M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Chester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110197

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 348

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Clifford Hathaway

(a) Residence No. (Usual place of abode) Chester Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Josiah B. Hathaway

6. DATE OF BIRTH (month, day, and year) Feb 3 - 1855

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brigham City Utah

FATHER
13. NAME Pilleman Clifford
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Deborah ~~Clark~~ Campbell
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs James Neeley
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Milford Date June 30, 1938

19. UNDERTAKER W. M. Hunsaker
(Address) St. Anthony Idaho

20. FILED June 30, 1938 Sarah C. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-28-1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to June 30, 1938.
I last saw h~~er~~ alive on June 15 1938. death is said to have occurred on the date stated above, at 8 00 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance:	
Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. Rheinwald, M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

RECEIVED AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110198

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 377
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number) 210 E

2. FULL NAME Emery Dwyer

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov-2-1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oklahoma
(State or country)

FATHER

13. NAME Harvey D. Dwyer
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Martha D. Smith
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT O. D. Hawkes
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pelton Date July 15, 1938

19. UNDERTAKER W. M. Harland
(Address) St. Anthony Idaho

20. FILED July 15, 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/12 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/10, 1938, to 7/12, 1938
I last saw him alive on 7/12 1938.: death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull Fracture	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 7/9, 1938
Where did injury occur? Fremont County, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Runaway Pickup
Manner of injury Auto Side Collision
Nature of injury Skull Fracture

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Greenwell, M. D.
(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Emmett

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110199

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dexter Madison Downing
(a) Residence No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie R. Downing
6. DATE OF BIRTH (month, day, and year): 4/2 - 1869
7. AGE: Years 69 | Months 3 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): 3 yrs ago
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Preston Downing
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER
15. MAIDEN NAME: Anna Lauffer
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Nellie Downing
(Address) Emmett Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 7/20, 1938
19. UNDERTAKER: C. D. Buckmaster
(Address) Emmett Idaho
20. FILED 7/19, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/18 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 10:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Sudden
Had complained of pain this day	
This fellow had Pernicious Ath	
for several years	
Other **contributory causes** of importance:	
Pernicious Disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. L. Reynolds M. D.
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110209

AUG 8 - 1938

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Jean Black

(a) Residence No. Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/6/1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho

FATHER
13. NAME Edward S. Black
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Daisy Maipole
16. BIRTHPLACE (city or town) (State or country) Calif

17. INFORMANT Mrs. E. S. Black
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 7/22, 1938

19. UNDERTAKER C. O. Buckner
(Address) Emmett Ida

20. FILED 7/22, 1938 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/21 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1938, to 7-21, 1938
I last saw her alive on 7-21 1938: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Burn on Right Arm - 2nd degree	7 days.
Intestinal Toxemia	4 days

Other **contributory causes** of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__.
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) H. A. Bullock, M. D.
(Address) Emmett, Idaho.

PI

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110201

County of Ada
City of Emmett

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

AUG 8 - 1938

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

155

2. FULL NAME Katherine Crozier

(a) Residence No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. M. Crozier

6. DATE OF BIRTH (month, day, and year) 12/13-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Joseph Crites

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Corell

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT George W Crites
(Address) Meadows Oregon

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida. Date 7/25, 193 8

19. UNDERTAKER C D Buckmaster
(Address) Emmett Ida.

20. FILED 7/27, 193 8 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/22 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1, 193 F, to July 22, 193 F

I last saw he alive on July 21 193 F: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sarcoma Stomach (Sternum)	March 1935

Other **contributory causes** of importance: ____

Name of operation Removal of Sarcoma Sternum Date of 6/21/35

What test confirmed diagnosis? Path. Exam. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193 ____

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C D Buckmaster M. D.

(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110202

Registration District No. 4
Primary Registration District No. ..... Local Registrar's No. .....

AUG 8 - 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loren Edward Mallohan

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/19-1917

7. AGE: Years 21 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sterling Colorado

FATHER

13. NAME Grover Mallahan

14. BIRTHPLACE (city or town) (State or country) West Va

MOTHER

15. MAIDEN NAME Blanche Rackford

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) L. Mallohon Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 7/26 1938

19. UNDERTAKER (Address) C. D. Buckmun Emmett Idaho

20. FILED 7/25, 1938 J. R. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/24 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows: **Date of onset**

.....
Accidental Drowning .....
.....
.....
.....

Other **contributory causes** of importance:

.....
.....
.....

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?... Emmett, Ida.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ..Public Place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) ..... E. M. Buckmun Coroner M. D.

(Address) ..... Emmett, Ida.....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gem

City of Emmett

AUG 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110203

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. 159

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME [redacted] Herbert Lee Eades

(a) Residence. No. Emmett St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1 - 1938

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	—	—	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10 Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho

MOTHER FATHER

13. NAME Ray Eades

14. BIRTHPLACE (city or town) (State or country) Kansas

15. MAIDEN NAME Nora Baker

16. BIRTHPLACE (city or town) (State or country) Dallas Oregon

17. INFORMANT Ray Eades
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 7/27 1938

19. UNDERTAKER C. D. Buckmaster
(Address) Emmett Ida

20. FILED 7/26 1938 J. E. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/25 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to July 25 1938

I last saw h alive on July 24 1938: death is said to have occurred on the date stated above, at 2:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a)	
Premature birth (about 7 months)	7-1-38

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.

(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

AUG 8 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 110204

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 191

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Russell John Ewald

(a) Residence. No. ..... Emmett ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 29 - 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Spokane Wash

FATHER

13. NAME Bert Claude Ewald

14. BIRTHPLACE (city or town) (State or country) Montana

MOTHER

15. MAIDEN NAME Virginia Frankie

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Bert Ewald
(Address) 907 N. Broadway, Spokane

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wn Date 7-31-1938

19. UNDERTAKER E D Buckmann
(Address) Emmett Idaho

20. FILED 7-29-1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/25, 1938, to 7/28, 1938
I last saw him alive on 7/28, 1938; death is said to have occurred on the date stated above, at 3:30 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown - possibly heat stroke with cardiac failure	7/27/38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

28. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110205

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer J. Reynolds
(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

95

AUG 8 1938

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	wht	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, and year) 1-14-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	6	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dundee
(State or country) Mich

FATHER
13. NAME Kenney E. Reynolds
14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER
15. MAIDEN NAME Margaret A. Kenyon
16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Clyde C. Reynolds
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Dorse Ida Date 8/4, 1938

19. UNDERTAKER C. O. Buckner
(Address) Emmett Ida

20. FILED 8/3, 1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/1 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-1-, 193 8, to 8-1, 193 8
I last saw him alive on 8-1 193 8: death is said to have occurred on the date stated above, at C P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with	
Valvular lesion	3 yrs ago
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. L. Reynolds, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110206

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 8 - 1938

Bullock

50

2. FULL NAME Mary Alice Butts

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Leo Butts

6. DATE OF BIRTH (month, day, and year): Dec. 27 1892

7. AGE: Years 45 | Months 7 | Days 6 | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER

13. NAME: Henry Barclay
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Mary C. McIntire
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Leo Butts
(Address) Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date Aug 6, 1938

19. UNDERTAKER: C. D. Buckendahl
(Address) Emmett

20. FILED 8-6, 1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/3 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1937, to 8-3, 1938
last saw her alive on 8-3 1938; death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinomatosis	June 1937
Bronchopneumonia	Aug 1 1938

Other contributory causes of importance:

Breast Amputation	2 yrs ago

Name of operation ____ Date of ____
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) M. K. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110267

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 786
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Jean Bliss

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gooding, Idaho
(State or country)

FATHER
13. NAME Don Bliss
14. BIRTHPLACE (city or town) Salmon City
(State or country) Idaho

MOTHER
15. MAIDEN NAME Rose Marie Myers
16. BIRTHPLACE (city or town) Shoshone
(State or country) Idaho

17. INFORMANT Don Bliss
(Address) Shoshone

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 6-27, 1938

19. UNDERTAKER A. E. Rumpsen
(Address)

20. FILED 6-30, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 24 1938

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1938, to June 24, 1938
I last saw her alive on June 24 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	June 23 - 3d
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. E. Barnett, M. D.
(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding
AUG 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110208

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Philip Daniel Beckes
(a) Residence No. Hailey, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, ~~widowed~~, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) May 24 1876
7. AGE: Years 62 | Months 1 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Saginaw (State or country) Mich.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Clarence Beckes
(Address) Boise, Idaho - 414 West St
18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 7-3, 1938
19. UNDERTAKER A E Thompson Gooding
(Address)
20. FILED 7-30, 1938 J H Cranwell Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, year) July 30 1938
22. I HEREBY CERTIFY, That I attended deceased from June 30, 1938, to July 1, 1938
I last saw h[illegible] alive on July 1 1938; death is said to have occurred on the date stated above, at 2:45 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6/20/38
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ~~xxx~~ If so, specify.
(Signed) T. E. J. Garrett, M. D.
(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of "

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110209

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 790

AUG 11 1938

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

46e

2. FULL NAME John Thompson Jones

(a) Residence. No. R.F.D. Gooding St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-22-1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Scioto Ohio

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rebecca Pickard

16. BIRTHPLACE (city or town) (State or country) Scioto O.

17. INFORMANT (Address) Mrs Jas Byrne Gooding

18. BURIAL, CREMATION OR REMOVAL
Place Elmwood Date 7-5, 1938

19. UNDERTAKER (Address) A E Thompson Gooding

20. FILED 7-30, 1938 J H Cantrell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-4- 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to 7-4-, 1938

I last saw h alive on 7-4-, 1938: death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	9
	1
Other contributory causes of importance:	

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J H Cantrell M. D.
(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of ll

AUG 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110210

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 788

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Johns Wilbert Dwyer

(a) Residence No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Dwyer

6. DATE OF BIRTH (month, day, and year) 7-23-1860

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77	11	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lindsay, (State or country) Ontario

FATHER
13. NAME Micheal Dwyer
14. BIRTHPLACE (city or town) Lindsay (State or country) Ontario

MOTHER
15. MAIDEN NAME Margaret Butler
16. BIRTHPLACE (city or town) Ontario (State or country)

17. INFORMANT Mrs J. W. Dwyer (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Elmwood Date 7-11, 1938

19. UNDERTAKER A. E. Thompson (Address) Gooding

20. FILED 7-30, 1938 J. H. Dwyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-9 1938

22 I HEREBY CERTIFY, That I attended deceased from April, 1938, to July, 1938
I last saw h... alive on 7-8 1938; death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	7
Uremia	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Cranmall, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

AUG 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110211

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 789

(No. 59)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma S. Stanfield

(a) Residence No. Goodrich St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: W. A. Stanfield

6. DATE OF BIRTH (month, day, and year): 9-7-1856

7. AGE: Years 81 | Months 10 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hancock Co Ill

FATHER
13. NAME: Joshua Carmon
14. BIRTHPLACE (city or town) (State or country): Don't Know

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Wm Manwood Gooding Ida
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 7-15, 1938

19. UNDERTAKER: A. E. Thompson
(Address)

20. FILED 7-30, 1938 J. H. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7-14 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to 7-14, 1938
I last saw h[illegible] alive on 7-14 1938: death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic nephritis	
Diabetes Mellitus	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Cromwell, M. D.
(Address) Goodrich Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Ramick

JUL 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110212

Registration District No. 49

Primary Registration District No. 2127

Local Registrar's No.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Lottie Jane Kipp

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 3 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ramick Idaho
(State or country)

FATHER

13. NAME Eastman Kipp

14. BIRTHPLACE (city or town) Ramick Ida
(State or country)

MOTHER

15. MAIDEN NAME Jane Penney

16. BIRTHPLACE (city or town) Ramick Ida
(State or country)

17. INFORMANT Eastman Kipp
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Ramick Cemetery Date 7-10, 1938

19. UNDERTAKER Ramick Undertaking Co.
(Address) Ramick Ida

20. FILED 7-23, 1938 Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 8 1938

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1938, to July 8, 1938

I last saw h[illegible] alive on July 7, 1938: death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 4 1938
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) Ramick Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110213

Registration District No. 49
Primary Registration District No. 2137 Local Registrar's No.

JUL 27 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glenn Ness

66C

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 13 - 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
9	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kamiah Idaho

FATHER

13. NAME Melvin Ness

14. BIRTHPLACE (city or town) (State or country) Steven Co. Minn

MOTHER

15. MAIDEN NAME Grace Brown

16. BIRTHPLACE (city or town) (State or country) Kamiah Idaho

17. INFORMANT Melvin Ness
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jo. A. Cem. Kamiah Idaho Date 5/14, 1938.

19. UNDERTAKER
(Address)

20. FILED 7-22, 1938. Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/13 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 193 7, to 5/13, 193 8

I last saw him alive on 4/16, 193 8; death is said to have occurred on the date stated above, at 1 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1937

Other **contributory causes** of importance:

Cretinism	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. A. Bryan, M. D.
(Address) Kamiah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 110214

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 4

REC'D AUG 8 - 1938

(No.) At Home
(If death occurred in a hospital or institution, give its name instead of street and number)

420

2. FULL NAME George Charlie Killmar

(a) Residence No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Killmar

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
73	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retire Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Carl Killmar
(Address) Wiona, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Prairieview Date 6/20, 193 8

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED Aug 3, 1938 B. Chipman.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/18 193 8

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938, to June 18, 193 8

I last saw h[illegible] alive on June 18 193 8: death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 17-1938
Other **contributory causes** of importance:	
Cirrhosis of liver	1937

Name of operation Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Naturc of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) J D Shumack, M. D.
(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE
State File No. 110215

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 2

AUG 8 - 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

166

2. FULL NAME Grace M. Andrews

(a) Residence No. Grangeville, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) April 12, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
52	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Georgetown Colo

FATHER

13. NAME H. C. Taylor

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Maggie Taylor

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) George Andrews Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Prairieview Date July 2, 1938

19. UNDERTAKER (Address) Glenn Ailor Grangeville, Idaho

20. FILED Aug 6, 1938 B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/25 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by drowning	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Ye

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) Glenn Ailor M.D.

(Address) Grangeville Ida.

Coroner of Idaho County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho. Valley Idaho.

City of Burgdorf.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110216

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 1

(No. .....)

Aug 8 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jay. A. Czizek. 94b

(a) Residence No. Burgdorf, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Elizabeth. M. Czizek.

6. DATE OF BIRTH (month, day, and year) Oct. 8. 1864.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	8	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine Owner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bohemia.
(State or country)

FATHER

13. NAME August Czizek.

14. BIRTHPLACE (city or town) Bohemia.
(State or country)

MOTHER

15. MAIDEN NAME Gertrude Roskob.

16. BIRTHPLACE (city or town) Bohemia.
(State or country)

17. INFORMANT Mrs. Elizabeth. M. Czizek.
(Address) Burgdorf Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date July. 11. 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED July 8, 1938 Myrtle M. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 7 1938

22 I HEREBY CERTIFY, That I attended deceased from July 8, 1938, to July 7, 1938

I last saw him alive on July 7, 1938; death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	7/7/38
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bruce C Ward, M. D.

(Address) Cascade. Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 110217

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 3

Aug 8 - 1938

(No.) O.L.C. Hospital Cottonwood, Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel W. Williams

(a) Residence No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mackey Williams

6. DATE OF BIRTH (month, day and year) Sept. 21 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
46	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford Kansas

FATHER

13. NAME James Wood

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bella Brady

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mackey Williman
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Praireview Date 7/12, 1938

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED Aug 6, 1938 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/9/ 193

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to July 9, 1938

I last saw her alive on July 5 1938: death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 7-1938
Other **contributory causes** of importance:	
Myocarditis	April 1938

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) J. D. Shennick, M. D.

(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110218

Registration District No. 105
Primary Registration District No. 2183
(No. O. L. of Cons. Hosp.)
Local Registrar's No. 29

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald John Gehring

(a) Residence No. Greencreek, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 27, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greencreek
(State or country) Idaho

FATHER

13. NAME Stephen Gehring
14. BIRTHPLACE (city or town) Greencreek
(State or country) Idaho

MOTHER

15. MAIDEN NAME Rose B. Stolz
16. BIRTHPLACE (city or town) Greencreek
(State or country) Idaho

17. INFORMANT Stephen Gehring
(Address) Greencreek, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Greencreek Date 7-17, 1938

19. UNDERTAKER Fry Baerlocher
(Address) Greencreek Ida.

20. FILED Aug 1, 1938 W. Tarr
per WB Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-16 1938

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1938, to July 16, 1938
I last saw him alive on July 16 1938: death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fulminant Bronchial Pneumonia and Meningitis.	7-16-38 at 9 A. M.

Other contributory causes of importance:

Subdural Hemorrhage at birth.	

Name of operation — Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Stanley J. Orr, M. D.
(Address) Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Winona

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 105
Primary Registration District No. 2183
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 110219

Local Registrar's No. 30

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Charles M. Fargo

(a) Residence No. Winona, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Fay J.

6. DATE OF BIRTH (month, day and year) Nov 16, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.) 7-23-38

11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) Osborne
(State or country) Kansas

FATHER

13. NAME Jeremiah C. Fargo

14. BIRTHPLACE (city or town) not obt
(State or country) N. Y. state

MOTHER

15. MAIDEN NAME Jennie Riley

16. BIRTHPLACE (city or town) not obt
(State or country) Iowa

17. INFORMANT Wife Fay J. Fargo
(Address) Winona Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date 7-25, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED Aug 1, 1938 H. J. Orr
per WB Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 23 1938

22 I HEREBY CERTIFY, That I attended deceased from June 21, 1938, to July 23, 1938
I last saw ~~him~~ alive on July 9 1938: death is said to have occurred on the date stated above, at 10:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9:10 P.M. date of death
Other **contributory causes** of importance:	
Chronic Myocarditis	1935

Name of operation — Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Hessley J. Orr M. D.
(Address Cottonwood, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110220

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 31

(No. Our Lady of Consolation Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

110

2. FULL NAME Mrs. Kasper Sprute

(a) Residence. No. Kenterville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: W. | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Kasper Sprute

6. DATE OF BIRTH (month, day and year): July 3, 1883

7. AGE: Years 55 | Months — | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Home

10. Date deceased last worked at this occupation (mo. and yr.): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Effingham, Illinois

MOTHER FATHER

13. NAME: Henry Wasenbrook

14. BIRTHPLACE (city or town) (State or country): Effingham, Illinois

15. MAIDEN NAME: Elizabeth Sonnen

16. BIRTHPLACE (city or town) (State or country): Effingham, Illinois

17. INFORMANT (Address): Mrs. Kasper Sprute, Kenterville, Ida

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Kenterville, Ida Date 7-26, 1938.

19. UNDERTAKER (Address): Glenn Auker, Grangeville

20. FILED Aug. 1, 1938 H. F. Orr, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 24 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to July 24, 1938.
I last saw her alive on July 24 1938: death is said to have occurred on the date stated above, at 7:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diffuse Hypostatic	
Pneumonia	7-19-38

Other **contributory causes** of importance:

Influenza 2 weeks previously	
Chronic Myocarditis	1933

Name of operation — Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Hadley F. Orr, M. D.
(Address) Cottonwood, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Fernwood

RECEIVED

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 105

Primary Registration District No. 2183

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110221

Local Registrar's No. 32

94

2. FULL NAME Markus Lees

(a) Residence. No. Cottonwood St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 4 1875

7. AGE: Years 62 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Minnesota

13. NAME: Nicholas Lees

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Susanne Gergen

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Jacob Lorentz Cottonwood Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Cottonwood Date: 7/29, 1938

19. UNDERTAKER (Address): Glenn Arbor Grangeville Ida

20. FILED: Aug 1, 1938 — J. T. Orr Registrar.
per WB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-25 1938

22. I HEREBY CERTIFY, That I attended deceased from Not seen previously 193..., to 7-25, 1938.
I last saw him alive on ..., 193...; death is said to have occurred on the date stated above, at 5:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	@ 3:00 a.m. date of death
Other **contributory causes** of importance: Chronic Myocarditis	1935

Name of operation: — Date of: —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Henry J. Orr M. D.
(Address) Cottonwood Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville
AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110222

Registration District No. 113
Primary Registration District No. 1201
Local Registrar's No. 14
(No. 94)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr Anson D. Holmes

(a) Residence No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Jennie

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 76 | Months: 1 | Days: 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Miner
10. Date deceased last worked at this occupation (mo. and yr.): 1934
11. Total time (years) spent in this occupation: 5-8 yrs.

12. BIRTHPLACE (city or town) (State or country): Grass Valley Calif

MOTHER FATHER

13. NAME: James Holmes
14. BIRTHPLACE (city or town) (State or country): Bangor Me.

MOTHER

15. MAIDEN NAME: Rebecca not obt.
16. BIRTHPLACE (city or town) (State or country): not obt. Alabama

17. INFORMANT: Brother James Holmes
(Address): Bossburg Wash.

18. BURIAL, CREMATION OR REMOVAL
Place: Grangeville Date: 8 - 6, 1938

19. UNDERTAKER: Hancock Funeral Home
(Address): Grangeville Ida.

20. FILED: Aug 6, 1938 B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-4-1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1938, to 8-4-, 1938
I last saw him alive on 8-3- 1938.: death is said to have occurred on the date stated above, at 12 noon.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-23-38.

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B Chapman M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110223

AUG 10 1938

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 30
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

532

2. FULL NAME Herman Julius Wiese.

(a) Residence No. St.
(Usual place of abode) 20 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Anna Wiese.

6. DATE OF BIRTH (month, day, and year) Jan. 11, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 10/37
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Wiese.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sylke Flemming.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Herman Wiese
(Address) Rigby, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 7/15, 1938

19. UNDERTAKER A. E. Russell
(Address) Rigby, Idaho.

20. FILED 7-14, 1938 Mina A. E. Russell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/12/1938

22. I HEREBY CERTIFY, That I attended deceased from Mch, 1936 to June, 1938
I last saw h. alive on July 6 1938: death is said to have occurred on the date stated above, at 4:10P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Sub Maxillary gland. Practically in 9th & 10th Rib	
Other **contributory causes** of importance:	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓
Manner of injury ~
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Kaufman M. D.
(Address) Idaho Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110224

AUG 10 1938

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 31

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Melissa Adalade Clifford.

(a) Residence No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
~~HUSBAND~~
(or) WIFE of Leander Thomas Clifford.

6. DATE OF BIRTH (month, day, and year) 1-5-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 8/37
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) ~~Weston, Idaho~~ Marion Utah
(State or country)

FATHER

13. NAME Levi Gifford.
14. BIRTHPLACE (city or town) Kirtland
(State or country) Ohio

MOTHER

15. MAIDEN NAME Caroline Jaques.
16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT L L Clifford.
(Address) Emmett, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 8-5, 1938

19. UNDERTAKER ....
(Address) Rigby, Idaho.

20. FILED AUG 3, 1938 ....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-2 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938 to Aug. 2, 1938
I last saw h~~er~~ alive on July 19 1938: death is said to have occurred on the date stated above, at 8:10A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Apoplexy	8-2-38
Other **contributory causes** of importance:	
Senility -	

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 1938....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) W. L. Wilson, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 29 1936

DO NOT WRITE IN THIS SPACE
State File No. 110225

Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 29

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Andrew Bergstrom

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. ... mos ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Caroline Bergstrom

6. DATE OF BIRTH (month, day, and year) June 23 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stone Mason

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) 1924

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME — Bergstrom

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Annie E. Haldeman
(Address) Harrison, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Harrison, Ida Date 4-8 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Harrison Idaho

20. FILED July 28 1936 C. A. Lonnsdale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-4 1936, to 4-4 1936.
I last saw him alive on 4-4 1936; death is said to have occurred on the date stated above, at 11:25 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance:

Age	

Name of operation None Date of ....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 1936.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) E. H. Teed Coroner, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110226

RECEIVED
JUL 5 - 1938

Registration District No. 30

Primary Registration District No. 2051

Local Registrar's No. 93

161d

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Phillip Lund

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 21 - 1938

7. AGE: Years | Months | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER

13. NAME: Matthias Lund
14. BIRTHPLACE (city or town) (State or country): Blackwell Falls Wis.

MOTHER

15. MAIDEN NAME: Erma B. Fristad
16. BIRTHPLACE (city or town) (State or country): Deer Park Wash.

17. INFORMANT (Address): Matthias Lund Spirit Lake

18. BURIAL, CREMATION OR REMOVAL: Vera Dale Wash. Date 6-23 1938

19. UNDERTAKER (Address): Cosgrove Funeral Home Rathdrum Ida.

20. FILED 6/27, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 22 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938, to June 22, 1938.
I last saw him alive on June 22, 1938; death is said to have occurred on the date stated above, at 12:30 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Birth injury	
Inter Cranial hemorrhage	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Forrest Foulkrod M. D.
(Address) Spirit Lake Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110227

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 98

AUG 8 - 539

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number) 93C

2. FULL NAME Louis St Clair

(a) Residence No. 719 Sherman St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Ethel St Clair

6. DATE OF BIRTH (month, day, and year) Nov. 19 - 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boatbuilder
10. Date deceased last worked at this occupation (mo. and yr.) 1937 Oct. | 11. Total time (years) spent in this occupation 20 yrs. Co.

12. BIRTHPLACE (city or town) Colville
(State or country) Wash

FATHER
13. NAME Fredrick St Clair
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (city or town) Colville
(State or country) Wash.

17. INFORMANT Ethel St Clair
(Address) 719 Sherman ave.

18. BURIAL, CREMATION OR REMOVAL
Place Forest - Cd'Alene Ida Date 7 - 6, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene. Idaho

20. FILED July 5, 1938 L. Kroeker M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-2 1938

22 I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to 7-2, 1938
I last saw h— alive on 6-30 1938: death is said to have occurred on the date stated above, at 8:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden Heart Failure	
Chr. Myocarditis	1 year
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify,

(Signed) E. F. Fleming, M. D.
(Address) Coeur d'Alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110228

Registration District No. 30

Primary Registration District No. 105 1

Local Registrar's No. 302

(No. Lakeside Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

46 b

2. FULL NAME Fred M. Hoel

(a) Residence No. 307 Wallace Ave St.

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Christina Hoel.

6. DATE OF BIRTH (month, day, and year) 7-8-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME —— Hoel

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Don't Know.

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Arthur Hoel

(Address) 110 Wallace Ave.

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 7-9, 1938

19. UNDERTAKER Casady Funeral Home

(Address) Coeur d'Alene Idaho

20. FILED 7-9, 1938 H. C. Kroeker M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-6 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937 to July 6, 1938

I last saw h. alive on July 5 1938: death is said to have occurred on the date stated above, at 1.05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Chronic urine retention	
Carcinoma of stomach	

Name of operation Transurethral Date of 7-5-38

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Hamer J. Thuyn, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of C.D.A.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110229

Registration District No.
Primary Registration District No. Local Registrar's No. 100
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Gray Reinhardt

(a) Residence No. Spokane, Wn. St. Spokane, Wn.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) 5/14/1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Diamond Drilling
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co
10. Date deceased last worked at this occupation (mo. and yr.) 4/1/1938
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Spokane, Wn.

FATHER
13. NAME John A. Reinhardt
14. BIRTHPLACE (city or town) (State or country) Ontario, Canada

MOTHER
15. MAIDEN NAME Luta Gray
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT John A. Reinhardt
(Address) Spokane, Wn

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Spokane, Wn Date July 6, 1938

19. UNDERTAKER Smith & Co.
(Address) Spokane, Wn.

20. FILED 7/6, 1938 Dekretsen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/6 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/6, 1938, to 7/6, 1938
I last saw him alive on 7/6 1938; death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture	
Died about 4 hours after accident.	
Other contributory causes of importance:	
Shock, burns over chest & arm, from running radiator	

Name of operation Salines Cat on bed Date of 7/6/38
What test confirmed diagnosis? P.M. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following: Automobile accident
Accident, suicide, or homicide? Date of injury 7/6/38
193
Where did injury occur? Hwy 10 about 7 mi. West of Coeur d'Alene
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway — car accident
Manner of injury Thrown from rolling Car
Nature of injury Skull fracture

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Norman M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Bayview

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110230

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 103

(No.) 183
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Elmer

(a) Residence No. St. Portland Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-7-1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alberta
(State or country) Canada.

FATHER

13. NAME R. W. Elmer

14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER

15. MAIDEN NAME Emma Bertha

16. BIRTHPLACE (city or town) Dent-Kans
(State or country)

17. INFORMANT G. F. Liening
(Address) 2403 - Grand Spokane

18. BURIAL, CREMATION OR REMOVAL
Place Portland Ore Date 7-9, 193 8

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED July 9, 193 8 H. Knutsen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-8 193 8

22 I HEREBY CERTIFY, That I attended deceased from 7-8 193 8, to 7-8, 193 8
I last saw h alive on 7-8 193 8: death is said to have occurred on the date stated above, at 2 40 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental drowning	

Other **contributory causes** of importance:

Heart attack	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 193
Where did injury occur? Sand Creek Lake
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury Drowning
Nature of injury Drowning

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coroner E. J. Reed M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Worley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110231

Registration District No. 30
Primary Registration District No. 2031 Local Registrar's No. 105

(No. 93C)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm H. Shryer.

(a) Residence No. St. Worley, Idaho R. 1.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary R. Shryer.
6. DATE OF BIRTH (month, day, and year): 3-24-1850
7. AGE: Years 88 | Months 3 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1925
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Orange Co. Indiana

FATHER
13. NAME: — Shryer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Dont-Know
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Mrs. Geo Burke
(Address): Worley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lusco, Nebr. Date: 7-16, 1938

19. UNDERTAKER: Cassedy Funeral Home
(Address): Coeur d'Alene Idaho

20. FILED July 16, 1938 L. C. Krogstad
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7-14 1938

22 I HEREBY CERTIFY, That I attended deceased from did not 7-14-, 1938., to 7-14, 1938.
I last saw h— alive on 7-14 1938.; death is said to have occurred on the date stated above, at 1:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Coroner E. H. Teach M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

AUG 0-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110232

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 107

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Katherine Henderson

(a) Residence No. St. St. Joe, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John S. Henderson

6. DATE OF BIRTH (month, day, and year) July 19, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 7/38
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town)
(State or country) Missouri

FATHER
13. NAME Newton Grayson
14. BIRTHPLACE (city or town) Bloomington
(State or country) Ind.

MOTHER
15. MAIDEN NAME Margaret Smith
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT George Henderson
(Address) St. Joe, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Maries, Idaho Date July 20, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED July 20, 1938 E. C. Kretchen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 19, 1938
I last saw h.er alive on July 19 1938: death is said to have occurred on the date stated above, at 3a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other **contributory causes** of importance:	
Toxic goiter	

Name of operation Hysterectomy Date of 7-19-38
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Ernest J. Stenger, M. D.
(Address) St. Maries Ida Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 11092
State File No. 10233

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 108

AUG 8 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Parker

(a) Residence No. St. Post Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-2-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Ireland
(State or country)

FATHER
13. NAME — Parker
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mary DeWolfe
(Address) 1402 Lakeside, Coeur d'Alene Ida

18. BURIAL, CREMATION OR REMOVAL
Place Evergreen Post Falls Date 7-23, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 7-22, 1938 E. E. Golden MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-20 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to July 20, 1938
I last saw h. m alive on July 20 1938 death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlargement of the heart # 93-c	
Other contributory causes of importance:	
Chronic nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. J. Degenhardt, M. D.
(Address) Post Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110234

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 109
(No. Coeur d'Alene Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG [illegible] 1938

2. FULL NAME Arnold Hellstrom

(a) Residence No. Deary Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21-1908

7. AGE — Years: 30 — Months: 2 — Days: 6 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1936
11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Avon Idaho

FATHER
13. NAME John Hellstrom
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Karin Ost
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Father) John Hellstrom
(Address) Deary Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Deary Idaho Date July 30, 1938
(by Quick Service)

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho

20. FILED 7/27, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/27 1938

22 I HEREBY CERTIFY, That I attended deceased from February, 1937, to July 27, 1938
I last saw him alive on July 26 1938: death is said to have occurred on the date stated above, at 10 20 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other **contributory causes** of importance:	
Chronic Nephritis	
Intestinal T.B.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alexander Barclay, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

JUL 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110235

Registration District No. 61
Primary Registration District No. 2 1 1 Local Registrar's No. 361

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alba Sanders Fresby

(a) Residence No. Viola, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel Ann

6. DATE OF BIRTH (month, day, and year) 11, 21/1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68 ~~69~~	~~8~~ 7	~~21~~ 9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 6/38
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Franklin N. Fresby.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Belle Miler
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Curtis Fresby.
(Address) Viola Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Viola Ida. Date 7/2, 1938

19. UNDERTAKER H. R. Short.
(Address) Moscow Idaho.

20. FILED 7-6, 1938 Harry Eastwood Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/30/1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to June 29, 1938
I last saw him alive on June 29 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Brain abscess with	
Menengitis, acute	

Other **contributory causes** of importance:

~~otitis~~ Acutis media with	
mastoiditis, acute	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Conroy J. Klaarn, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110238

AUG 12 1938

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 443 Lewis St.)
If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Charlie Summerfield

(a) Residence No. 443 Lewis St.
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Summerfield

6. DATE OF BIRTH (month, day, and year) 1/29/1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheriff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County

10. Date deceased last worked at this occupation (mo. and yr.) 6/38

11. Total time (years) spent in this occupation 14 Yrs.

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER
13. NAME Chas. B. Summerfield
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Julia Ann Frazier
16. BIRTHPLACE (city or town)
(State or country) Ten

17. INFORMANT Nellie Summerfield
(Address) Moscow, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Moscow Date 7/6, 193 8

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho

20. FILED 8-8, 193 8 Harry Erickson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/2 1938

I HEREBY CERTIFY, That I attended deceased from May 9, 193 8 to July 2, 193 8
I last saw him alive on July 2 193 8: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CVD Head	July 2/38
Other contributory causes of importance:	
Duke Myocarditis	1898 Years.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, suicide, or ~~homicide~~? No Date of injury July 2 193
Where did injury occur? Home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place At home
Manner of injury Gun-Revolver
Nature of injury Gun Wound.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C.J. Magee M. D.
(Address Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110237

AUG 14 1938

PLACE OF DEATH

County of Latah
City of Pocatello
Registration District No. 6 S-
Primary Registration District No. 2145
Local Registrar's No. 13
(No. Pocatello Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159

2. FULL NAME Patricia Marlene McBride

(a) Residence: No. Pocatello, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 9, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pocatello, Latah county Ida.

PARENTS

10. NAME OF FATHER James Ward McBride
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Minneapolis, Minnesota
12. MAIDEN NAME OF MOTHER Anna Armstrong
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Salt Lake Utah

14. Informant James Ward McBride
(Address) Pocatello Idaho

15. Filed ~, 19.. F.C. Gibson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 9th 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to July 9, 1938
that I last saw her alive on July 9, 1938
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Prematurity
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Placenta Previa
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) F.C. Gibson, M. D.
July 9 — 1938 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Home Lot.	
20. Undertaker Father	Address Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of E. of Palouse Washington

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65-

Primary Registration District No. 2146-

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110233

Local Registrar's No. 12

95a

2. FULL NAME Addie Sisson

(a) Residence No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (mo. and yr.) July 1938

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Bert Oderlain
(Address) Palouse, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wash. Date July 14, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash

20. FILED July 14 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 12 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25- 1936 to July 12 1938

I last saw her alive on June 28 1938: death is said to have occurred on the date stated above, at 4:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart and Hypertension and Dropsy	Before I first saw her
Other contributory causes of importance:	

Name of operation None Date of -

What test confirmed diagnosis? - Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury - 1938

Where did injury occur? -
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. K. Wolfe, M. D.

(Address) Palouse Wash

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Potlatch

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

65

DO NOT WRITE IN THIS SPACE
State File No. 11023

Registration District No.
Primary Registration District No. 2145
Local Registrar's No. 16

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary May Welch

(a) Residence No. Potlatch, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eddie Welch

6. DATE OF BIRTH (month, day, and year) Mar. 4, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home
10. Date deceased last worked at this occupation (mo. and yr.) 7-10-38
11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) Dubuque
(State or country) Iowa

FATHER
13. NAME Culbertson
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Edward Welch
(Address) Potlatch, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Dubuque, Iowa Date 7/27, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 7/26/, 1938 F C Kinyon
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/25/1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to July 25, 1938
I last saw h alive on 7-25 1938: death is said to have occurred on the date stated above, at 6:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Terminal pneumonia	7-24-38
Other contributory causes of importance:	
Alcoholism	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Digby Jacob, M. D.
(Address) Potlatch, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110240

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. 14

AUG 12 1938

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Homer Elder

(a) Residence. No. Farmington, Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norma M. Elder

6. DATE OF BIRTH (month, day, and year) July 8, 1868

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	70	00	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logging Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging Camp.

10. Date deceased last worked at this occupation (mo. and yr.) July 25/38

11. Total time (years) employed in this occupation 53 Yrs.

12. BIRTHPLACE (city or town) Terry Hut. (State or country) Ind. Terr.

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMANT .... A. Charbonneau (Address) Farmington, Washington

18. BURIAL, CREMATION OR REMOVAL Place Farmington, Wn. Date July 29 193 8

19. UNDERTAKER Kimball Funeral Home (Address) Tekoa, Washington.

20. FILED July 25 193 8 F. C. Stevens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 25/38

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h. alive on ....., 193...: death is said to have occurred on the date stated above, at 1:35 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Injury.	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury Logging Accident in woods

Nature of injury Skull Injury

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) F. C. Stevens, M. D.

(Address) Potlatch, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Potlatch

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110241

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. 15

(No. Potlatch Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

18

2. FULL NAME Genevieve Verlene Deerkop

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/9-1923

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	14	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (mo. and yr.) July 1938

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) Freeze
(State or country) Idaho

FATHER

13. NAME August Deerkop

14. BIRTHPLACE (city or town) .....
(State or country) Wisconsin

MOTHER

15. MAIDEN NAME Opal Jones

16. BIRTHPLACE (city or town) Freeze,
(State or country) Idaho

17. INFORMANT August Deerkop
(Address) Palouse, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date 7/31, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED 7/29, 1938 F. C. Peterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/26, 1938, to 7/28, 1938

I last saw her alive on 7/28, 1938: death is said to have occurred on the date stated above, at 6:15 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epidemic Meningitis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. C. Peterson, M. D.

(Address) Potlatch Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110242

Registration District No. 6-1
Primary Registration District No. 6-1-1 Local Registrar's No. 365
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Baby Whybark

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/31/'38

7. AGE Years	Months	Days	If LESS than 1 day 10 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow, (State or country) Idaho

FATHER

13. NAME Wm. W. Whybark
14. BIRTHPLACE (city or town) Juliaetta, (State or country) Idaho

MOTHER

15. MAIDEN NAME Lucille Kechter
16. BIRTHPLACE (city or town) Deary, (State or country) Idaho

17. INFORMANT Wm. W. Whybark
(Address) Deary, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Deary, Ida. Date Aug. 1, 1938

19. UNDERTAKER E. R. Short
(Address) Moscow Idaho

20. FILED 8/1, 1938 Johnny Erickson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/31/38

22 I HEREBY CERTIFY, That I attended deceased from 7/31/38, 193..., to 7/31/38, 193...
I last saw her alive on 7/31/ 1938: death is said to have occurred on the date stated above, at 1:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Lueby M. D.
(Address) Deary Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City or Yellow Jacket Mine

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110243

Registration District No. 41
Primary Registration District No. 216 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard Victor Lilya
(a) Residence No. Bellview, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva Lilya
6. DATE OF BIRTH (month, day, and year): Aug 12, 1899
7. AGE: Years 38 | Months 11 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 7/13/38
11. Total time (years) spent in this occupation: 3yrs.

12. BIRTHPLACE (city or town): Victor, Idaho
(State or country): Salt Lake, Utah

FATHER
13. NAME: Victor Lilya
14. BIRTHPLACE (city or town): Salt Lake City
(State or country): Utah

MOTHER
15. MAIDEN NAME: May Williams
16. BIRTHPLACE (city or town): Odgen, Utah
(State or country)

17. INFORMANT: Roy Lilya
(Address): Forney, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Gannett, Ida. Date: 7/17, 1938
19. UNDERTAKER: William C. Doebler
(Address): Salmon, Idaho
20. FILED: Aug 17, 1938 Chas. C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH. 7/13/38

21. DATE OF DEATH (month, day and year): 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 10:30AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Came to his death by means of an unavoidable accident caused by a cave in at the Bryan Lode Mine in the Yellow Jacket Mining District. Lemhi county, State of Idaho	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury &7/13/38 193 8
Where did injury occur? Yellow Jacket Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Charles W. Doebler Coroner. M. D.
(Address) Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City or Yellow Jacket Mine
Near Salmon, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110244

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)

AUG 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2018

2. FULL NAME Karl G. Sylvester

(a) Residence No. Eureka, Kansas St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Hazel Sylvester

6. DATE OF BIRTH (month, day, and year): March 12, 1906

7. AGE: Years 32 | Months 2 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 7/13/38
11. Total time (years) spent in this occupation: 5yrs.

12. BIRTHPLACE (city or town): Elsinoore
(State or country): Utah

FATHER

13. NAME: George Sylvester
14. BIRTHPLACE (city or town):
(State or country): Utah

MOTHER

15. MAIDEN NAME: Marry Jane Dall
16. BIRTHPLACE (city or town): Pima
(State or country): Arizana

17. INFORMANT: George G. Salvester
(Address) Eureka, Utah

18. BURIAL, CREMATION OR REMOVAL
Place: Tintic Junction, Utah 7/17, 1938

19. UNDERTAKER: William C. Doebler
(Address) Salmon, Idaho

20. FILED Aug 2, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7/13/38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 10:30AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Came to his death by means of an unavoidable accident caused by a cave in at the Bryan Lode Mine in the Yellow Jacket Mining District. Lemhi county, State, Idaho	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 7/13/38
193...
Where did injury occur? Yellow Jacket Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury: Broken Back and neck
Nature of injury:

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles W. Doebler Coroner
(Address) Salmon Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi

City of Baker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110245

DUE JUL 1938

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Albert George Kuhn

(a) Residence No. Baker, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 7/16/38

11. Total time (years) spent in this occupation 40yrs.

12. BIRTHPLACE (city or town) (State or country) Illenois

FATHER

13. NAME George Kuhn

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT American Natl. Bank
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 7/19/, 1938

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED Aug 1, 1938 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/16 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Came to his death by means of a gun shot wound inflicted by himself. Shot in the thoracic region, severing the aorta. Suicidal intent.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles W. Doebler Coroner

(Address) Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lewis

City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110246

Registration District No. 49

Primary Registration District No. 2127 Local Registrar's No.

JUL 27 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Tammy Homer

(a) Residence. No. Kamiah Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Nez Perce Indian

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 1888

7. AGE — Years: 49 | Months: 9 | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: own home

10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1937

11. Total time (years) spent in this occupation: all her life

12. BIRTHPLACE (city or town) (State or country): along Lawyers Creek Ida

MOTHER/FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Lillian Oatman Johnson Kamiah Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Kamiah 2nd Pres. Church Date: Jan 11, 1938

19. UNDERTAKER (Address): George W. Tremary Kamiah, Idaho

20. FILED July 23, 1938 Neil Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 9 7 AM 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937, to Jan. 9th, 1938

I last saw her alive on 1/9/, 1938; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	7

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. E. Bryan M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lewis

City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110247

JUL 27 1938

Registration District No. 49

Primary Registration District No. 2127

Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Van Pelt Junior

(a) Residence. No. ~~Kamiah Idaho~~ St. Pendleton Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 31st 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kamiah Idaho
(State or country)

FATHER

13. NAME Lewis Van Pelt Jr.

14. BIRTHPLACE (city or town) Pendleton Ore
(State or country) Umatilla Indian

MOTHER

15. MAIDEN NAME Beatrice Oatman

16. BIRTHPLACE (city or town) Kamiah Idaho
(State or country) Nez Perce Indian

17. INFORMANT Lillian Oatman Johnson
(Address) Kamiah Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Date Feb 2 1938

19. UNDERTAKER George W. Zumary
(Address) Kooskia Idaho

20. FILED July 23 1938 Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 1 at 11:20 P. M. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31st, 1938, to Feb. 1, 1938, I last saw him alive on Feb. 1, 1938; death is said to have occurred on the date stated above, at 11:30 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	Jan 31 38
Other **contributory causes** of importance:	
Pneumonia	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. S. Bryan M. D.
(Address) Kamiah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Kamiah

RECEIVED JUL 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110248

Registration District No. 49

Primary Registration District No. 2127 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Sullivan

131

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harriett English

6. DATE OF BIRTH (month, day, and year) Nov 21 1852.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
85	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation about 40 yrs

12. BIRTHPLACE (city or town) (State or country) Barnesville Ohio.

MOTHER FATHER

13. NAME William H. Sullivan

14. BIRTHPLACE (city or town) (State or country) Barnesville Ohio Md.

15. MAIDEN NAME Amanda J Hobbs

16. BIRTHPLACE (city or town) (State or country) Barnesville Ohio,

17. INFORMANT (Address) M J Brown Kamiah Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Cem Date 7/28 193 8

19. UNDERTAKER (Address) Kamiah Mortuary Co Kamiah Ida

20. FILED 7-23 193 8 Nell Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/2 1938, to 3/25 1938

I last saw him alive on 3/24 1938; death is said to have occurred on the date stated above, at 9 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia Coma	
Other **contributory causes** of importance:	
Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. H. Chapman, M. D.

(Address) Kamiah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lewis

City of Kamiah

JUL 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 49

Primary Registration District No. 2127

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110249

Local Registrar's No.

93(d)

2. FULL NAME Isabel Coker Stephens

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Robert Stephens

6. DATE OF BIRTH (month, day, and year) Oct. 6 1854.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Catherine,
(State or country) Missouri

FATHER

13. NAME Charles Clifton

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Margaret Bershears

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Ann Prince
(Address) Winchester, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont, Ida. Date May. 1, 1938.

19. UNDERTAKER C. E. Clovis
(Address) Craigmont, Idaho.

20. FILED 7-13, 1938 Nell Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) April 29 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to 4/29, 1938

I last saw her alive on 4/24 1938; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	1
Other contributory causes of importance:	
Senility	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewis
City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110250

JUL 26 1938

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 231

(No. Craigmont, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

48

2. FULL NAME Laura Snyder Barbor

(a) Residence No. Craigmont, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of B. C. Barbor

6. DATE OF BIRTH (month, day, and year) 12-30-1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow,
(State or country) Idaho

FATHER
13. NAME Charles A. Snyder
14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER
15. MAIDEN NAME Hanna Winson
16. ~~BIRTHPLACE~~ (city or town)
(State or country) Norway

17. INFORMANT B. C. Barbor
(Address) Craigmont, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho 5-17, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED July 26, 1938 Albert Huff Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5-15 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb, 1938, to May 15, 1938
I last saw her alive on May 15 1938: death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinomata abdominal organs	1936
Other contributory causes of importance:	
Carcinoma uterus & Ovary (over)	1934

Name of operation ..... Date of Jan 1937
What test confirmed diagnosis? tissue Was there an autopsy? no examina

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) P. E. Durick, M. D.
(Address) Craigmont Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewis
City of Ramid

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110251

Registration District No. 49
Primary Registration District No. 2127 Local Registrar's No.
JUL 27 1938
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virginia May Doty

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Sgl

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 1 - 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ramid Ida

FATHER
13. NAME Chester O Doty
14. BIRTHPLACE (city or town) (State or country) Winona Ida

MOTHER
15. MAIDEN NAME Bernice Poore
16. BIRTHPLACE (city or town) (State or country) Canyon

17. INFORMANT (Address) Chester O. Doty

18. BURIAL, CREMATION, OR REMOVAL
Place Lots Rem Date 7/24, 1938

19. UNDERTAKER Ramid Undertaking Co
(Address)

20. FILED 7-23, 1938. Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/20 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1938, to June 20, 1938.
I last saw h[illegible] alive on June 20, 1938; death is said to have occurred on the date stated above, at 4 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diphtheria	June 10th

Other **contributory causes** of importance:

Toxemia with Cardio-respiratory paralysis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Alonzo A. Towner M. D.
(Address) Nez Perce, Idaho

FORM V. S. No. 5-25 M. 1-16-18

CERTIFICATE OF DEATH.

110252

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 47

Primary Registration District No.

File No. 232

County of Lewis

City of Nezperce Idaho Village

(No. ..... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Henry Walter Niles

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH. July (Month) 8 (Day) 1865 (Year)

7. AGE: 73 Yrs. 7 Mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Truman B Niles

11. BIRTHPLACE OF FATHER (State or Country): Evansville Ohio

12. MAIDEN NAME OF MOTHER: Sarah Wilson

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H W Niles

(Address) Nezperce Idaho

15. Filed July 16 1938

Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 14 (Day) 1938 (Year) 9 00 P.M.

17. I HEREBY CERTIFY, That I attended deceased from May 8 1938, to July 14 1938, that I last saw him alive on July 14 1938, and that death occured on the date stated above, at 7:10 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

(Duration) ? Yrs. ..... mos. ..... ds.

Contributory (Secondary) Hypertensive Cardio-vas. disease

(Duration ..... yrs. ..... mos. ..... ds.

(Signed) Alonzo A. Towner Jr. M. D.

7-9 1938 (Address) Nezperce, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days In the State ..... yrs ..... mos ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery — DATE OF BURIAL: July 16 1938

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTG. & STNRY. CO. 24853

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110253

Registration District No.

AUG 5 - 1938

Primary Registration District No. 1617

Local Registrar's No. 120

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Rondo Kinsey

(a) Residence. No. Shoshone St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1945

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept-18th 1929

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls (State or country) Idaho

MOTHER

13. NAME Alpha Kinsey

14. BIRTHPLACE (city or town) Big Lick (State or country) California

FATHER

15. MAIDEN NAME Luella Landelmeyer

16. BIRTHPLACE (city or town) Minot (State or country) N. D.

17. INFORMANT Luella Kinsey (Address)

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Shoshone Date 7-9, 1938

19. UNDERTAKER Myrtle C. Burdett (Address) Shoshone Idaho

20. FILED 7/6, 1938. Myrtle C. Burdett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-5 1938

22. I HEREBY CERTIFY, That I ~~attended~~ last saw deceased from ....., 193..., to ....., 193....

I last saw h...alive on July 3, 193...; death is said to have occurred on the date stated above, at 7:45 p.m.

The **principal cause of death** and related causes of importance, were as follows:

	Date of onset
Pulmonary Edema	7-5-38

Other **contributory causes** of importance:

Aspiration pneumonia	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

~~Accident~~, suicide, or homicide? No Date of injury 7-5, 1938

Where did injury occur? Shoshone Ida. (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public place

Manner of injury not known

Nature of injury aspiration pneumonia

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Forrest H. Howard, M. D.

(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110254

JUL 21 1938

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 37

(No. Sutherland Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Don Farley Hamilton

(a) Residence. No. Sugar city Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): March 28-1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at work Idaho Sugar Co

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sugar city Idaho

FATHER

13. NAME: Alexander Hamilton

14. BIRTHPLACE (city or town) (State or country): Mill Creek Utah

MOTHER

15. MAIDEN NAME: Helen Miller

16. BIRTHPLACE (city or town) (State or country): Harrisburg Penn.

17. INFORMANT (Address): C. A. Hamilton Sugar city Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Sugar city Date: July 15, 1938

19. UNDERTAKER (Address): Jean A Keller Rexburg Idaho

20. FILED 7-20, 1938 Mrs J Heywood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1938, to 7-12, 1938
I last saw him alive on 7-12, 1938: death is said to have occurred on the date stated above, at 8:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal skull Fracture	
Auto accident	
Other contributory causes of importance:	
none	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Auto accident Date of injury 7/10 1938
Where did injury occur? Cave Falls Fremont Co
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Auto accident
Nature of injury Basal Skull Fract

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. [illegible] Sutherland M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 11 1938

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110255

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 38

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joyce Dagoon

(a) Residence (No. ....) Alta, Wyoming St. Driggs Idaho RD
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Rexburg Idaho
(State or country)

FATHER

13. NAME Parley B Dagoon

14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Laura Mae Stevenson

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Lorin F. Rich.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Ponina Idaho Date 7-22-, 1938

19. UNDERTAKER ....
(Address)

20. FILED 8-9, 1938 Mrs. Heyman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/22 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-10, 1938, to 7-22, 1938

I last saw her alive on 7-22 1938. death is said to have occurred on the date stated above, at 7 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital obstruction of Pylorus.	
No fluid passed through Stomach since birth	
Other contributory causes of importance:	
Starvation.	

Name of operation none Date of ....
What test confirmed diagnosis Symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193....

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

7/22/38 (Signed) Lorin F. Rich M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110256

REGISTERED AUG 11 1938

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 39

(No. Sutherland Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Elzrus Hunsaker.

(a) Residence No. ..... St. .....
(Usual place of abode) 35 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Jennie Wilson Hunsaker.

6. DATE OF BIRTH (month, day, and year) 1/27/1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. With sheep.
10. Date deceased last worked at this occupation (mo. and yr.) 6/1938
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Utah.
(State or country)

FATHER

13. NAME Cyrus Hunsaker.
14. BIRTHPLACE (city or town) Brigham City, Utah.
(State or country)

MOTHER

15. MAIDEN NAME Mary Anderson.
16. BIRTHPLACE (city or town) Denmark.
(State or country)

17. INFORMANT Melvin Hunsaker.
(Address) Thornton, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Archer, Ida. Date 7/30, 1938

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 8-9, 1938 Mrs. H. Heyrman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/28 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/23, 1938, to 7/28, 1938
I last saw h. alive on 7/28 1938: death is said to have occurred on the date stated above, at 3:35A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	7/20/38
Cirrhosis of liver	

Other **contributory causes** of importance:

Name of operation Exploratory Laparotomy Date of 7/23/38
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. F. Rigby, M. D.
(Address) Rexburg, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison.
City of Burton.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110257

AUG 11 1938

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Williamson Hall.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) of Kathrine Stuart Hall.

6. DATE OF BIRTH (month, day, and year) Nov. 29, 1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm 1937
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1937
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Wellsville, Ut.
(State or country)

FATHER

13. NAME Samuel Parley Hall.
14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Williamson.
16. BIRTHPLACE (city or town) Scotland.
(State or country)

17. INFORMANT Sam S Hall
(Address) Rexburg, Ida. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Welsville, Utah. 8-6, 1938

19. UNDERTAKER A B Ecclesell
(Address) Rigby, Idaho.

20. FILED 8-9, 1938 Mae Heyrung
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-3 1938

22 I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to Aug 3, 1938
I last saw ~~him~~ her alive on June 3 1938: death is said to have occurred on the date stated above, at 5 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Chronic Organic Heart Disease	years

Other **contributory causes** of importance:

Duodenal Ulcer	many years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Parley Nelson, M. D.
(Address Rexburg, Idaho.

M. Heart

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110255

Registration District No. 17
Primary Registration District No. 1915
Local Registrar's No. 42

AUG 4 - 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace O Thacker

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ A D Thacker

6. DATE OF BIRTH (month, day and year) June 25 - 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fayette Nebraska

FATHER
13. NAME Jae Wilcox
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Charlotte Hammond
16. BIRTHPLACE (city or town) (State or country) Wabpanska

17. INFORMANT A. D. Thacker (Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 5-10-, 1938

19. UNDERTAKER Rodney Boardman (Address) Rupert Idaho

20. FILED 7-16, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 13 1938

22 I HEREBY CERTIFY, That I attended deceased from May 10th, 1938, to June 13-, 1938
I last saw her alive on June 9 1938: death is said to have occurred on the date stated above, at 9 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Coronary Thrombosis~~	
Mitral heart disease.	3 years.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to [illegible] causes (violence) fill in also the following:
Accident, suicide, or hom[illegible]? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Rupert, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110253

Registration District No. 19
Primary Registration District No. 2015 — Local Registrar's No. 43
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 4 1938

2. FULL NAME William D Hendricks

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Allie Hendricks

6. DATE OF BIRTH (month, day, and year) Sept 23 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Utah.

MOTHER
13. NAME Joe S Hendricks

FATHER
14. BIRTHPLACE (city or town) .... (State or country) Utah

15. MAIDEN NAME Lucinda ~~Bess~~ Bess.

16. BIRTHPLACE (city or town) .... (State or country) Unknown

17. INFORMANT R O Hendricks (Address) Ashton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 7-15, 1938

19. UNDERTAKER Rodney Goodman (Address) Rupert Idaho

20. FILED 7-16, 1938 A W Shreve Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) July 12 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-11-, 1938, to 7-12-, 1938
I last saw him alive on 7-12- 1938: death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7-11-38

Other **contributory causes** of importance:

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) O A Mackey M. D.
(Address) Rupert Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SP[redacted]

State File No. 110269

Registration District No. 19

Primary Registration District No. 2015 [redacted]

Local Registrar's No. 41

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Chaffee Jewsbury [redacted]

(a) Residence No. 2 Yards St. Rupert Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Iva Jewsbury

6. DATE OF BIRTH (month, day, and year) Jan 31 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fort Scott
(State or country) Kansas

FATHER

13. NAME George E. Jewsbury

14. BIRTHPLACE (city or town) Fort Scott
(State or country) Kansas

MOTHER

15. MAIDEN NAME Anna Lavelle

16. BIRTHPLACE (city or town) .....
(State or country) Nebraska

17. INFORMANT Iva Jewsbury
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wallace, Neb. Date 7-18, 1938

19. UNDERTAKER Rodney Rodman
(Address) Rupert Idaho

20. FILED 7-16, 1938 [redacted] E. Lamme
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-13 1938

22 I HEREBY CERTIFY, That I attended deceased from June 22, 1938 to July 13th, 1938

I last saw him alive on July 13 1938: death is said to have occurred on the date stated above, at 4-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance:

Bronchial Pneumonia
Upper respiratory infection

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [redacted] M. D.

(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110261

Registration District No. 1909
Primary Registration District No. 96
Local Registrar's No. 131

(No. St Josephs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Julius Delsol

(a) Residence No. 211 Delsol Lane St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/27/1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco
(State or country) California

FATHER
13. NAME Justin Delsol
14. BIRTHPLACE (city or town)
(State or country) France

MOTHER
15. MAIDEN NAME Anna
16. BIRTHPLACE (city or town)
(State or country) No record

17. INFORMANT Alford C. Norton
(Address) Lewiston. Orchards

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 7/3/38, 193

19. UNDERTAKER Vassar Rawls Co.
(Address) Lewiston Idaho.

20. FILED July 8, 1938 M. H. Caskey, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/1 1938

22 I HEREBY CERTIFY, That I attended deceased from 5/1, 193 8, to 7/1, 193 8
I last saw him alive on 7/1 193 8: death is said to have occurred on the date stated above, at 11:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5/1/38
Chronic Interstitial Nephritis	1930
Other contributory causes of importance:	
Generalized Arteriosclerosis	1925
Chronic myocarditis	1937

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. S. Douglas M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110262

Registration District No. 1009

Primary Registration District No. 196

Local Registrar's No. 133

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

12-12

2. FULL NAME Belle Virginia Carsson

(a) Residence No. ..... St. Moscow, Ida.
(Usual place of abode) 1 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 9, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 6/38

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME Otto C. Carsson

14. BIRTHPLACE (city or town) St. Genevieve
(State or country) Mo/

MOTHER

15. MAIDEN NAME Rhoda Belle Estes

16. BIRTHPLACE (city or town) Evening Shade
(State or country) Arkansas

17. INFORMANT Chas. Carsson
(Address) Moscow, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Moscow Date 7/11, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED July 14 1938 J. M. Corkey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/8 1938

22 I HEREBY CERTIFY, That I attended deceased from May 13th, 1938, to July 8th, 1938.
I last saw her alive on July 8th 1938: death is said to have occurred on the date stated above, at 3 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	about 7/2/38
Other contributory causes of importance: Douglas abscess from Ruptured Appendix Drainage	about April 30/38

Name of operation ..... Date of operation May 14th 38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. C. Carsson, M. D.
(Address) Lewiston Idaho

Dr. Clarke

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110263

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 134

(No. 1620-8th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Martin Chandler

82a

(a) Residence No. 1620-8th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Susan L. Chandler

6. DATE OF BIRTH (month, day, and year) 9/23/1858

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clerk
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bethel, Oregon
(State or country)

FATHER
13. NAME John Chandler
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER
15. MAIDEN NAME Elizabeth ---------
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Miss Laura Small
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date 7-13, 1938

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED July 23, 1938 M. McCarty M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-11-1938

22 I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 11, 1938
I last saw him alive on July 11 1938; death is said to have occurred on the date stated above, at 2:10p/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W O Clark, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Broderick

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
AUG 10 193-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110264

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 135
(No. Rosell Apts)
(If death occurred in a hospital or institution, give its name instead of street and number)

82d

2. FULL NAME Maud Estella Welker

(a) Residence No. Rosell Apts St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George M. Welker

6. DATE OF BIRTH (month, day, and year) Sept. 13, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Driftwood (State or country) Pennsylvania

FATHER
13. NAME James D. Kuntz
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Sarah A. Lupro
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Ray Welker
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date July 17, 1938

19. UNDERTAKER Brower Mortuary Co.
(Address) Lewiston Idaho

20. FILED July 25 1938 M. H. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-15-1938

22 I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 15, 1938.
I last saw her alive on July 15 1938: death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy ?	July 5-38.
Cerebral Thrombosis	July 5-38.
Arterio Sclerosis	Unknown

Other **contributory causes** of importance:

None

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No - If so, specify
(Signed) Jay E. Beckwith M. D.
(Address Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Clarkston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11026

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 136

AUG 10 193

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME Wilcher W. King

(a) Residence No. ..... St. Clarkston, Wn

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m.	w.	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 3, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) not known
(State or country)

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT County Welfare
(Address) Clarkston, Wash

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn Date July 19, 1938

19. UNDERTAKER W R Merchant.
(Address) Clarkston Wn

20. FILED July 27, 1938 M H Caskey M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-15-1938

22 I HEREBY CERTIFY, That I attended deceased from 7-1-, 1938, to 7-15-, 1938

I last saw him alive on 7-15-1938: death is said to have occurred on the date stated above, at 7A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Acute Dilitation of Heart	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J M McEntire, M. D.

(Address) Clarkston Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110266

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 137
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Frank Wasko

(a) Residence No. Gifford Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Karoline Wasko

6. DATE OF BIRTH (month, day, and year) Nov. 15, 56

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
81	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Missouri

FATHER
13. NAME Frank Wasko
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Josephine Wasko
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Frank Wsako
(Address) Gifford Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date 7/19/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED July 23 1938 M K Cauley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/16/38

22 I HEREBY CERTIFY, That I attended deceased from 7/16/38, 193, to 7/16, 193
I last saw h- alive on 7/16 193: death is said to have occurred on the date stated above, at 8:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Undetermined - Saw him only five hrs. before death	
Coma - Probably Uremic - or	
Other contributory causes of importance:	
Cerebral Hemorrhage	

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Paul G Hamm M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110267

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 138
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leona Ause 50
(a) Residence No. 824-4th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: O. L. Ause
6. DATE OF BIRTH (month, day, and year): April 27, 1869
7. AGE: Years 69 | Months 2 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Ubly
(State or country): Michigan

FATHER
13. NAME: Charles Bomberg
14. BIRTHPLACE (city or town):
(State or country): Germany

MOTHER
15. MAIDEN NAME: Katherine Langelutz
16. BIRTHPLACE (city or town):
(State or country): Germany

17. INFORMANT: Miss Hazel Ause
(Address): Lewiston, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date July 20, 1938
19. UNDERTAKER: Brower Mann Co.
(Address): Lewiston Idaho
20. FILED July 21 1938 M. M. Carkeek Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-18 1938
22 I HEREBY CERTIFY, That I attended deceased from June 16, 1938, to July 18, 1938
I last saw her alive on July 18 1938; death is said to have occurred on the date stated above, at 10 3/4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
With Decompensation	

Other contributory causes of importance:
Pappilary adenoma
malignant

Name of operation Removal Lipt Date of 6/29/38
What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193...
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury ~
Nature of injury ~

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ~
(Signed) Paul Gilkey M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 141
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

Harry

DO NOT WRITE IN THIS SPACE
State File No. 110268

2. FULL NAME Addie Izora Meuli

(a) Residence No. Adams Block, Apt. 20 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin Meuli
6. DATE OF BIRTH (month, day, and year): Aug 8, 1855
7. AGE: Years 82 | Months 11 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Bangor (State or country) Maine

FATHER
13. NAME: Ebenezer Carlton
14. BIRTHPLACE (city or town): (State or country) Maine

MOTHER
15. MAIDEN NAME: Elizabeth Burbank
16. BIRTHPLACE (city or town) Levant (State or country) Maine

17. INFORMANT: Milton Meuli (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Uniontown, Wn Date July 25, 1938

19. UNDERTAKER: Brower Mann Co. (Address) Lewiston Idaho

20. FILED July 25, 1938 H. H. Cooley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-20 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/8, 1938, to 7/20, 1938
I last saw her alive on 7/20 1938: death is said to have occurred on the date stated above, at 6 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	
~~Coma~~	
Other **contributory causes** of importance: arterio sclerosis	

Name of operation none Date of —
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1938
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul Pfuhl M. D.
(Address) Lewiston, Idaho

Baldwin

PLACE OF DEATH
County of Nez Perce
City of Lewiston

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11026

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 1421

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Leon Siegrist

(a) Residence No. 509-16th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle Siegrist

6. DATE OF BIRTH (month, day, and year) Sept. 27 1881

7. AGE: Years 56 | Months 9 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME Randolph Siegrist
14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER
15. MAIDEN NAME Mary McGrath
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs Myrtle Siegrist
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date July 26, 1938

19. UNDERTAKER Brower Mann Co
(Address) Lewiston Idaho

20. FILED July 27 1938 M. M. Carberry Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/22, 1938, to 7/23/, 1938.
I last saw him alive on 7/23. 1938. death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction	7/17/38
Intussusception	7/20/38
Surgical shock	7/23/38

Other **contributory causes** of importance:

Name of operation Resection of intestine Date of 7/23.
What test confirmed diagnosis? Surgery. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph E. Baldwin, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11027

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 143
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 10 1938

2104

2. FULL NAME John William Mehl

(a) Residence No. ..... St. Myrtle, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth Mehl

6. DATE OF BIRTH (month, day, and year) Sept. 19 1908

7. AGE: Years 29 | Months 10 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction work
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Palco
(State or country) Kansas

FATHER
13. NAME John Mehl
14. BIRTHPLACE (city or town) Beloit
(State or country) Kansas

MOTHER
15. MAIDEN NAME Blanche Hayes
16. BIRTHPLACE (city or town) Conway
(State or country) Iowa

17. INFORMANT Mrs. Ruth Mehl
(Address) Myrtle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gifford, Idaho Date July 25, 1938

19. UNDERTAKER Brownell Mort. Co.
(Address) Lewiston, Idaho

20. FILED Aug 1, 1938 M. McCaskey Reg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-23 1938

22 I HEREBY CERTIFY, That I attended deceased from July 19, 1938, to July 23, 1938.
I last saw him alive on July 23 1938: death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage Contused Wound Trauma - Fore, Chest abdomen & back & head, Fract Skull & Rupture Liver, Injury & Shock.	July 19 - 38

Other **contributory causes** of importance:

Name of operation Laparotomy Date of 7/22/38
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury July 19 - 1938
Where did injury occur? Near Genesee County, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Highway
Manner of injury auto accident
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John E Conroy M. D.
(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11027

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 144

Aug 10 1938

(No. 409 - 13th)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Catherine Shafer 97

(a) Residence No. 409 - 13th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. R. Shafer

6. DATE OF BIRTH (month, day, and year) Feb. 9 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phillipi
(State or country) West Virginia

FATHER

13. NAME Henry Ridgeway

14. BIRTHPLACE (city or town)
(State or country) West Virginia

MOTHER

15. MAIDEN NAME Eliza

16. BIRTHPLACE (city or town)
(State or country) West Virginia

17. INFORMANT Porter Shafer
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date July 24, 1938

19. UNDERTAKER Brower Mann Co
(Address) Lewiston Ida

20. FILED July 25 1938 M. K. Castey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-24 1938

22 I HEREBY CERTIFY, That I attended deceased from August., 1938, to July 24., 1938.
I last saw h[illegible] alive on July 20. 1938.; death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	unknown.
Arterio Sclerosis.	1935.
Hypostatic Pneumonia.	1935.
Terminal.	1938.

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Joseph C Bardsley, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110272

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 145

AUG 10 1938

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Meacham

(a) Residence No. (Usual place of abode) St. Culdesac, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25-1938

7. AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME Herlburt L. Meacham
14. BIRTHPLACE (city or town) Bishop (State or country) California

MOTHER

15. MAIDEN NAME Margaret Bartholow
16. BIRTHPLACE (city or town) Emmett (State or country) Idaho

17. INFORMANT Mr. Herlburt Meacham (Address) Culdesac, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date July 26, 1938

19. UNDERTAKER Brewer Mortuary Co
(Address) Lewiston Idaho

20. FILED Aug 4, 1938 M. R. Carbery M D
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 26 1938

22 I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to July 26, 1938
I last saw him alive on July 25, 1938: death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant—7 mos.	

Other contributory causes of importance:

no known cause	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Parker Johnson M. D.
(Address Clarkston Wn.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110272

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 146

AUG 10 1938

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Franklin Daniel Lackey

(a) Residence No. ..... St. Juliaetta Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christine Barger Lackey

6. DATE OF BIRTH (month, day, and year) 3-11-61

7. AGE — Years: 77 | Months: 4 | Days: 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Terre Haute
(State or country) Indiana

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs Charles Lackey
(Address) Juliaetta Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Juliaetta Ida Date July 30, 1938

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston Idaho

20. FILED Aug 3, 1938 M W Cauley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-27 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to July 27, 1938

I last saw h.me. alive on ..... 193..: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	Not known
Other **contributory causes** of importance:	

Name of operation Transurethral Resection Date of 7/8/38
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. T. Scott, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110274

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 647

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

924

2. FULL NAME John L. Prato

(a) Residence No. Clarkston Wash. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/22/61

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Italy

FATHER

13. NAME Steven Prato

14. BIRTHPLACE (city or town)
(State or country) Italy

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. D. Cassetto
(Address) Clarkston, Wash

18. BURIAL, ~~CREMATION OR REMOVAL~~,
Place Lewiston Date 7/29/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston Idaho.

20. FILED Aug 3, 1938 M M Cooley M D
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/28 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-1-, 1938, to 7-28-, 1938

I last saw h[illegible] alive on 7-27- 1938; death is said to have occurred on the date stated above, at 12:15a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fondo Cirotis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 193...

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. McGowan, M. D.

(Address) Clarkston Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110275

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 148
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

157a

2. FULL NAME Mary Arlene Cress

(a) Residence No. 147-F St. Court St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female ~~White~~ | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20, 1938

7. AGE: Years 0 | Months 2 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho

FATHER

13. NAME Allen Cress
14. BIRTHPLACE (city or town) Ferdinand
(State or country) Idaho

MOTHER

15. MAIDEN NAME Marie Schneider
16. BIRTHPLACE (city or town)
(State or country) North Dakota

17. INFORMANT Allen Cress
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho July 30 193 8

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED Aug 3, 193 8 W. H. Cartey M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 29 1938

22 I HEREBY CERTIFY, That I attended deceased from May 20, 193 8, to July 29, 193 8
I last saw her alive on July 27, 193 8: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis - diabetes — Date of onset
to the extremities — from both.
Gangrene of left foot - Osteomyelitis of mouth - thrush.

Other contributory causes of importance:

Adiposity — from birth

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Paul E. Turner, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

RECEIVED

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110276

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 1 1 9

(No. Porter Block.)

(If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Frank E. Cutler.

(a) Residence No. Porter Block. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 5th, 1868.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70.	4.	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary store.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Magnolia,
(State or country) Iowa.

FATHER

13. NAME William E. Cutler.

14. BIRTHPLACE (city or town)
(State or country) Michigan.

MOTHER

15. MAIDEN NAME Violet Hall.

16. BIRTHPLACE (city or town)
(State or country) Ohio.

17. INFORMANT Mrs. Ray Beam,
(Address) Wapato, Washington.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Wapato, Wash. Date July 31st, 193 8.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Aug. 2, 1938 M. N. Carey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/30 1938.

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on ..... 193..... : death is said to have occurred on the date stated above, at about 11:00P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) E. M. Brower Coroner M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110277

PLACE OF DEATH
County of Oneida
City of Malad

AUG 10 1938

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 20

(No.) 131
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Moroni Daniels

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Owens

6. DATE OF BIRTH (month, day and year) Dec 20 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc Own Farm
10. Date deceased last worked at this occupation (month and year) June 1933
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Brigham Utah

FATHER
13. NAME Thomas Daniels
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Mary Davis
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Father D Daniels Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date June 22 1938 Burial

19. UNDERTAKER J Guy Hansen
(Address) Malad Idaho

20. FILED June 20, 1938 M J Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to June 20, 1938
I last saw h alive on June 9, 1938: death is said to have occurred on the date stated above, at 2:00AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cautery for enlarged Prostate and Uremia	
Other contributory causes of importance:	
Infection	

Name of operation Operated upon in Ogden Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O M Bradley M. D.
(Address) Malad City

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad Rt 2

JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 110273

Local Registrar's No. 19

2108

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Khalil Smith Williams

(a) Residence. No. Malad Idaho R F D #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 24 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME William G Williams

14. BIRTHPLACE (city or town) (State or country) Malad Idaho Rt 2

MOTHER

15. MAIDEN NAME Ada Smith

16. BIRTHPLACE (city or town) (State or country) Mendon Utah

17. INFORMENT (Address) William G Williams Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date July 6, 193 8

19. UNDERTAKER (Address) J. Sam Keeson Malad Idaho

20. FILED July 6, 193 8 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3 193 8

22. I HEREBY CERTIFY, That I attended deceased from July 3, 193 8, to , 193 ; I last saw him alive on July 3, 193 8; death is said to have occurred on the date stated above, at 11:00PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head, chest & other body injuries due to driving team into hydrants.	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7-3, 193 8

Where did injury occur? On highway 91 7 miles S. of Malad (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On highway

Manner of injury Getting away from Ranch horse

Nature of injury Head and body injuries.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) V. P. Grant, M. D.

(Address) Malad Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11027

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 19

APR 1 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

53 d

2. FULL NAME Mrs. Cora B. Muzzy .

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J.E. Muzzy.

6. DATE OF BIRTH (month, day, and year) 8-20- 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ST. Peter
(State or country) Minn.

FATHER

13. NAME August Bittner

14. BIRTHPLACE (city or town)
(State or country) Germany.

MOTHER

15. MAIDEN NAME Barbara Scheuer

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT J.E. Muzzy
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Emmett Idaho Date 3-8-, 1938

19. UNDERTAKER Edith Sundeen
(Address) Payette Idaho.

20. FILED 3/7/38, 193 J.C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1938, to Mar. 6, 1938

I last saw her alive on March 1938: death is said to have occurred on the date stated above, at 7:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis & Hypostatic Pneumonia	
Primary cause not known	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E.A. Parkinson, M. D.
(Address Payette, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110280

REC'D APR 1 1938

Registration District No. 4.
Primary Registration District No. 1008. Local Registrar's No. 21.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald LeRoy Cash

(a) Residence No. Payette Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Sept-12-37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
------	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho

FATHER

13. NAME Jeff LeRoy Cash

14. BIRTHPLACE (city or town) Karney
(State or country) Neb.

MOTHER

15. MAIDEN NAME Crystal I. Ritter.

16. BIRTHPLACE (city or town) Norkatur
(State or country) Kansas

17. INFORMANT Jeff LeRoy Cash
(Address) Payette Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Idaho Date 3-9-38, 193

19. UNDERTAKER Edith Landen.
(Address) Payette Idaho

20. FILED 3/9/38, 193 J. O. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-8 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 12, 193?, to 3-8, 193?

I last saw him alive on 3-8 193?: death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Bronchial

Date of onset 3-4-38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Parkinson, M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11025 1

JUL 30 1938

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

71 A

2. FULL NAME Joseph Danial Sullivan.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda Quast Sullivan

6. DATE OF BIRTH (month, day, and year) May 3 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mc. Comb
(State or country) Ill

FATHER
13. NAME Danial Sullivan
14. BIRTHPLACE (city or town) Mc. Comb.
(State or country) Ill

MOTHER
15. MAIDEN NAME Cathrine Mc.Comb.
16. BIRTHPLACE (city or town)
(State or country) not known

17. INFORMANT Mrs J. M. Sullivan
(Address) Payette Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Payette Ida. Date June 8, 1938

19. UNDERTAKER Edwin Sanders.
(Address) Payette Idaho

20. FILED 6/7/38, 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/5-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938, to June 5, 1938.
I last saw him alive on June 5 1938.: death is said to have occurred on the date stated above, at 8.45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Cannot Say
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Blood Ex Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) C. C. Paxton M. D.
(Address Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville.
City of New Plymouth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110252

JUL 30 1938

Registration District No. 4-1008. Local Registrar's No. 41.
Primary Registration District No. .....
(No .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Kittie Myrtle Walker. 46

(a) Residence No. New Plymouth Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ed. Walker.

6. DATE OF BIRTH (month, day, and year) Mar 30 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rich Hill Missouri.

FATHER
13. NAME Geo Hackett.
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME Mollie McCarthy
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Ed Walker
(Address) New Plymouth Ida

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida. 6-21-1938.

19. UNDERTAKER Estella Sanders
(Address) Caldwell Idaho

20. FILED 6/23/38, 193.. J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/19/1938.

22 I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to June 19, 1938.
I last saw h[illegible] alive on 6-18-1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	Cannot say
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Fruitland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110253

JUL 30 1938

Registration District No. 4
Primary Registration District No. 1008
(No. ....)
Local Registrar's No. 42

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Williams Henry Van Dover. 87 a

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Thornton
6. DATE OF BIRTH (month, day, and year): 1-6-1878
7. AGE: Years 60 | Months 5 | Days 21 | If LESS than 1 day .... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Ind.

FATHER
13. NAME: Owen Van Dover.
14. BIRTHPLACE (city or town) (State or country): W. Va.

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Henry Van Dover Jr. Fruitland Idaho
18. BURIAL, CREMATION OR REMOVAL Place Payette Ida. Date 6-28-, 1938
19. UNDERTAKER (Address): Edlett Funeral Payette Idaho
20. FILED 6/28/38, 193.... J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/27/1938
22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938 to June 27, 1938.
I last saw h[illegible] alive on June 27 1938.: death is said to have occurred on the date stated above, at 8.10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	Cannot Say
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) D. C. Payton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110284

JUL 30 1938

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 43

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME May Adaline Shaw 93d

(a) Residence No. Payette 610 N 6th St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Shaw

6. DATE OF BIRTH (month, day, and year) Jan 5 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nat Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Conbrook (State or country) Oregon

FATHER
13. NAME Richard S Williams
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Hannah Pain
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Walter Shaw (Address) Payette Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Jerome Idaho Date 7-30, 1938

19. UNDERTAKER J R Wiley (Address) Payette Idaho

20. FILED 7/12/38, 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 30 1938

22 I HEREBY CERTIFY, That I attended deceased from April 16, 1938, to July 30, 1938
I last saw he alive on 7-9 1938: death is said to have occurred on the date stated above, at 6 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute heart failure	7-10-38
Other **contributory causes** of importance:	
Myocarditis	
Chronic heart failure	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Carlson M. D.
(Address .....

PLACE OF DEATH
County of Fayette
City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110285

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 44

JUL 20 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Daniel Coblentz.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Coblentz
6. DATE OF BIRTH (month, day, and year): Sept 19 1865
7. AGE: Years 72 | Months 9 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: railroad Mail
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Union City Ind.

FATHER
13. NAME: Norman Coblentz.
14. BIRTHPLACE (city or town) (State or country): Union City Ind.

MOTHER
15. MAIDEN NAME: Mary Sutton.
16. BIRTHPLACE (city or town) (State or country): Ind.

17. INFORMANT (Address): Margaret Coblentz Fayette Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Fayette Ida. Date: 7/16/38
19. UNDERTAKER (Address): Edwin Tayler Fayette Idaho.
20. FILED 7/15/38, 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7-13 1938
22. I HEREBY CERTIFY, That I attended deceased from June 16, 193 8, to 7-13, 193 8
I last saw h~~im~~ alive on 7-12 193 8: death is said to have occurred on the date stated above, at 1:15 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	not known

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Pierson, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110286

RECEIVED JUL 30 1938

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 45

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David O. Bullis 11a

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Bullis
6. DATE OF BIRTH (month, day, and year): Sept 6 - 1864
7. AGE: Years 73 | Months 10 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: /
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kewanee Ill.

FATHER
13. NAME: Lemuel Bullis.
14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER
15. MAIDEN NAME: Emily Enslow.
16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT (Address): Clara E. Bullis, Gooding Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Cornelia Chapel Date: 7-16, 1938

19. UNDERTAKER (Address): Elick Sanders, Gooding Idaho

20. FILED 7/15/38, 193... J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7/14/1938

22 I HEREBY CERTIFY, That I attended deceased from 7/7, 193.8, to 7/14, 193.8
I last saw h[illegible] alive on 7/14 193.8: death is said to have occurred on the date stated above, at 2:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	

Other **contributory causes** of importance:

Pneumonia - Bronchs	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. C. Clark, M. D.
(Address) Payette, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

JUL 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110287

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 46

(No. 157)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm James Fiper

(a) Residence No. (Usual place of abode) St. Mandian Ida
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): 7-19-1938

7. AGE — Years | Months | Days: 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Payette Idaho

FATHER
13. NAME: Ralph Fiper
14. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

MOTHER
15. MAIDEN NAME: Esther B. Thompson
16. BIRTHPLACE (city or town) (State or country): Grangeville Idaho.

17. INFORMANT: Ralph Fiper
(Address) Mesicken Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Ida. Date 7-21-, 1938

19. UNDERTAKER: Edith Gardner
(Address) Payette Idaho

20. FILED 7/23/38 193 J. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-21 1938

22 I HEREBY CERTIFY, That I attended deceased from July 19, 1938, to July 21, 1938
I last saw him alive on July 20 1938: death is said to have occurred on the date stated above, at 6:15A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Maldevelopment of internal organs	at birth
Failing complete development	
of skull bones	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo E Davis M. D.
(Address) New Plymouth Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gayette
City of Gayette
JUL 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1102

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 47

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

930

2. FULL NAME Edson H. Simmons.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) 11-14-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wellington
(State or country) Kansas

FATHER

13. NAME Miner Simmons
14. BIRTHPLACE (city or town) Caughlenup
(State or country) N.Y.

MOTHER

15. MAIDEN NAME Eva Knowles.
16. BIRTHPLACE (city or town) Menasha
(State or country) Wis.

17. INFORMANT Arthur Simmons
(Address) Gayette, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Antona Cem Date 7-25-1938

19. UNDERTAKER Edith Sunden
(Address) Gayette, Idaho

20. FILED 7/24/38 1938 J. R. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/23 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Jul 1, 1938, 193..
I last saw him alive on 7/1/38 193..: death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
4or 5 yrs ago	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. R. Woodward M. D.
Address Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette

City of Fruitland, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110289

JUL 30 1938

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 48

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Albert C. Pathead

(a) Residence. No. Fruitland, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Pathead

6. DATE OF BIRTH (month, day and year): December 18, 1857

7. AGE — Years: 80 | Months: 7 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 40 years

12. BIRTHPLACE (city or town) (State or country): Wheeling West Virginia

FATHER

13. NAME: [redacted] Pathead

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Maggie Pathead Fruitland Idaho R 2 Box 44

18. BURIAL, CREMATION OR REMOVAL

Place Payette, Ida. Date July 26, 1938

19. UNDERTAKER (Address): H. E. Peterson Emmett Idaho

20. FILED 7/25/38 193.... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 23 1938

22. I HEREBY CERTIFY, That I attended deceased from 1920, 193..., to Jul 23, 1938, 193...

I last saw him alive on Jul 23/1938, 193...; death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombo Angiitis Obliterans	
1 yr ago	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. R. Winmark M. D.

(Address) Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fayette
City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110290

Registration District No. 4-1008 Local Registrar's No. 50
Primary Registration District No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME albert Montgomery Moore.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Dec 6 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	7	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stockman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Goodland Kansas.

FATHER
13. NAME L. C. Moore.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Addie Pinkerton
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT William J. Moore
(Address) Boise Co Idaho city stage

18. BURIAL, CREMATION OR REMOVAL
Place Fayette Idaho Date 7-28, 1938

19. UNDERTAKER Edwin Faudre
(Address) Fayette Idaho

20. FILED 7/28/38, 193... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-26 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...; death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
gun shot - wound	
Self inflicted.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following: Suicide
Accident, suicide, or homicide? ..... Date of injury 7-26-38 193...
Where did injury occur? Fayette Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** home.
Manner of injury gun shot wound
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify ..... Coroner
(Signed) Edwin Faudre, M. D.
(Address) Fayette - Idaho.

PLACE OF DEATH
County of Power
City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110291

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 24
(If not in hospital or institution, give No. Power County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alta Lilace Wells

(a) Residence No. Springfield, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 19. 1930.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield, Idaho.
(State or country)

FATHER

13. NAME Loren George Wells
14. BIRTHPLACE (city or town) Springfield, Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Alta Pearl Hancock
16. BIRTHPLACE (city or town) Riverside, Idaho.
(State or country)

17. INFORMANT Mrs. Loren Wells.
(Address) Springfield, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Springfield, Ida. Date July 13, 1938

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho.

20. FILED 7-31, 1938 Irene Bacino
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11 1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to July 11, 1938
I last saw h[illegible] alive on July 10 1938: death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute appendicitis	June 20 1938
General Peritonitis	Jun 22 1938
Abscess pleft Side of brain	July 7 1938
Other **contributory causes** of importance:	
Septicaemia	June 20 1938

Name of operation Appendectomy Date of June 22/38
What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. C. Kennon, M. D.
(Address) Aberdeen Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Rockland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 25
Primary Registration District No. 2072

DO NOT WRITE IN THIS SPACE
110292
State File No.

Local Registrar's No. 25

157

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Ladell Hunsaker

(a) Residence. No. — St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Albert L Hunsaker
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ardella Tubbs
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Albert L Hunsaker Rockland Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date July 16, 1938

19. UNDERTAKER Thos Benson (Address) Malad, Idaho

20. FILED 7-31 1938 Irene Daling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to July 14, 1938
I last saw h[illegible] alive on , 193 : death is said to have occurred on the date stated above, at 3:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) V G Logan M. D.
(Address) American Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Crystal

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110293

AUG 8 - 1938

Registration District No. 28 25
Primary Registration District No. 2161 2072 Local Registrar's No. 156 26

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter William Wrensted

(a) Residence No. Crystal St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Carl T. Wrensted

14. BIRTHPLACE (city or town) unknown
(State or country) Utah

MOTHER

15. MAIDEN NAME Hazel Gibson

16. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

17. INFORMANT Carl T. Wrensted
(Address) Crystal Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ burial
Place Mountainview Date 8-2-38, 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED Aug 2 1938 D. C. Rapp
8-12-1938 Irene Paling Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/30 1938.

22 I HEREBY CERTIFY, That I attended deceased from Was dead when I saw, 193..., to ....., 193.....
I last saw him alive on ..... 193.....: death is said to have occurred on the date stated above, at 3:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned	7/30/38
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of (If outside limits give location) Kellogg

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110254

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 37
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Johnson

(a) Residence No. Kingston Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 4-1865

7. AGE: Years 73 | Months 2 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millwright & Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Sweden

FATHER
13. NAME [illegible]
14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date June 28, 1938

19. UNDERTAKER [illegible]
(Address) Kellogg Idaho

20. FILED Aug 8, 1938 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) June 25 1938

22 I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to June 25, 1938

I last saw him alive on 6-23 1938.: death is said to have occurred on the date stated above, at 8:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	6-13-38

Other **contributory causes** of importance:

Essential Hypertension	6 yrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold Thurston, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110295

AUG 8 - 1938

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 1

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

93e

2. FULL NAME Elvira Adington Wade

(a) Residence No. 115 Cedar Str St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 years yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James H. Wade

6. DATE OF BIRTH (month, day, and year) June 10, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albany, Oregon
(State or country)

FATHER

13. NAME Absolum Mendenhall Adington

14. BIRTHPLACE (city or town)
(State or country) Tennessee

MOTHER

15. MAIDEN NAME Hannah Lewllyn

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Mrs. James A. Wayne
(Address) Wallace, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Date 7/5, 1938

19. UNDERTAKER E. V. Bates
(Address) Coeur d'Alene Idaho

20. FILED Aug 1, 1938 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-1 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1937, to July 1, 1938.

I last saw her alive on July 1 1938: death is said to have occurred on the date stated above, at 4 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Chronic myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Mitchell M. D.

(Address Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

REC AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110296

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 3

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bess Eunice Bynoch

(a) Residence No. Mullan Ida #8 Tamarack St
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Clarence Bynoch

6. DATE OF BIRTH (month, day, and year): May 4 1902

7. AGE: Years 36 | Months 1 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spangle Wash.

FATHER
13. NAME Thomas Jefferson Rose
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Julia Ann Peters
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Clarence Bynoch
(Address) Mullan Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Pleasant View Date July 7, 1938

19. UNDERTAKER Ward & Taylor Funeral Home
(Address) R. F. Stout

20. FILED Aug 1, 1938 Johnnie Bruce
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 10:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broken neck Accident	

Other **contributory causes** of importance: auto accident

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury July 3 193.....
Where did injury occur? Happy Hollow Mullan Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Happy Hollow Mullan Ida
Manner of injury Auto accident
Nature of injury Broken neck

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) H. H. Wright Coroner
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED
AUG 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 12 3
Primary Registration District No. 2201
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 110297

Local Registrar's No. 38

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Godfrey Lerchen

(a) Residence No. 416 West Mullan St. Kellogg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-14-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Ludwig Lerchen

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date 7/9/38 193

19. UNDERTAKER O. F. Hawkins
(Address) Kellogg Idaho

20. FILED Aug 8, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 5 1938

22 I HEREBY CERTIFY, That I attended deceased from June 13, 1938, to July 5, 1938

I last saw him alive on July 5 1938: death is said to have occurred on the date stated above, at 10:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcenoma of Stomach	2 years
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harold Henderson M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110298

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 4
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 6 - 1938

56a

2. FULL NAME Freda Virginia Franck

(a) Residence No. Burke Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 26 1923
7. AGE: Years 13 | Months | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wallace Ida

FATHER
13. NAME: Angelo Franck
14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER
15. MAIDEN NAME: Virginia Dupart
16. BIRTHPLACE (city or town) (State or country): Rock Springs Wyoming

17. INFORMANT: Angelo Franck
(Address): Burke Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Spokane Wash. Date: July 9, 1938

19. UNDERTAKER: Ward Funeral Home
(Address): Wallace Ida

20. FILED: July 6, 1938 Edward Olson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 5 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-27-38, 193..., to 7-5-38, 193...
I last saw her alive on 7-5-38 193...: death is said to have occurred on the date stated above, at 9 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic fever with carditis: Mitral insufficiency and right heart failure	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ward Funeral Home M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED
JUL 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11025

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 39
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlie Haley

(a) Residence No. Sweeten Ville Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of (Will be 15 years Sept 15, 1938) Sept 15-1923

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	14	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

FATHER

13. NAME Howard Haley
14. BIRTHPLACE (city or town) Wisconsin
(State or country)

MOTHER

15. MAIDEN NAME Ruth Edrick
16. BIRTHPLACE (city or town) Wisconsin
(State or country)

17. INFORMANT Mrs. Howard Haley
(Address) Sweetwater Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date July 9, 1938

19. UNDERTAKER P. D. Hardisty
(Address) Kellogg Idaho

20. FILED July 11, 1938 Mrs. Helen M. Brade
Registrar.

MEDICAL CERTIFICATE OF DEATH. 3:PM

21. DATE OF DEATH (month, day and year) July 7- 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned in Lost Lake near Polaris Idaho accidental	July
Other contributory causes of importance: Epileptic fit	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 7 193.....
Where did injury occur? Lost Lake near Polaris Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Lost Lake
Manner of injury Fell into water
Nature of injury drowned

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. Mowry Gibney M.D.
(Address) Wallace Ida

PLACE OF DEATH
County Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110300

Registration District No. 70
Primary Registration District No. 011
Local Registrar's No. 5

(No. 9 Cedar)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Burt O'Brien

(a) Residence No. Wallace Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mayme O'Brien

6. DATE OF BIRTH (month, day, and year) Mar 8 77

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Sheboygan Wisc.

FATHER

13. NAME Michael O'Brien

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Anna Corrigan

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Mayme O'Brien
(Address) Wal.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash. Date July 9, 1938

19. UNDERTAKER Ward Funeral Home
(Address) P. O. Box Wallace Ida

20. FILED Aug 1, 1938 John [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 8 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Sudden
Arteriosclerosis	several years

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193...

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Worley Coroner
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Special attention is called to statement of OCCUPATION is very important. See section on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone STATE OF [redacted]

City of Kellogg DEPARTMENT OF [redacted]

RECEIVED AUG 1 1938

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110301

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 40

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Aron Anderson

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, and year) Aug 21, 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sunshine Mine

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andrew Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Pauline Johnson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Aron Anderson

(Address) Eskeest River, Ida

18. BURIAL, CREMATION OR REMOVAL

Place [redacted] Pinehurst Date July 13, 1938

19. UNDERTAKER P. J. Shanahan

(Address)

20. FILED July 11, 1938 Mrs. Helen M. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 8 1938

22 I HEREBY CERTIFY, That I attended deceased from July 8, 1938, to July 8, 1938

I last saw him alive on July 8 1938: death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture	7-8-38
Hem orrhage	"

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Yes. Date of injury, 7-8-38 193.....

Where did injury occur? Shoshone County

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Sunshine Mine

Manner of injury Fell down Mine shaft

Nature of injury Bruises on head & body Chest

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Howard Coroner

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110302

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 41

AUG 10 19[illegible]

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey E. Hansen

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 21, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hartland
(State or country) Wisconsin

FATHER

13. NAME Frederick
14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER

15. MAIDEN NAME Marie
16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMANT Mrs. Harvey Hansen
(Address) Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date July 11, 1938

19. UNDERTAKER P. J. Thornburg
(Address) Kellogg, Idaho

20. FILED Aug 8, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 9 1938

22 I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 9, 1938
I last saw him alive on July 8 1938: death is said to have occurred on the date stated above, at 2:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tularaemia, typhoidal and pneumonic forms	June 23, 38

Other **contributory causes** of importance:

Name of operation None Date of —
What test confirmed diagnosis? Agglutination Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify was in woods
(Signed) W. C. Lindsay, L. Steiner M. D.
(Address) Kellogg, Idaho

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110393

RECEIVED
AUG 10 1938

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 42

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Dean Pearse

(a) Residence No. Banatery Road St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28 1908

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	30	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Mt Hoarr N. Dak -
(State or country)

FATHER
13. NAME John R. Pearse
14. BIRTHPLACE (city or town) Jonesville
(State or country) Ohio

MOTHER
15. MAIDEN NAME Mary Bell Thomas
16. BIRTHPLACE (city or town) Ringgsville
(State or country) Ind.

17. INFORMANT Mrs Mary Pearse
(Address) Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg - Date July 13 1938

19. UNDERTAKER R. L. Flint
(Address)

20. FILED Aug 8, 1938 Mrs. Helen M. Brede
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 10 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-25, 1935, to July 10, 1938
I last saw him alive on July 10 1938: death is said to have occurred on the date stated above, at 5:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1 month

Other **contributory causes** of importance:

Silico-Tuberculosis Bilateral	6 years

Name of operation .... Date of ....
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner

(Signed) Harold T. Anderson M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

RECEIVED

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 110304

Local Registrar's No. 43

(No. 163 Yellowstone)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katherine Dunsmoor Desmoreau

(a) Residence No. Kellogg St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 37 — Months — Days — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mullan Idaho

FATHER

13. NAME: Sylvester Smith

14. BIRTHPLACE (city or town) (State or country): No Data

MOTHER

15. MAIDEN NAME: Rosabelle Leonard

16. BIRTHPLACE (city or town) (State or country): Iowa No Data

17. INFORMANT (Address): Mrs. Gertrude Hawe Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Idaho Date July 12, 1938

19. UNDERTAKER (Address): P. J. Shorthill Kellogg Idaho

20. FILED Aug 8, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): July 10 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

Nephritis & Uremia — Date of onset 7-3-38

Other contributory causes of importance:

Ruptured Varicose Vein several days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

~~Accident~~, suicide, or ~~homicide~~? ..... Date of injury....., 193.....

Where did injury occur? Home
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Own Home

Manner of injury Ruptured Varicose Vein

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address)

JRD. Every item of information should be carefully supplied. AGE should be stated EXACTLY, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact station on back of certificate. See instruction is very important.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS MARGIN RESERVED

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110305

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 6
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 8 - 1938

2. FULL NAME Thomas Dixon

(a) Residence No. near Murray St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

171

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	single.

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 19 - 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glasgow
(State or country) Scotland

FATHER

13. NAME Thos Dixon
14. BIRTHPLACE (city or town) Glasgow
(State or country) Scotland

MOTHER

15. MAIDEN NAME Jane Wilson
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT D. E. Dixon
(Address) Butte Mont.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida. Date July 13, 1938

19. UNDERTAKER R. L. Stuart
(Address) Kellogg Ida.

20. FILED Aug 1, 1938 John A. Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 11 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 10 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bleeding Ulcer	Unknown
with hemorrhage	
Duodenal	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis None Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Duodenal Date of injury July 11 1938
Where did injury occur? Wallace Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Wallace Ida
Manner of injury Bleeding Ulcer with hemorrhage
Nature of injury Duodenal

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Waterhouse Coroner
(Address) Wallace Ida

Burial

PLACE OF DEATH
County of Shoshone County
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110366

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 7

AUG 8 - 1938

(No. c/o Mt. View Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

95b

2. FULL NAME Robert Linn

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	no information

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15 - 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no information
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Virginia
(State or country)

FATHER

13. NAME no information
14. BIRTHPLACE (city or town) no information
(State or country)

MOTHER

15. MAIDEN NAME no information
16. BIRTHPLACE (city or town)
(State or country) no information

17. INFORMANT no information
(Address)

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Potlatch Date 7/11, 1938

19. UNDERTAKER C. F. Shanklin
(Address) Kingston Idaho

20. FILED Aug 1, 1938 John A. Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/4 1938

22 I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 10, 1938
I last saw him alive on July 10 1938: death is said to have occurred on the date stated above, at 12 00 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Brights disease	

Other **contributory causes** of importance:

Name of operation none Date of —
What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. C. Lindsay & S. Steines M. D.
(Address Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110307

AUG 8 - 1938

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 8
(No. Cesdwel)
(If death occurred in a hospital or institution, give its name instead of street and number)

93

2. FULL NAME Charles E. Brunner

(a) Residence No. Block Closed St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amelia Brunner

6. DATE OF BIRTH (month, day, and year) Aug 19-1858

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1903
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzland

FATHER
13. NAME — Brunner
14. BIRTHPLACE (city or town) (State or country) Switzland

MOTHER
15. MAIDEN NAME Katrine Munkert
16. BIRTHPLACE (city or town) (State or country) Switzland

17. INFORMANT Sophia Thomas
(Address) Wallace Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date July 7, 1938

19. UNDERTAKER D. K. Hook (Ward)
(Address) Wallace Ida

20. FILED Aug 8, 1938 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 13 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 12 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Sudden
Cerebral Hemorrhage	Sudden
Failure	

Other contributory causes of importance: Chronic Myocarditis — Several years

Name of operation — None — Date of .....
What test confirmed diagnosis? None — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Work with Power Knife
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) H. Bloodgood C.D. [illegible]
(Address) Wallace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11030

Idaho
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 44
(No. 183)

RECEIVED
AUG 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James L Dockter

(a) Residence No. 120 - W Riverside St. Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Apr 13 - 1920
7. AGE: Years 18 | Months 3 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wayne Garage
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): So Dakota

FATHER
13. NAME: John Dockter
14. BIRTHPLACE (city or town) (State or country): No Dak

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): No Dak

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Andover Idaho Date July 20 193 8

19. UNDERTAKER P. F. Thorbeck
(Address) Kellogg Idaho

20. FILED Aug 8, 1938 Mrs Helen M Burke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/15/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned in Rose Lake	few minutes
Other contributory causes of importance: Could not have lived after being rescued	

Name of operation ..... Date of .....
What test confirmed diagnosis? Witness
Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193.....
Where did injury occur? Rose Lake Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Rose Lake Ida
Manner of injury Swimming in Lake water
Nature of injury Drowned

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Terrell Coroner
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110309

AUG 8 - 1938

Registration District No. 70

Primary Registration District No. 7011

Local Registrar's No. 9

(No.) Provident Cemetery

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude May Saltmer

(a) Residence No. Burke Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 11 1895

7. AGE: Years 43 | Months 2 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Oneida Wis

FATHER

13. NAME: Peter George

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Cornelius

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Chas. L. Saltmer Burke Ida

18. BURIAL, CREMATION OR REMOVAL Place: Spokane Date: July 21, 1938

19. UNDERTAKER (Address): Bly Mortuary Wallace Ida

20. FILED Aug 1, 1938 John A Burke Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 18 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1938 to July 18, 1938

I last saw h[illegible] alive on 7/18 1938: death is said to have occurred on the date stated above, at 12:35 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1935

Other **contributory causes** of importance:

Nephritis Chronic	1935
Arteriosclerosis,	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) Wallace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110319

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles H. Wilson

(a) Residence No. Kellogg - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER FATHER

13. NAME
14. BIRTHPLACE (city or town)
(State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date July 22, 1938

19. UNDERTAKER P. J. Thornhill
(Address) Kellogg - Idaho

20. FILED Aug 8, 1938 Mrs Helen M Brede
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 19 1938

22 I HEREBY CERTIFY, That I attended deceased from July 16, 1938, to July 18, 1938
I last saw him alive on July 18, 1938: death is said to have occurred on the date stated above, at 1 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute bronchitis	
Other **contributory causes** of importance:	
old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Lindsay, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R. ORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110311

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 46
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 94 Jr

2. FULL NAME John William Nelson

(a) Residence No. Kellogg (Usual place of abode) Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fern Nelson

6. DATE OF BIRTH (month, day, and year) Jan 14 - 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Garden City (State or country) Iowa

FATHER
13. NAME Wm. Nelson
14. BIRTHPLACE (city or town) Sweden (State or country)

MOTHER
15. MAIDEN NAME Lucy Hill
16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMANT Mrs. Fern Nelson (Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL. Place Mullan Town Mont Date July 24 1938

19. UNDERTAKER Ross L Stout (Address) Kellogg Idaho

20. FILED July 8, 1938 Miss Helen M Brede Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1938

22 I HEREBY CERTIFY, That I attended deceased from July 17, 1938, to July 19, 1938
I last saw him alive on July 19 1938.: death is said to have occurred on the date stated above, at 4:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Galloway M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

REC'D AUG 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110312

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 35

(No. Custer sperger. 2102
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Vincent Cuntrensperger

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 18 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Geneva
(State or country) Switzerland

FATHER
13. NAME ✓
14. BIRTHPLACE (city or town) ✓
(State or country) ✓

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMANT Thomas Kemp.
(Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg - Ida. Date July 23, 1938

19. UNDERTAKER R. R. - Plant
(Address) Kellogg - Idaho

20. FILED Aug 1, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 21 1938

22 I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 21, 1938
I last saw him alive on July 21 1938: death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	July 20 38
Other contributory causes of importance:	
fracture cervical spine	July 3-38
Laminectomy - gas: ether	July 19-38

Name of operation Date of July 19-38
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? yes Date of injury July 3-38, 1938
Where did injury occur? Shoshone County Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place highway
Manner of injury auto accident
Nature of injury fracture cervical spine

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Irene McCaffery M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110318

Registration District No. 123
Primary Registration District No. 3201
Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Mathilda Liebe

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank L Liebe

6. DATE OF BIRTH (month, day, and year) Nov. 16 - 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	4	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Red Oak Iowa.
(State or country)

FATHER
13. NAME Wm S McCleary
14. BIRTHPLACE (city or town) Dont Know
(State or country)

MOTHER
15. MAIDEN NAME Lacinda Boaz
16. BIRTHPLACE (city or town) Dont. Know
(State or country)

17. INFORMANT Frank L Liebe
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Opstaus Mt. Vo Date Aug. 10, 1938

19. UNDERTAKER R. L. Stout.
(Address) Kellogg Idaho

20. FILED Aug 8, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-28-1938

22 I HEREBY CERTIFY, That I attended deceased from July 17, 1938, to July 28, 1938
I last saw her alive on July 28, 1938: death is said to have occurred on the date stated above, at 9:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Brights Disease	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No, specify
(Signed) W. C. Lindsay, M. D.
(Address Kellogg Idaho)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110314

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 10
(No. Residence - 1)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Hearnemen

(a) Residence No. 816 Residence St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Hearnemen

6. DATE OF BIRTH (month, day, and year) Nov 25 1856

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canada
(State or country)

FATHER
13. NAME Wm Hearnemen
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Alice Egert
(Address) Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Emerald Dell Cem Date July 25 1938

19. UNDERTAKER Ross Ebert (Wards)
(Address) Kellogg Idaho

20. FILED Aug 1938 Robert Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 23 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to July 23, 1938.
I last saw h.im alive on July 21, 1938.: death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1 yr
Other contributory causes of importance:	
Cerebral Hemorrhage	1 yr

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110315

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 11

Aug 8 1938

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

201

2. FULL NAME John Mauldin

(a) Residence No. Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): [redacted]-1912

7. AGE — Years: 25 — Months: 6 — Days: 26 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sunshine Mine
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER

13. NAME: J. D. Mauldin
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Edwin Rhoden Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Wallace Idaho Date: July 28, 1938

19. UNDERTAKER (Address): R. L. Stout (Words) Wallace Idaho

20. FILED: Aug 1, 1938 John A Beuer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 24 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 12 noon m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull Fracture	July 24 '38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
(Accident), suicide, or homicide? ..... Date of injury 7-24-38 193...
Where did injury occur? Sunshine mine Shoshone County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** industry
Manner of injury Shaft accident
Nature of injury Fractured Skull

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Accident on job
(Signed) Herbert E. Bonebrake
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110316

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Bellman

(a) Residence No. Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Vera Wells
(Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Woodlawn Date July 26, 1938

19. UNDERTAKER R. L. Stark (Sands)
(Address) Wallace Ida.

20. FILED July 25, 1938 John L. Burns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 24 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw him alive on ..... 193.....: death is said to have occurred on the date stated above, at 11 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Heart failure	two months

Other **contributory causes** of importance: Myocarditis Chronic Nephritis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Willard Carroll M.D.
(Address) Wallace Ida.

PLACE OF DEATH
County of Shoshone
City of Wallace

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 10
Primary Registration District No. 1011
(No. Residence)

DO NOT WRITE IN THIS SPACE
State File No. 110317

Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Clair Sutherland

(a) Residence No. 313 Bank St. Wallace
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feby 18th 1899

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
39	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as ~~silk~~ mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Julietta
(State or country) Idaho

FATHER

13. NAME D. H. Sutherland

14. BIRTHPLACE (city or town)
(State or country) Canada

MOTHER

15. MAIDEN NAME Lola Ward

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT D H Sutherland
(Address) Wallace Ida

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place Spokane Date July 31st 1938

19. UNDERTAKER B G Worstell
(Address) Wallace Ida

20. FILED Aug 1, 1938 John A Kerr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 193

22 I HEREBY CERTIFY, That I attended deceased from ..., 193... to July 29, 193...

I last saw h[illegible] alive on July 26 193...; death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 Feb

Other contributory causes of importance:

Lobar pneumonia	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Castleford,
R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110318

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac Amos King

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day and year) May, 29-1938

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	X	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Castleford, Ida.

FATHER
13. NAME Clyde King
14. BIRTHPLACE (city or town) (State or country) Sevierville, Tenn.

MOTHER
15. MAIDEN NAME Beatrice Hilliard
16. BIRTHPLACE (city or town) (State or country) Benton, Tenn

17. INFORMANT (Address) Clyde King, Castleford, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl, Ida. Date July, 5th, 1938

19. UNDERTAKER (Address) Evans & Johnson, Buhl, Ida.

20. FILED 7/6, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/3 1938

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1938 to present, 193..
I last saw him alive on June 7, 1938: death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - possibly heart failure congenital.	
Baby died suddenly was thought to be well & in good health.	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was ~~due to exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) M. A. Drake, M. D.
(Address) Buhl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

JUL 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11031

Registration District No. 37

Primary Registration District No. 1035

Local Registrar's No. 135

(No. Rock Creek Canyon)

(If death occurred in a hospital or institution, give its name instead of street and number)

2109

2. FULL NAME Joseph Ebben Williams

(a) Residence No. 261 Alexander St St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Mrs. Carrie Williams

6. DATE OF BIRTH (month, day, and year) 1-23-1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Dakota

FATHER

13. NAME Ezra Williams

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Carrie Williams
(Address) 261 Alexander St

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 7-7, 193 8

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls Idaho

20. FILED 7-8-38, 193 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-3-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.~~im~~ alive on 7/4 193 8 : death is said to have occurred on the date stated above, at 10:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured cervical vertebrae due to auto accident	7/3/38

Other **contributory causes** of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/3/38 193.....

Where did injury occur? Rock Creek Canyon 6m of Twin Falls
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place

Manner of injury auto skidded into Canyon

Nature of injury Fractured neck

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo C Halley M. D.

(Address Twin Falls Ida

PLACE OF DEATH
County of Twin Falls
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110320

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 137

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lyle Taylor

(a) Residence No. Twin Falls Co. Hospital St. Stockton, Mo.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years 19 | Months — | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) July 7 1938
11. Total time (years) spent in this occupation 4 mo.

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT V. K. Barron
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Stockton, Mo. Date July 9, 1938

19. UNDERTAKER E. T. Albertson
(Address) Buhl, Idaho

20. FILED July 9, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7 1938

22 I HEREBY CERTIFY, That I attended deceased from July 7, 1938, to July 7, 1938
I last saw him alive on July 7, 1938: death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1/ Skull fracture	July 7 38
2/ Fractured left femur	July 7 38
3/ Fractured left wrist	July 7 38

Other contributory causes of importance:

Shock.	
Respiratory failure	July 7 38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 7, 1938
Where did injury occur? 6½ mile East of Buhl
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place On the highway
Manner of injury Motorcycle vs. Car Wreck
Nature of injury Fracture of Skull

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Augustus, M. D.
(Address) Buhl Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Buhl.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110321

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

AUG 8 = 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Lee Robinson,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred? X yrs. X mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) June, 12th. 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
X	X	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buhl,
(State or country) Ida.

FATHER

13. NAME Emanuel C.Robinson

14. BIRTHPLACE (city or town) Oak Point,
(State or country) Wash.

MOTHER

15. MAIDEN NAME Leola Simmons

16. BIRTHPLACE (city or town) Buffalo,
(State or country) Okla.

17. INFORMANT Mrs.Emanuel C.Robinson
(Address) Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Ida. Date 8/8/, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl.

20. FILED 8/8, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/7 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938, to July 7, 1938
I last saw him alive on July 7, 1938; death is said to have occurred on the date stated above, at 12:30 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ascending Hepatitis	July 5 38

Other contributory causes of importance:

Non Surgical Remarkage	6/23/38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) John A. Wiggett, M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 12 1938

CERTIFICATE OF DEATH

37

Registration District No. 2085

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 110322

Local Registrar's No. 141

(If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls Co. Gen. Hospital

2. FULL NAME Marion C. Owens

(a) Residence No. Twin Falls, Ida R.F.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~XXXXXXXXX~~ Mrs. Emma Owens

6. DATE OF BIRTH (month, day, and year) 6-4-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Mrs. Emma Owens
(Address) Twin Falls, Ida R.F.D. 2

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Memorial Date 7-12, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 7-11-, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-9 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-9, 1938, to 7-9, 1938

I last saw h~~im~~ alive on 7-8 1938: death is said to have occurred on the date stated above, at 9:20A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Cerebral hemorrhage	
stroke of right	
Other **contributory causes** of importance:	
Hypertension	
old age	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. A. Drake M. D.

(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

RECEIVED
AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110323

Registration District No. 37
Primary Registration District No. 2065
Local Registrar's No. 142
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Sharon Gail Crumrine,

(a) Residence No. Hazelton, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred 1 day (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-12-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER

13. NAME Raymond Crumrine,

14. BIRTHPLACE (city or town) Galesburg
(State or country) Kansas

MOTHER

15. MAIDEN NAME Edith Hodgden

16. BIRTHPLACE (city or town) Erie,
(State or country) Kansas

17. INFORMANT Raymond Crumrine
(Address) Hazelton, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place T.F.Cem. Date 7-13-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 7-13-, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-12, 1938

22 I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to July 12, 1938
I last saw her alive on July 1938: death is said to have occurred on the date stated above, at 11:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a Telectasis	at birth
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Castleford
R.F.D.

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110324

Registration District No. 39
Primary Registration District No. 3087
Local Registrar's No. 95

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Walter Kinyon,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace Kinyon

6. DATE OF BIRTH (month, day, and year) April 24th. 1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Okawville,
(State or country) Ill.

FATHER
13. NAME Edward Kinyon
14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER
15. MAIDEN NAME Harriott Land
16. BIRTHPLACE (city or town) Nashville, Ill
(State or country)

17. INFORMANT Harvey Kinyon,
(Address) Castleford, Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Buhl - Ida. Date 8/6, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Ida.

20. FILED 8/6, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/13 1938

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1938, to July 13, 1938
last saw him alive on July 13, 1938; death is said to have occurred on the date stated above, at 9:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	
fc Decompensation	Jan 8/38

Other contributory causes of importance:

Hypertension, Failure	July 12/37

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John C. Wanstall M. D.
(Address) Buhl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110325

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 51
(No. .....)

AUG 5

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Allen Reif

(a) Residence No. 201 - South 7th St. St. Burley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Aug 6, 1923
7. AGE: Years 14 | Months 11 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (mo. and yr.): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Ogby Idaho

FATHER
13. NAME: James Reif
14. BIRTHPLACE (city or town) (State or country): Memphis Tenn.

MOTHER
15. MAIDEN NAME: Lavinia Soderberg
16. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

17. INFORMANT (Address): James Reif Burley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Burley, Ida. Date: July 17, 1938

19. UNDERTAKER (Address): B. T. Alderson Burley Idaho

20. FILED 7/16, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 14, 1938

22 I HEREBY CERTIFY, That I attended deceased from July 13, 1938 to July 14, 1938
I last saw him alive on July 14, 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus - 4 yrs ago	

Other contributory causes of importance:

Diabetic Coma	

Name of operation none Date of
What test confirmed diagnosis? Sugar Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vern H. Anderson, M. D.
(Address) Burley, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Castleford,

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39
Primary Registration District No. 2087

DO NOT WRITE IN THIS SPACE
State File No. 110326

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David McBride,

46c

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married,

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Brewer McBride

6. DATE OF BIRTH (month, day, and year) April 24th. 1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71.	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Chas H. McBride
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Barbara Larr
16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT Mrs. Geo Clement,
(Address) Castleford, Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Buhl, Ida. Date 7/17, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Ida.

20. FILED 7/16, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/15 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1938, to , 193
I last saw him alive on July 13, 1938; death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bowels	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? No Date of injury No, 193
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. W. Murphy, M. D.
(Address) Twin Falls,

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110327

AUG 12 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 147

(No. ,)
(If death occurred in a hospital or institution, give its name instead of street and number)

181

2. FULL NAME Billy Kavin Jacobs

(a) Residence No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-30-1934

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (child)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alva, Okla.
(State or country)

FATHER

13. NAME Bill LaMond,
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Iva Corson,
16. BIRTHPLACE (city or town) Aline,
(State or country) Okla

17. INFORMANT Mrs. Jennie Corson
(Address) Carmen, Okla

18. BURIAL, CREMATION OR REMOVAL
Place T.F.Mem. Date 7-29-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 7-30-, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-25 193 8

22 I HEREBY CERTIFY, That I ~~attended~~ deceased from 7/25, 1938, to Saw, 193..
I last saw h.im alive on 7/25 193 8: death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Third degree burns over entire body - Charred	7/25/38

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/25/38
193..
Where did injury occur? Twin Falls Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Accidental Fire
Nature of injury Burned to death

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo C Kelly, M. D.
(Address) Twin Falls, Idaho.
Coroner Twin Falls Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110328

AUG 12 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 144

(No. Hansen, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sarah Elvira Brandon

(a) Residence No. Buhl, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 2-8-1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry Brandon
(Address) Twin Falls, Ida R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 7-28, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 7/28, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-26-1938

22 I HEREBY CERTIFY, That I attended deceased from Not seen alive, 193..

I last saw h.. alive on .. 193..: death is said to have occurred on the date stated above, at 8:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	10-15 yrs ago
Arterio Sclerosis	" "
Myocarditis	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harwood L. Stowe, M. D.
(Address Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110329

PLACE OF DEATH
County of Twin Falls
City of Buhl
(No.) 159
(If death occurred in a hospital or institution, give its name instead of street and number.)

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

AUG 8 - 1938

2. FULL NAME Robert Erwin Eldredge.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	premature.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 7-25-38

7. AGE	Years	Months	Days	If LESS than 1 day,	hrs. or min.
	0	0	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Buhl, Idaho

FATHER

13. NAME Samuel Sylvester Eldredge

14. BIRTHPLACE (city or town) (State or country) Spring Glen, Utah.

MOTHER

15. MAIDEN NAME Leo Savage

16. BIRTHPLACE (city or town) (State or country) Elba, Idaho.

17. INFORMENT (Address) Samuel S. Eldredge.

18. BURIAL, CREMATION OR REMOVAL Place Buhl, Ida. Date 7/26, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl Idaho

20. FILED 7/26, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-26-38 193

22. I HEREBY CERTIFY, That I attended deceased from 7-25-38, 193..., to ..., 193...
I last saw him alive on 7-25-38, 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (weight 5 lbs)	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify no
(Signed) M. L. Drake, M. D.
(Address) Buhl, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110330

PLACE OF DEATH
County of Twin Falls
City of Buhl
Registration District No. 37
Primary Registration District No. 2087
Local Registrar's No. 159

AUG 8 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosella E. Eldredge

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	premature

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 7-25-38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	4 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Buhl, Idaho

FATHER

13. NAME Samuel Sylvester Eldredge

14. BIRTHPLACE (city or town) (State or country) Springville, Utah

MOTHER

15. MAIDEN NAME Leo Savage

16. BIRTHPLACE (city or town) (State or country) Elba, Idaho

17. INFORMENT (Address) Samuel E. Eldredge, Buhl, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cem Date 7/26, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Idaho

20. FILED 7/26, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-25-38, 193..., to ..., 193...
I last saw him alive on 7-25-38, 193...; death is said to have occurred on the date stated above, at 3:4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
premature birth (lung weight 1 lb.)	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify no
(Signed) Mrs. E. Eldredge, M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lynn Falls
City of Burke
R.F.D. ..

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110331

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 94
AUG 8 - 1938
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clark D. Taylor

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Taylor

6. DATE OF BIRTH (month, day, and year) Jan. 21 - 1875

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
62	8	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) Life
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Lynnville (State or country) Iowa

FATHER
13. NAME W. H. Taylor
14. BIRTHPLACE (city or town) Lynnville (State or country) Iowa

MOTHER
15. MAIDEN NAME Henriette Sylvester
16. BIRTHPLACE (city or town) Indiana (State or country) ....

17. INFORMANT Mrs. D. A. Taylor (Address) Burke

18. BURIAL, CREMATION OR REMOVAL
Place Burke Date 7/31, 1938

19. UNDERTAKER Evans & Johnson (Address) Burke - L. D. Johnson

20. FILED 7/28, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28 1938

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to July 28, 1938
I last saw him alive on July 28, 1938: death is said to have occurred on the date stated above, at 6.15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	May 14, 1938
Chronic myocarditis	8 yrs. ago
Heart failure	

Other contributory causes of importance:

Heart Failure	July 14, 1938

Name of operation none Date of ....
What test confirmed diagnosis? .... Was there an autopsy? N.O.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? N.O. If so, specify ....
(Signed) Verne H. Anderson, M. D.
(Address) Burke, Idaho.

Mother of B.B. Taylor. SEP 19 1938

Henrietta Sylvester
born in Evansville,
Vanderburg County
Indiana, Aug 6th 1840

Father of B B Taylor
Wm H. Taylor born in
Van Buren County Iowa
Apr 30th 1838.

Mrs Dillingham

Connection on
B B. Taylor death Certificate.

Date of Death 7/28/38

Mrs Wilson
Mrs Burk

39
37

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110332

RECEIVED AUG 12 1938

Registration District No. 37

Primary Registration District No. 2035

Local Registrar's No. 143

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93 L

2. FULL NAME Ella Johnson Shipley Pierson

(a) Residence No. Menlaugh St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Le Roy Shipley Pierson

6. DATE OF BIRTH (month, day, and year) Aug 27 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) Magee
(State or country) Idaho

FATHER

13. NAME J. L. Johnson

14. BIRTHPLACE (city or town)
(State or country) W.

MOTHER

15. MAIDEN NAME Emmanuel Bales

16. BIRTHPLACE (city or town) Oakley
(State or country) Idaho

17. INFORMANT Le Roy Shipley Pierson
(Address) Menlaugh

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date , 193

19. UNDERTAKER
(Address)

20. FILED July 28, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 28 1938

22 I HEREBY CERTIFY, That I attended deceased from July 26, 193 8, to July 28, 193 8

I last saw her alive on July 28 193 8: death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Jan. 38

Other contributory causes of importance:

Myocarditis

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Greenhaigh

(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Holister

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110333

RECEIVED AUG 12 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 146

(No.) (If death occurred in a hospital or institution, give its name instead of street and number).

95b2

2. FULL NAME John B. Davis

(a) Residence No. Holister, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenra Davis

6. DATE OF BIRTH (month, day, and year) April 18 1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ducthless county
(State or country) New York

FATHER

13. NAME Alva Davis

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Isabelle Vandevort

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Mrs Julia Courtney
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date July 31, 1938

19. UNDERTAKER Fred E Drake
(Address) Twin Falls, Idaho

20. FILED 7/29, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 28 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1938 to July 28, 1938

I last saw him alive on July 27 1938; death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio myocardial renal disease	

Other contributory causes of importance:

Age	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) H. E. Faust, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 11033

AUG 12 1938

Registration District No. 2085
Primary Registration District No. 188
Local Registrar's No.

(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

181

2. FULL NAME Mrs. Iva Jacobs,

(a) Residence No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Bud Jacobs

6. DATE OF BIRTH (month, day, and year) 7-26-1915

7. AGE — Years: 23 | Months: 0 | Days: 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aline,
(State or country) Okla.

FATHER

13. NAME Roy A. Corson,
14. BIRTHPLACE (city or town) Sheboygan,
(State or country) Wisconsin

MOTHER

15. MAIDEN NAME Jennie Lucas,
16. BIRTHPLACE (city or town) Gum Lick,
(State or country) Kentucky

17. INFORMANT Mrs. Jennie Corson,
(Address) Carmen, Okla.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place T.F.Cem. Date 7-29-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 7-30, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-28 1938

22 I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to July 28, 1938
I last saw her alive on July 28 1938: death is said to have occurred on the date stated above, at 10:50 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Burns - 1st - 2nd - 3rd degree -	July 25-38

Other **contributory causes of importance:** None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 25 1938
Where did injury occur? Dion Falls County, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** In home
Manner of injury Burns from stove Explosion
Nature of injury Burns

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Baynes, M. D.
(Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

REC'D AUG 12 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

(Twin Falls Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110335

Local Registrar's No. 150

151

2. FULL NAME Baby Bowlin

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 7-29-38

7. AGE Years	Months	Days	If LESS than 1 day 12 hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Twin Falls

FATHER

13. NAME Clarence Bowlin

14. BIRTHPLACE (city or town) Mountain Grove
(State or country) Missouri

MOTHER

15. MAIDEN NAME Frances Pettijohn

16. BIRTHPLACE (city or town) .....
(State or country) Oregon

17. INFORMANT Clarence Bowlin
(Address) Eden, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hazelton, Ida Date 7- 30, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 7-30-38 [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-30 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1938, to 7-30-, 1938

I last saw her alive on 7-29 1938: death is said to have occurred on the date stated above, at 1:30A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 7 mo	
gangrenous left foot	
severed from leg	
Other **contributory causes** of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A A Baston, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

RECEIVED AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110336

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 149

945

(No. 703 3rd St W)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L. Hand

(a) Residence No. 439 Oak St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs. Effie Hand

6. DATE OF BIRTH (month, day, and year) 11-28-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelby
(State or country) Michigan

FATHER
13. NAME Oran Hand
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Sarah Rolph
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Effie Hand
(Address) 439 Oak St

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Ida Date 8-2, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 8-11, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-31 1938

22 I HEREBY CERTIFY, That I ~~attended~~ deceased from ....., 193..., to saw, 193...
~~I last saw him alive~~ on 7/31 193 8: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	7/31/38
Other **contributory causes** of importance:	
Chronic myocarditis	1937

Name of operation None Date of
What test confirmed diagnosis? Exam + Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ~~June~~, 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo C Halley M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110337

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 151

(No. Twin Falls County Gen. Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 5 1938

44C

2. FULL NAME Roy Ambrose Evans,

(a) Residence No. Twin Falls, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred 20-1-12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-20-1918

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	20	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho.

FATHER

13. NAME Roy J. Evans
14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15. MAIDEN NAME Estella Whittington,
16. BIRTHPLACE (city or town) Anthony,
(State or country) Kansas

17. INFORMANT Mrs. Roy J. Evans,
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place T.F. Cemetery Date 8-4 -, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 8-11-, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-2- 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1938, to Aug. 2, 1938
I last saw h. im. alive on Aug. 2 1938.: death is said to have occurred on the date stated above, at 2:55A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever (Tick)	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. L. Lemmon, M. D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11033

AUG 12 19

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 151

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

9

2. FULL NAME Dolores Ellen Butler

(a) Residence No. Twin Falls County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 27/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
000	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Ida.

FATHER

13. NAME Roy Butler

14. BIRTHPLACE (city or town) (State or country) Buhl, Ida.

MOTHER

15. MAIDEN NAME Shirley Dentin

16. BIRTHPLACE (city or town) (State or country) Twin Falls, Ida

17. INFORMANT Roy Butler
(Address) Twin Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Augest 5 193 8

19. UNDERTAKER Fred Drake
(Address) Twin Falls, Ida.

20. FILED 8-5-38 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-3 193 8

22 I HEREBY CERTIFY, That I attended deceased from 7-25, 193 8, to 8-3, 193 8

I last saw h.er alive on 8-3 193 8: death is said to have occurred on the date stated above, at 7 30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia following whooping cough	
Other **contributory causes** of importance: Ac. cardiac failure	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph B. Fitzendeller M. D.
(Address 228 Main Ave So.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Edwardsburg
Smith Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110339

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 2

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Jones

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not Known
(State or country)

FATHER

13. NAME " "
14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Noal Routson
(Address) Edwardsburg

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Idaho Date 7/6th, 193 8

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED July 5, 193 8 Myrtle M. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/4 193 8

22 I HEREBY CERTIFY, That I attended deceased from ____, 193____, to ____, 193____
I last saw h____ alive on ____ 193____: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
No Physician in attendance	
Death was caused undoubtedly	
by prevailing Influenza	
accompanied by extreme high fever	
Other **contributory causes** of importance:	
Exposure	

Name of operation none Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? None

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) W. A. Hurd Coroner, M. D.
(Address) Cascade Idaho Valley Co

Curtis

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110340

Registration District No. 86
Primary Registration District No. 1016 Local Registrar's No. 1
(No. 6th & West Idaho St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Delbert Linder

(a) Residence No. Midvale Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14-1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	10	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER
13. NAME Jerome Linder

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER
15. MAIDEN NAME Virginia Bergman

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Jerome Linder
(Address) Midvale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Midvale Ida Date 7-27-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser. Idaho

20. FILED July 6, 1938 Marie Hazelthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 26-1938

22 I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to July 26, 1938
I last saw him alive on July 26 1938: death is said to have occurred on the date stated above, at 7:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute lymphatic leukemia	?
Other **contributory causes** of importance:	
Severe secondary anemia	?

Name of operation No Date of
What test confirmed diagnosis? Stained specimen Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Curtis, M. D.
(Address Zuber Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Custer
City of Darlington

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

110341

DO NOT WRITE IN THIS SPACE

State File No. 110341

Registration District No. 16

Primary Registration District No. 2153

Local Registrar's No. 230

AUG 22 1938

(No. 184)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Marcus Miller

(a) Residence. No. Darlington St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith Carlyle

6. DATE OF BIRTH (month, day, and year) Jan 14 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Pinetop (State or country) Ariz.

FATHER

13. NAME Wm H. Miller

14. BIRTHPLACE (city or town) (State or country) Nevada

MOTHER

15. MAIDEN NAME Emilia Maxwell

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mackay Date Aug 5, 1938

19. UNDERTAKER John N Lee (Address) Mackay

20. FILED Aug 5, 193 8 John N Lee Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 5 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a. gun shot wound in head.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 5, 193 8
Where did injury occur? Country on farm
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. on farm
Manner of injury gun shot in head
Nature of injury gun shot wound

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Earle Burstedt Coroner M. D.
(Address) Challis Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

110342

DO NOT WRITE IN THIS SPACE

State File No. 110342

Local Registrar's No. 157

PLACE OF DEATH AUG 2 1938

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

(No. .....)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

93c

2. FULL NAME Hong Dan Leye

(a) Residence. No. 157 East Center St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Chinese

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Married

6 DATE OF BIRTH (month) (day) (year): Aug. 8, 1880

7 AGE: Years 57 | Months 11 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired restaurant

(b) General nature of industry, business, or establishment in which employed (or employer): Proprietor (Cook)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): San Francisco California

PARENTS

10 NAME OF FATHER: Hong

11 BIRTHPLACE OF FATHER (city or town) (State or country): China

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): China

14 Informant: Leeen Hong

(Address) Pocatello Idaho

Filed July 1st 1938

D. O. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 1st 1938
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7-27-38, 19..., to 8-1—, 1938, that I last saw him alive on 8-1-38, 19..., and that death occurred, on the date stated above, at 12 10a m.

The CAUSE OF DEATH* was as follows:

myocardial degeneration

2 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Cl

(Signed) Ben C. Eisenberg M. D.

8-1-, 1938 (Address) Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Pocatello Idaho — Date of Burial: aug 4 1938

20. Undertaker: T. L. McVan — Address: Pocatello Ida.

11.—Every item of information should be carefully supplied, and answers be written plainly, and should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Hedman 110343

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110343

AUG 8 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 236

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1946

2. FULL NAME Harrison Ray Strange.

(a) Residence No. 1017. Euclid Avenue. St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 years. (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence. B. Strange.

6. DATE OF BIRTH (month, day, and year) July 27. 1905.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	0	12.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dadeville Mo.
(State or country)

FATHER
13. NAME John Strange.
14. BIRTHPLACE (city or town) Missouri.
(State or country)

MOTHER
15. MAIDEN NAME Zona Casada.
16. BIRTHPLACE (city or town) Missouri.
(State or country)

17. INFORMANT Mrs. Florence. B. Strange.
(Address) 1017. Euclid Avenue.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-11, 1938

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho

20. FILED 8-11, 1938 H. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-9 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1931, to Aug. 9, 1938
I last saw h[illegible] alive on Aug 9 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal Disease	1931

Other contributory causes of importance:

Spine fracture 1931 with secondary Pyelo-nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Acquired Industrial accident
(Signed) A. C. Hedman, M. D.
(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110344

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110344

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 240

(No. Died at 535 So. 14th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

460

2. FULL NAME J.R. Bennett

(a) Residence No. 535 So. 14th. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/19/1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) County of Kent
(State or country) England

MOTHER FATHER

13. NAME John Bennett
14. BIRTHPLACE (city or town)
(State or country) England
15. MAIDEN NAME Rebecca Oats
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Jame. T. McFarlane
(Address) 520 So. 12th St. Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/18, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-18, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/16 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to Aug, 1938.
I last saw him alive on Aug 15 1938; death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastasis of Cancer of Stomach	?

Other contributory causes of importance:

Carcinoma of Stomach	?

Name of operation None Date of
What test confirmed diagnosis? ? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury ?, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury ?
Nature of injury ?

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address 535 S. 14th St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110345

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110345

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 49

RECEIVED AUG 24 1938

(No.) 82a (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mathias Tomasin Thompson

(a) Residence No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 7 1864

7. AGE: Years 74 | Months 6 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME George Tomasin
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Mary Clancher
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Matt Tomasin (Address) Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date Aug 22 1938

19. UNDERTAKER P. J. Hamhill (Address) Kellogg Idaho

20. FILED Aug 23, 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 18 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1938 to Aug 18, 1938

I last saw h[illegible] alive on Aug 18 1938; death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. B. Lindsley, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Matt Tomasin

now lying buried in Kellogg Cemetery, in the City or Town of Kellogg

County of Shoshone State of Idaho, who died on the 18 day of Aug., 1938 Aged 74 years 6 months

11 days, the cause of death being Apoplexy and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

Dr. W. C. Lindsay attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Holy Cross Cemetery in the City or Town of Spokane County of Spokane

State of Washington to take effect upon the approval by the local board of health of the City, Town, or County of

Kellogg it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

Permit issued to:

this 31 day of August, A.D. 1953.

W. W. Benson
Director, Division of Vital Statistics
By- Mabel Felder Deputy

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Kellogg State of Idaho, this 9 day of September 1953

Robert N. Cardwell, MD
Health Officer

Form DPH-48019

110346

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 9 1938

DO NOT WRITE IN THIS SPACE

State File No. 110346

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 16

(No. 110346)

PLACE OF DEATH

County of Bannock

City of Pocatello

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie James

(a) Residence. No. East Hall, Idaho St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs Martha James

6 DATE OF BIRTH (month, day and year) April 21, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work W.P.A. worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Gretchel Kentucky

PARENTS

10 NAME OF FATHER Andrew James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Martha Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Mrs. Martha James

(Address) East Hall Idaho

15 Filed Aug 9, 1938 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 8, 1938
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to Aug 8, 1938,

that I last saw h____ alive on ____, 19____,

and that death occurred, on the date stated above, at 12:20 a m.

The CAUSE OF DEATH* was as follows:

Fracture base skull

a m.

Hit by Passing Car (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no X-ray

What test confirmed diagnosis? Blood or spinal fluid

(Signed) A-M Nurton M. D.

Aug 8, 1938 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Gretchel Kentucky | Date of Burial: Aug 11 1938

20. Undertaker: T. L. McHan Address: Pocatello Idaho

N. B.—Every item of information should be carefully supplied. Data should be given if unknown, if physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D. C. RAY, M. D.

F. M. RAY, M. D.

Drs. Ray & Ray
Pocatello, Idaho

August 25, 1938

Attention: Miss Dillingham

Bureau of Vital Statistics
Boise, Idaho

Gentlemen:

Mr. Hattler Jones was on his way to work at Fort Hall with the W.P.A. He stopped at the Fort Hall store to do some shopping, and coming out of the store in front of a parked automobile onto the road, was hit by a passing car.

That is the substance of the report as given by the local newspapers, and that is all I know about what happened. You can get a definite statement from the W.P.A. who requested the death certificate be sent to them.

Very truly yours,

D. C. Ray

D. C. Ray, M;D.

110347

PLACE OF DEATH

County of Gooding

City of Hagerman

RECEIVED

AUG 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110347

Registration District No. 21

Primary Registration District No. 2036

Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Linn Elliott Tarney

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Tarney

6. DATE OF BIRTH (month, day, and year) Mar 29 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Hardware

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edenburg Penna

FATHER

13. NAME Elliott Tarney

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Eunice White

16. BIRTHPLACE (city or town) (State or country) Edenburg Penna

17. INFORMANT Mrs Hazel Tarney (Address) Hagerman Ida

18. BURIAL, CREMATION OR REMOVAL Place Hagerman Date 8-31 1938

19. UNDERTAKER Evans & Johnson (Address) Burkholder & Hawkins

20. FILED 8/26-38, 193 Stella McCathren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/16 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1938, to Aug. 16, 1938

I last saw him alive on Aug. 16, 1938: death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/16/38
Chronic myocardial disease	1935

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Felix J. Kemp, M. D.
(Address) Camp D.D.G. 60 Hagerman, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110348

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110348

AUG 29 1938

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 86

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

2105

2. FULL NAME Cleo J. Anderson

(a) Residence No. 211 W. Norwich Avenue St. Columbus, Ohio
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) April 4, 1921

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	17	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC Enrollee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Howard Anderson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Columbus, Ohio Date August 12, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 8-12, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-10-1938

22 I HEREBY CERTIFY, That I attended deceased from August 7, 1938, to August 10, 1938

I last saw him alive on August 10 1938: death is said to have occurred on the date stated above, at 3:15 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture, multiple, skull (Right frontal, right temporal, both ethmoidal plates)	8-7-38
Other **contributory causes** of importance:	
Meningitis, pneumococcus (Secondary to fracture, into para-nasal sinuses	8-9-38

Name of operation None Date of ---

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Yes Date of injury 8-7-38 193

Where did injury occur? Gooding County, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place

Manner of injury Thrown from truck when truck overturned

Nature of injury See diagnoses above

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. McClellan, M. D.

(Address) V.A., Boise, Idaho

Rec'd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110349

AUG 29 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 90

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John T. Swift

(a) Residence No. 1809 State Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) of Mrs. Helen Swift

6. DATE OF BIRTH (month, day, and year) March 12, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial Artist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver
(State or country) Colorado

FATHER
13. NAME John V. Swift
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER
15. MAIDEN NAME Bertha Trenkle
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date August 27, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 8-26 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-25 1938

22 I HEREBY CERTIFY, That I attended deceased from August 15, 1938, to August 25, 1938
I last saw him alive on Aug. 25 1938: death is said to have occurred on the date stated above, at 8:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis, chronic, active, with hemorrhage	Unknown
Duodenal Ulcer, chronic, with hemorrhage	Unknown
Other contributory causes of importance:	

Name of operation None Date of ---
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. H. McCLELLAN, M. D.
Address V. A., Boise, Idaho

110350

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110350

AUG 15 1938

Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No.

(No. 946)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laurie Jane Hunter

(a) Residence No. 727 Kenneth Ave. Moscow Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christopher S. Hunter

6. DATE OF BIRTH (month, day, and year) Apr. 20-1878

7. AGE: Years 60 | Months 3 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) Jany 1 - 38
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) No. Carolina

FATHER
13. NAME M. Taylor Buckner
14. BIRTHPLACE (city or town) (State or country) No. Carolina

MOTHER
15. MAIDEN NAME Mary M. Hurst
16. BIRTHPLACE (city or town) (State or country) No. Carolina

17. INFORMANT Christopher S. Hunter
(Address) 727 Kenneth Ave

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date Aug. 3 - 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Ida

20. FILED 8/17, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/2/1938

22 I HEREBY CERTIFY, That I attended deceased from 1933, 193..., to 8/2/, 1938
I last saw her alive on 8/1/ 1938: death is said to have occurred on the date stated above, at 12:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary occlusion	
Other contributory causes of importance:	
cholelithiasis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Lynch M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1605-1

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110351

RECEIVED
SEP 1 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 158

(No. Pocatello General Hospital) 185
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Leroy Heath

(a) Residence No. 262 Randolph Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 10-5-16

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie Dorthey Smith Heath

6. DATE OF BIRTH (month, day, and year) June 3, 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. P. Railroad
10. Date deceased last worked at this occupation (mo. and yr.) July 1938
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Thelber, Utah

FATHER

13. NAME Mr. James Heath
14. BIRTHPLACE (city or town) (State or country) Unkown

MOTHER

15. MAIDEN NAME Ellen Thornton
16. BIRTHPLACE (city or town) (State or country) Price Utah

17. INFORMANT Mrs. Arthur Leroy Heath (Pocatello General Hospital)
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello I. Date Aug. 3, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Aug. 3, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug. 1 1938.

22 I HEREBY CERTIFY, That I attended deceased from 7-31, 1938, to 8-1, 1938
I last saw h— alive on 8-1 1938: death is said to have occurred on the date stated above, at 7.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas gangrene	
Amputation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 7/29/38 193..
Where did injury occur? Near Lima Reservoir
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place While fishing
Manner of injury Stuck fish with hook
Nature of injury Gangrene of arm

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Lowe, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1035 V

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110352

Registration District No. 13
Primary Registration District No. 2-4-0
Local Registrar's No. 185

SEP 1 1938

(No.) 9564
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel M. Carthy

(a) Residence No. 701 - 11th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 6 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Riverside
(State or country) Ireland

FATHER
13. NAME Daniel M. Carthy
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Mrs. Ernest Brothers
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Salt Lake City Date Aug 27, 1938

19. UNDERTAKER Jack G. W. Good
(Address) Idaho Falls, Idaho

20. FILED Aug 26 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 24 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1938, to Aug 24, 1938
I last saw him alive on Aug 24, 1938: death is said to have occurred on the date stated above, at 7-45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? history Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

110353

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110353

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 52

(No.) 59
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maria C. Asmussen

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Asmussen

6. DATE OF BIRTH (month, day, and year): May 19 1857

7. AGE — Years: 81 | Months: 3 | Days: — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER
13. NAME: Jedrick Christiansen
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Christina Christiansen
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): R. L. Jones Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Payette Ida. Date: Aug 22, 1938

19. UNDERTAKER: Edith Landers
(Address): Payette, Idaho

20. FILED 8/22/38, 193 . J. W. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8/20/1938

22 I HEREBY CERTIFY, That I attended deceased from 1930, 193 , to 8/20/38, 193 8
I last saw her alive on 8/20 193 8: death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Diabetes Mellitus	1930
Other contributory causes of importance:	
Coronary occlusion	8/20/38

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury:
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. R. Woodward M. D.
(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110354

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110354

SEP 6 - 1938

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 17

(No.) Wallace Hospital
(If death occurred in hospital or institution, give its name instead of street and number)

145a

2. FULL NAME Edmore Trimble

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F.
4. Color or Race White.
5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Trimble.
6. DATE OF BIRTH (month, day, and year) Feb-25-1912
7. AGE Years 26 Months 5 Days 9 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

FATHER
13. NAME Wm Scott.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Ellen Hurlburn.
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joe Trimble
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Date Aug 6, 1938

19. UNDERTAKER J A Bower (Ward)
(Address) Wallace Ida.

20. FILED Aug 5, 1938 John Bowen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 4 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-12-37, 193..., to 8-4, 1938
I last saw him alive on 8-4 1938: death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	8-4-38
Other **contributory causes** of importance:	
Puerperal sepsis	7-12-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Scholes, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

116355

PLACE OF DEATH
County of Bonn.
City of Ida. Falls.

RECEIVED
SEP 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110355

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 174
(No. Spencer Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

107a

2. FULL NAME Walter Dietrich Wessel

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Louise Wessel

6. DATE OF BIRTH (month, day, and year) Dec 12, 1893

7. AGE: Years 45 | Months 0 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith
10. Date deceased last worked at this occupation (mo. and yr.) 1930
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) Concordia (State or country) Missouri

FATHER

13. NAME Charles Wessel
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Amelia Otte
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Louise Wessel (Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Idaho Falls, Ida. Date Aug. 14, 1938

19. UNDERTAKER O. C. Buck (Address) Ida. Falls, Ida.

20. FILED Aug 13, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and ~~year~~) Aug 11 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938, to Aug. 11, 1938
I last saw ~~him~~ alive on Aug. 11 1938: death is said to have occurred on the date stated above, at 8:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Aug 7, 1938
Bronchial Asthma	D. K.

Other **contributory causes** of importance:

Chronic Nephritis	D. K.
Hemiorrhaphy	Aug 5, 1938

Name of operation Hernia Repair Date of Aug 5, 1938
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Erickson, M. D.
(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Valley
City of Cascade Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110356

SEP 6 - 1938

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 5
(No. ____)

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Leslie Stratch

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug, 9th 1904

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	34	22		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Graham Co
(State or country) Kansas

FATHER

13. NAME John Henry Stratch
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Martha Ellen Jones
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT William Stratch
(Address) Nyssa Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Margaret Cem. Date Sept. 3rd 1938

19. UNDERTAKER A/D Robb
(Address) Cascade Idaho

20. FILED Aug 31, 1938 Myrtle Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 31 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1938 to Aug 31, 1938
I last saw him alive on Aug 31 1938: death is said to have occurred on the date stated above, at 6:38 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock following rupture	
of liver	8/31/38
sustained in explosion	
of Fox shotgun.	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ____ Date of injury 8/31/38
193 ____
Where did injury occur? Cascade - Valley Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place in industry
Manner of injury Fox - shotgun exploded
Nature of injury Rupture of liver

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify ____
(Signed) Forrest E Ward M. D.
(Address) Cascade Idaho

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

110357

DO NOT WRITE IN THIS SPACE
State File No. 110357

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 12

AUG 26 1938

(No. ____)
If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Kibler

(a) Residence No. Spirit Lake Id. St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Kibler

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Store
10. Date deceased last worked at this occupation (mo. and yr.) Aug 2 38
11. Total time (years) spent in this occupation 36 yrs

12. BIRTHPLACE (city or town) Bryant
(State or country) Syria

FATHER

13. NAME Charles Kibler
14. BIRTHPLACE (city or town) Syria
(State or country)

MOTHER

15. MAIDEN NAME Amelia Abraham
16. BIRTHPLACE (city or town) Syria
(State or country)

17. INFORMANT Chas. Kibler
(Address) Omerton, Wash.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Holy Cross Date Aug 5, 1938
Spokane
19. UNDERTAKER Kuppenheimer & Callaway
(Address) Spokane, Wash.

20. FILED Aug 3, 1938 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 2 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to Aug 2, 193.8.
I last saw him alive on Aug 2 193.8: death is said to have occurred on the date stated above, at 8 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden
Other **contributory causes** of importance:	

Name of operation — Date of ____
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) A C Spooner, M. D.
(Address) Spirit Lake Idaho

should be carefully supplied. Age should be stated EXACTLY. Handwriting should be LEGIBLE. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

110358 2

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110358

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 97

SEP 8 - 1938

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number) 69a

2. FULL NAME Louis J. Matsch

(a) Residence No. Tyler Street St. Hastings, Minnesota
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1919

7. AGE — Years: 18 | Months: 10 | Days: | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. Enrollee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER
13. NAME Louis B. Matsch
14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER
15. MAIDEN NAME Mildred Settley
16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hastings, Minn. Date Sept. 7, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9-7, 1938 R. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-6-1938

22 I HEREBY CERTIFY, That I attended deceased from October 29, 1937, to September 6, 1938
I last saw him alive on Sept. 6 1938.: death is said to have occurred on the date stated above, at 12:40p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abscesses, multiple, left lower extremity and pelvis	10-29-37
Other **contributory causes** of importance:	
Amyloid	7 months duration

Name of operation Incision & Drainage-Multiple Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? 14m
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. H. McCLELLAN, M. D.
(Address) V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

110359

DO NOT WRITE IN THIS SPACE

State File No. 110359

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2154 Local Registrar's No.

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 8 - 1938

2. FULL NAME Walter Carlton Munter 186

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. (b) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Married Munter

6. DATE OF BIRTH (month, day, and year): Mar. 14 - 1914

7. AGE: Years: 24 | Months: 5 | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Packer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Woods worker

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mulgrave Missouri

FATHER

13. NAME: Walt Munter

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Elsie Master

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Mrs. W. A. Munter Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry Date Sept 2 1938

19. UNDERTAKER (Address): A. P. Prouch Bonners Ferry, Ida

20. FILED Aug 31, 1938 Phil Bonnet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 29 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on Aug 29., 1938.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basilar Skull Fracture	

Other **contributory causes** of importance:

Name of operation: Physical Examination Date of:

What test confirmed diagnosis?: Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, 1938 Aug 29

Where did injury occur?: U.S. Forest (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.: Forest

Manner of injury: Struck by falling tree

Nature of injury: Basilar Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify: as stated

(Signed) Phil Bonnet M. D.

(Address) Bonners Ferry, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

D. Lueck

110360

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110360

SEP 12 1938

Registration District No. 61
Primary Registration District No. 101 Local Registrar's No. 370

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1202

2. FULL NAME Harry L. Tracy

(a) Residence No. St. Deary, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Tracy

6. DATE OF BIRTH (month, day, and year) 2/2/1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Log loader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging Camp
10. Date deceased last worked at this occupation (mo. and yr.) 7/38
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Pendleton
(State or country) Oregon

FATHER

13. NAME Harry L. Tracy
14. BIRTHPLACE (city or town)
(State or country) Cal.

MOTHER

15. MAIDEN NAME Fannie Ball
16. BIRTHPLACE (city or town)
(State or country) Ky.

17. INFORMANT Carrie Tracy
(Address) Deary, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 8/16, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow

20. FILED 8/15, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/14 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/7/38, 193..., to 8/14/38, 193...
I last saw him alive on 8/14/38 193...: death is said to have occurred on the date stated above, at 2:30 p m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ulcerative colitis	1916
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Lueck M. D.
(Address) Moscow, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111361

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110361

Registration District No. 37
SEP 12 1938
Primary Registration District No. 1095
Local Registrar's No. 157
(No. 946)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William J. Brown

(a) Residence No. Arrington Cabins St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Armonal Brown

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Armonal Brown
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date Aug. 19, 1938

19. UNDERTAKER Fred E Drake
(Address) Twin Falls, Idaho

20. FILED 8/19/38 [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug. 17 1938.

22 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1938, to Aug 17, 1938
I last saw him alive on Aug 17 1938: death is said to have occurred on the date stated above, at 7:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Block.	

Other **contributory causes** of importance: Senility.

Name of operation No Date of
What test confirmed diagnosis? Supposed Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. W. Worthington, M. D.
(Address) Twin Falls,

110362

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Gifford

RECEIVED
SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110362

Registration District No. 92
Primary Registration District No. 2170
Local Registrar's No. 53
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 102

2. FULL NAME Roy Wood.,

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth Harriet Ruckman Wood.

6. DATE OF BIRTH (month, day, and year) Dec 28 1892.

7. AGE: Years 45 | Months 7 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Umatilla County,
(State or country) Oregon.

FATHER
13. NAME Joseph Paul Wood
14. BIRTHPLACE (city or town) Milton,
(State or country) Oregon

MOTHER
15. MAIDEN NAME Jane Priest
16. BIRTHPLACE (city or town) Wayne County
(State or country) Ohio

17. INFORMANT R. S. Ruckman.,
(Address) Gifford, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Reubens, Ida. Date Aug. 23, 1938

19. UNDERTAKER E.E. Watts
(Address) Craigmont, Ida.

20. FILED 8-22, 1938 E.E. Watts
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 21 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Aug 21, 1938.
I last saw him alive on Aug 21: death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia- upper and lower lobes left side	Aug 15

Other contributory causes of importance: none

Name of operation none Date of 0
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193.....
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place -
Manner of injury -
Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? no specify -

(Signed) [redacted] M. D.
(Address) Craigmont, Ida.

R.E. DUNLAP

C MA 110363

PLACE OF DEATH
County of Washington
City of Weiser
RECEIVED
SEP 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110363

Registration District No.
Primary Registration District No.
Local Registrar's No.
(No. Weiser Emmet Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)
1631

2. FULL NAME Paul Edwin Schaff
(a) Residence No. 516 E Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Edith Schaff
6. DATE OF BIRTH (month, day, and year): Feb 8-1891
7. AGE: Years 49 | Months 6 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jacksonville Illinois

FATHER
13. NAME: David Schaff.
14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER
15. MAIDEN NAME: Lou Mor Haynes
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Shelby A. Schaff Johnstown Ohio
18. BURIAL, CREMATION OR REMOVAL Place: Weiser Ida. Date: 9-6- 193.8
19. UNDERTAKER (Address): L. C. Northam Weiser Idaho
20. FILED Sept 13, 193.8 Marie Hawthorn Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9-3-1938
22 I HEREBY CERTIFY, That I attended deceased from 9/1, 193.8, to 9/3, 193.8
I last saw him alive on 9/3 193.8: death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Barbital Poisoning	9/1/38
Question of Suicide, not definitely proven. Probably was	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 9/1/38, 193.....
Where did injury occur? Between Midvale & Weiser Washington Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury Accidental or purposeful taking overdose of Barbitol

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Myton Hamilton, M. D.
(Address) Weiser - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

#1

DEPARTMENT OF COMMERCE
Bureau of the Census
WASHINGTON SEP 20 1938

[redacted]
Special Agent,
Boise, Idaho.

Dear Doctor:

In order to classify intelligently causes of death it is essential that we have the most specific information obtainable. We therefore request that you supply us with any additional information that you may have relative to the following case. Items lacking are indicated by check marks.

Paul Edwin Schaff who died 9/3/38

at Weiser General Hospital Principal Cause of Death is given as

Barbitol Poisoning (Onset 9/1/38)

Other contributory causes of importance

Name of operation Date of

Was there an autopsy? No What test confirmed diagnosis? None

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? There is a Date of injury 9/1, 1938
question of suicide, but this of course is not definitely proven- probably was.
Where did injury occur? Between Midvale and Weiser, was found in coma. Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Public place

Manner of injury ?

Nature of injury Accidental or purposful taking overdose of Barbitol

Was disease or injury in any way related to occupation of deceased? No

If so, specify

The information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Special Agent.

1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110364

Registration District No. 43rd

Primary Registration District No. 2120

Local Registrar's No. 45

PLACE OF DEATH

County of Owyhee

City of De Lamar

Sep 6 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

167

2. FULL NAME Dorothy L. Ulrey

(a) Residence. No. De Lamar, Idaho St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ray D. Ulrey

6. DATE OF BIRTH (month, day, and year) 12-9-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME V. Lawrence

14. BIRTHPLACE (city or town) (State or country) S. Africa

MOTHER

15. MAIDEN NAME Beveridge

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Ray D. Ulrey De Lamar, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 8-25, 1938

19. UNDERTAKER (Address) F. K. Bateman Nampa, Idaho

20. FILED Aug. 23, 1938 T. V. Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-23-1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h ...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

Self-inflicted gun shot wound through the head, by a 32 colt automatic bullet, at 9:00 A.M., August 23, 1938, death occuring at 11:00 A.M., Aug. 23, 1938

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 193...

Where did injury occur? DeLamar Idaho. (Specific location) Owyhee County, Idaho. (City or town) (County and State)

Specify whether injury occurred in industry, in home, or in public place. Shot herself in home.

Manner of injury self-inflicted gunshot.

Nature of injury through head.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Earl Grant, M.D.

(Address) Acting Coroner Owyhee County, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110365

PLACE OF DEATH
County of Nez Perce
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110365

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

AUG 29 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. E. W. Wing

(a) Residence No. 1220 - 9th St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of E. W. Wing

6. DATE OF BIRTH (month, day, and year) 9-1-1896

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eugene, Oregon
(State or country)

FATHER

13. NAME Rufus G. Callison
14. BIRTHPLACE (city or town) No Record
(State or country)

MOTHER

15. MAIDEN NAME Martha Willis
16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT Mrs. Fred Brand
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date Aug. 19, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Aug 23 1938 M. H. Gosling M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/16/38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 11:30a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arose through Auto Accident in which she and husband both killed with no medical attention	

Other **contributory causes** of importance:

Solely an Auto Accident	

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident injury Aug. 16 1938
Where did injury occur? 1½ miles west of Agatha Nez Perce Co. (Specify city or town, county, and state) Idaho
Specify whether injury occurred in **industry**, in **home**, or in **public place** On a public highway
Manner of injury Through Auto Accident
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Leo E. Ford Justice of Peace acting as Coroner under Sec 30-2305 Idaho Codes, Lewiston, Idaho
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110 366

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah

City of Rocky Point

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110366

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 15

SEP 15 1938

(No. [redacted] Benewah Lake)

(If death occurred in a hospital or institution, give its name instead of street and number) 183

2. FULL NAME Julius Wieters

(a) Residence. No. Tekoa, Washington St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Wieters

6. DATE OF BIRTH (month, day, and year) October 3rd 1884

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
53	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Section Crew U.P.R.R. Co.

10. Date deceased last worked at this occupation (mo. and yr.) Sept/3/1938

11. Total time (years) spent in this occupation 15 Yrs

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Florence Wieters Tekoa, Washington.

18. BURIAL, CREMATION OR REMOVAL

Place Tekoa, Washington Date Sept 7 1938

19. UNDERTAKER (Address) Kimball Funeral Home Tekoa, Washington.

20. FILED Sept. 10, 1938 W. Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 4 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5. A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other **contributory causes** of importance:

No inquest

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury Sept 4 1938

Where did injury occur? Benewah Co. Id.

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place

Manner of injury.... Drowning

Nature of injury..... Drowning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. S. Stapwell Coroner

(Address) St. Maries, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110367

County of Canyon
City of Star

SEP 12 1938

Registration District No. 9 + 10
Primary Registration District No. 9 + 9
Local Registrar's No. 1

(No. Star Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myrtle Elenor Jones

(a) Residence. No. Star Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: J. M. Jones

6. DATE OF BIRTH (month, day, and year): 5-23-1869

7. AGE: Years 69 | Months 2 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jackson Miss.

FATHER
13. NAME: James R Hunter
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER
15. MAIDEN NAME: Eliza Parks
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Owner Star Ida #1

18. BURIAL, CREMATION OR REMOVAL
Place: Cloverdale Cem. Date: 7-27, 1938

19. UNDERTAKER (Address): Caldwell Idaho

20. FILED 8-2, 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/25 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1938, to July 25, 1938
I last saw h..... alive on....., 193.....; death is said to have occurred on the date stated above, at 3.40 m. P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 19 38
Paralysis	
gradual increase of paralysis from former stroke.	
Other contributory causes of importance:	
Myocardosis	2 years
secondary anemia	

Name of operation..... Date of.....
What test confirmed diagnosis? C Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. M. Halverson, M. D.
(Address) Halverson Boise Ida

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Myrta Eliza Jones

now lying buried in Cloverdale Memorial Park~~Cemetery~~, in the City or Town of Boise

County of Ada State of Idaho, who died on the 25 day of July, ~~1953~~ 1938, Aged 69 years 2 months 2 days, the cause of death being Cerebral hemorrhage and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

Dr. H. H. Holverson attending Physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private conveyance
private or railway conveyance

to Star Cemetery in the City or Town of Star County of Ada

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Ada it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

permit issued to:

this _____ day of July, A.D. 1953.

W M Bensor
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Ada State of Idaho, this 30 day of July 1953.

Terrell O. Carey M.D
Health Officer

Form DPH-48019

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110368

SEP 13 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 223
(No. Salvation Army Home) 159
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maybell Ethel Ward
(a) Residence No. Whitney Dist: St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/29/1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME William Ward
14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER
15. MAIDEN NAME Bernice Rhodes
16. BIRTHPLACE (city or town) Boise
(State or country) Idaho

17. INFORMANT Mattie Mauk
(Address) Rt: 5. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/1/ 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-2, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/29 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/29, 1938, to 7/29, 1938
I last saw her alive on 7/29 1938: death is said to have occurred on the date stated above, at 10a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	7/29/38

Other **contributory causes** of importance:

Mother's head hard fall July 28 1938

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. E. Bradshaw M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110369

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 222

Sept 13 1938

(No.) Salvation Army Maternity Home
(If death occurred in a hospital or institution, give its name instead of street and number)

16 1a

2. FULL NAME Bernard E. Nelson, Jr.

(a) Residence No. Adams Randh, Route #4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-29-38

7. AGE	Years	Months	Days	If LESS than 1 day of 8 hrs. or 32 min.
#			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER

13. NAME Bernard E. Nelson

14. BIRTHPLACE (city or town) Danbury
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Pauline Gustafson

16. BIRTHPLACE (city or town) McCook
(State or country) ~~Nebraska~~ Kansas

17. INFORMANT Bernard E. Nelson
(Address) Rt. #4, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-29 -, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 8-1, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-29 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-29, 1938, to, 193.
I last saw him alive on 7-29 1938: death is said to have occurred on the date stated above, at 9:00 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Atelectasis.	

Other **contributory causes** of importance:

Atelectasis, Baby seemed under developed.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Porch, M. D.

(Address) Boise

Pendleton

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110370

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 221
(No.)

SEP 12 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

942

2. FULL NAME Robert D. Thomas

(a) Residence No. 617 N. 7th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lizzie Thomas

6. DATE OF BIRTH (month, day, and year) 2-21-1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	74	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Wales
(State or country)

FATHER

13. NAME Isaac Thomas

14. BIRTHPLACE (city or town) North Wales
(State or country)

MOTHER

15. MAIDEN NAME Hannah Jones

16. BIRTHPLACE (city or town) North Wales
(State or country)

17. INFORMANT Mrs. Lizzie Thomas
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-1-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 8-1, 1938 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-29 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193..., to 7/29, 193 8

I last saw deceased on arrival 193...; death is said to have occurred on the date stated above, at found dead at 730 P.M. about 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/29/38
Angina Pectoris History	?
Other contributory causes of importance:	

Name of operation —— Date of ——
What test confirmed diagnosis? —— Was there an autopsy? ——

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? —— Date of injury ——, 193 ——
Where did injury occur? ——
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ——
Manner of injury ——
Nature of injury ——

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110371

SEP 13 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 225
(No. St. Alphonsus Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number) 44C

2. FULL NAME Casto Aguinaga

(a) Residence No. 619 3 Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Genara Aresti

6. DATE OF BIRTH (month, day, and year) July 1, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	-0-	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Murguia Spain
(State or country)

FATHER
13. NAME Jose Aguinaga Not obtainable
14. BIRTHPLACE (city or town) Spain
(State or country)

MOTHER
15. MAIDEN NAME Maria Manuela Uriti Not obtainable
16. BIRTHPLACE (city or town) Spain
(State or country)

17. INFORMANT
(Address) J. C. Andrus Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 8/2/, 1938

19. UNDERTAKER Schreiber & McCaan
(Address) Boise Idaho

20. FILED 8-2, 1938 E. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 31 1938

22 I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to July 30, 1938
I last saw him alive on July 30 1938: death is said to have occurred on the date stated above, at 8:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rocky Mt. Spotted fever	About 1 week previously

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Bitten by tick while herding sheep

(Signed) Robert L. Smith M. D.
(Address) 1st Natl Bank Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11085?

Registration District No. 2
Registration District No. 1004
Local Registrar's No. 224

(If death occurred in a hospital or institution, give its name instead of street and number) Salvation Army Home

159

2. FULL NAME Mable Irene Ward

(a) Residence No. Whitney Dist: St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/29/1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	~~Stillborn~~ 0	0 1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME William Ward
14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER
15. MAIDEN NAME Bernice Rhodes
16. BIRTHPLACE (city or town) Boise
(State or country) Idaho

17. INFORMANT Ortha Ward
(Address) Rt: 5 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/1, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-2, 1938 E. N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/29, 1938, to 7/30, 1938
I last saw her alive on 7/30 1938: death is said to have occurred on the date stated above, at 730 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	9:05 a.m. July 29 1938

Other **contributory causes** of importance:
Mother's head hard fall July 28 1938

Name of operation None Date of
What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Bruffey M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110373

SEP 13 1938

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 83

(No. ¼ mile north of Old Soldiers Home

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel T. Calhoon

(a) Residence No. Route # I. Boise, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Ella Calhoon

6. DATE OF BIRTH (month, day, and year) Feb. 1. 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department store

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Jack Uhl
(Address) Route # 3. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Aug. 6., 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-6, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. Aug.

21. DATE OF DEATH (month, day and year) I. 1938

22 I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to Aug 1, 1938

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 8 A.M. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/30/38

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. G. Loelsch, M. D.

(Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110374

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 234
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 1330

2. FULL NAME George Benjamin Haley
(a) Residence No. St. Lukes Hospital St. Emmett, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Haley

6. DATE OF BIRTH (month, day, and year) Nov 14 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store
10. Date deceased last worked at this occupation (mo. and yr.) 7/1/38
11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) Newport
(State or country) N. H.

FATHER
13. NAME Dr George B. Haley
14. BIRTHPLACE (city or town) East Corinth
(State or country) Maine

MOTHER
15. MAIDEN NAME Eliza J. Read
16. BIRTHPLACE (city or town) Rochester
(State or country) New York

17. INFORMANT Jennie M. Haley
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date Aug 5, 1938

19. UNDERTAKER C D Buckendorf
(Address) Emmett Ida

20. FILED 8-10, 1938 H. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/2/1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to Aug 2, 1938
I last saw him alive on Aug 2 1938: death is said to have occurred on the date stated above, at 10 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Polycystic Kidneys	1937
Other **contributory causes** of importance:	
none	

Name of operation none Date of
What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. W. Almond M. D.
(Address) Boise Ida

Charles Sprague

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110375

SEP 13 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 228

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

25

2. FULL NAME Robert Roy Huffman

(a) Residence No. Mitchell Hotel St.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alta M. Huffman

6. DATE OF BIRTH (month, day, and year) Dec. 20. 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Edward Huffman

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Margaret Hendry

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Alta M. Huffman
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Cloverdale Mem. Pk. Date Aug 9, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 8-8, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. Aug.

21. DATE OF DEATH (month, day and year) 5 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1938, to Aug 5, 1938

I last saw h/ alive on Aug 5 1938: death is said to have occurred on the date stated above, at 7:20 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	May, 1938
Other **contributory causes** of importance:	

Name of operation None - Tapping Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. H. Sprague, M. D.

(Address) Eastern Idaho Bldg. Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110376

SEP 13 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 235
(No. 1 Alphonsus Hosp 161a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wayne George Flynn

(a) Residence No. (Usual place of abode) St. Meridian Ida R2
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Ida

FATHER
13. NAME George Flynn
14. BIRTHPLACE (city or town) Limerick
(State or country) Illinois

MOTHER
15. MAIDEN NAME Anna Muzzgoitis
16. BIRTHPLACE (city or town) Boise
(State or country) Ida

17. INFORMANT George Flynn
(Address) Meridian Ida R2

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date Aug 7, 1938

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED 8-16, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/6 1938

22 I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to Aug 6, 1938
I last saw him alive on Aug 6 1938: death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	June 29
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. E. Jewell, M. D.
(Address) Meridian

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110377

SEP 13 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 232
(No. Died at 209 Ave: C.)
(If death occurred in a hospital or institution, give its name instead of street and number) 93d1

2. FULL NAME Amanda Morris

(a) Residence No. 209 Ave: C. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William L. Morris

6. DATE OF BIRTH (month, day, and year) 3/21/1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrison
(State or country) Ark:

FATHER
13. NAME James Wright
14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER
15. MAIDEN NAME Elizabeth Bellar
16. BIRTHPLACE (city or town)
(State or country) Ark:

17. INFORMANT Mrs. Lee Eckert
(Address) 209 Ave: C. Boise Ida:

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 8/8, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-10 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug. 6th. 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to Aug. 6, 1938
I last saw h[illegible] alive on 8/6 1938; death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Gradual
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Didmon, M. D.
(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110378

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 229

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

10-8

2. FULL NAME Christian Deitrich Meier

(a) Residence No. 525 East Bannock St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriet Meier

6. DATE OF BIRTH (month, day, and year) 1/7/1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Herford
(State or country) Germany

MOTHER FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) Dont Know
(State or country)

15. MAIDEN NAME " " " "
" " " "

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Harriet Meier
(Address) 525 E. Bannock St. Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/9, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-9, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-7 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-16, 1938, to 8-7, 1938

I last saw h. /M alive on 8-6 1938: death is said to have occurred on the date stated above, at 12:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	8-1-38
Other contributory causes of importance:	
Mitral heart disease	May 1938

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 500 Eastman Bldg, Boise

N. B.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110379

SEP 13 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 231

(No. Died at 1119 Boise Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number)

82 C

2. FULL NAME Eva M Bridge

(a) Residence No. 1119 Boise Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Perkinsville
(State or country) Vt.

FATHER

13. NAME Chester Adams

14. BIRTHPLACE (city or town)
(State or country) Vermont

MOTHER

15. MAIDEN NAME Rucina Putnam

16. BIRTHPLACE (city or town)
(State or country) Vermont

17. INFORMANT A Co Mary
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/8, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-10, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/7-1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 6th, 1938, to Aug. 6th, 1938

I last saw her alive on Aug 6th 1938: death is said to have occurred on the date stated above, at 1100a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility, gradual	
Changes in cerebral	
Cortex	
Only seen once by me	
Other contributory causes of importance:	
Asthma and Insanitis	

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. M. Taylor, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110380

SEP 13 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 233

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

94 b

2. FULL NAME Silas Davis Maxon.

(a) Residence No. 1124. Franklin Street. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 years. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda Maxon.

6. DATE OF BIRTH (month, day, and year) Apr. 4. 1860.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Stark County.
(State or country) Washington.

FATHER

13. NAME H.J.G. Maxon.

14. BIRTHPLACE (city or town) Kentucky.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mr. Harry. R. Maxon.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Memorial Park Date Aug. 9 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-10-, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 7 1938

22 I HEREBY CERTIFY, That I attended deceased ~~from~~ on Aug 7 1938, to ~~1938~~

I ~~last~~ saw him ~~alive~~ on Aug 7 1938: death is said to have occurred on the date stated above, at about 12 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probably coronary occlusion	5 min before death
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Smith M. D.

(Address 1st National Bank Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110381

SEP 13 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 237

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME David Edward Bayles

(a) Residence No. St. Lukes Hospital St. Glenn Ferry Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Bayles

6. DATE OF BIRTH (month, day, and year) Jan 20, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elizabeth
(State or country) Ohio

FATHER
13. NAME George Bayles
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Agnes Schacklatt
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Minnie Bayles
(Address) Glenn Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glenn Rest Date Aug, 11, 193 8

19. UNDERTAKER Zacha-Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED 8-11, 193 8 W. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and ~~year~~) Aug 8 38 193

22 I HEREBY CERTIFY, That I attended deceased from April -, 193 8, to Aug 8, 193 8
I last saw him alive on Aug 8 193 8: death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Renal Disease.	April 1938

Other contributory causes of importance:

Cardiac Asthma	
Senility -	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Orval T. Nokes M. D.
(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110382

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 239

AUG 1 1938

(If Betty death occurred in a hospital or institution, give its name instead of street and number) St. Lukes

181

2. FULL NAME June Rayne

(a) Residence. No. 508 Dewey (Usual place of abode) Caldwell St. Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

FATHER

13. NAME W. A. Rayne

14. BIRTHPLACE (city or town) Duncan (State or country) Iowa

MOTHER

15. MAIDEN NAME Pearl Cookson

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT W. A. Rayne (Address) Caldwell

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Canyon Hill Cem. Date Aug. 11 1938.

19. UNDERTAKER Paul L. Gasser (Address) Caldwell Idaho

20. FILED 8-15, 1938. R. E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1938, to Aug 9, 1938.

I last saw her alive on Aug 9, 1938; death is said to have occurred on the date stated above, at 11:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Burn by gasoline explosion	Aug 7

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, Aug 7, 1938.

Where did injury occur? Home (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home

Manner of injury Cleaning w/ gasoline - Caught fire

Nature of injury Severe burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert O. Smith M. D.

(Address) 1st Nat'l Bank Bldg Boise, Idaho.

Ahmd.

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110383

Registration District No. 2

Primary Registration District No. 2004

Local Registrar's No. 84

Aug 12 1938

(No. 2½ miles south east of Boise

If death occurred in a hospital or institution, give its name instead of street and number)

46 f

2. FULL NAME George Sidney Myers

(a) Residence No. Route # 5. Boise, Idaho St.

(Usual place of abode) 40 (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Edna V. Myers
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7. 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oklahoma
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Edna V. Myers
(Address) Route # 5. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Aug. 12. 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 8-10., 1938 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH. Aug.

21. DATE OF DEATH (month, day and year) 9 1938

22 I HEREBY CERTIFY, That I attended deceased from Jly 8, 1938, to Aug 8, 1938

I last saw h— alive on Aug 8 1938: death is said to have occurred on the date stated above, at 1:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of rectum	3-38
metastasis	

Other **contributory causes** of importance:

none	

Name of operation Laparotomy Date of 7-38

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Almond, M. D.

(Address Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

(No. 108)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110384

Local Registrar's No. 85

2. FULL NAME Elizabeth Blunk Pike

(a) Residence No. Route #3, Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of D. W. Pike

6. DATE OF BIRTH (month, day, and year) 12-8-1859

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elizabeth, (State or country) Indiana

FATHER

13. NAME Thomas Coombs

14. BIRTHPLACE (city or town) Elizabeth, (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Chaney

16. BIRTHPLACE (city or town) Elizabeth, (State or country) Indiana

17. INFORMANT Mrs. Carl Hinkson
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-12-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 8-12, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-10-1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 193 8, to Aug 11, 193 8
I last saw her alive on Aug 7 193 8: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

Lobular Pneumonia

Date of onset

Other **contributory causes** of importance:

Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) Fred A. Tellman M.D.
(Address) Boise Idaho

Dr. Bruce Budge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110385

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 245

Sept 12 1938

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 23a

2. FULL NAME Doris Elaine Lucht;

(a) Residence No. 1210 Colorado St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 4, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER

13. NAME L. E. Lucht

14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Irene Peck

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT L. E. Lucht
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Horseshoe Bend Date 8-12-38, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 8-22, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-11 1938

22 I HEREBY CERTIFY, That I attended deceased from 8/10, 1938, to 8/11, 1938

I last saw her alive on 8/11 1938: death is said to have occurred on the date stated above, at 3 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis of the Lungs	6/1938

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Microscopic was there an autopsy? Yes — 8/11/38

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bruce C. Budge M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110386

SEP 7 - 1938

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 13
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ollie J. Hall

(a) Residence No. Meridian Ida R.F.D. #1 St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of O. W. Hall

6. DATE OF BIRTH (month, day, and year) April 22 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) Bristol
(State or country) Vermont

FATHER
13. NAME Royal David Bostwick
14. BIRTHPLACE (city or town) Bristol
(State or country) Vermont

MOTHER
15. MAIDEN NAME Charlotte Drake
16. BIRTHPLACE (city or town) Bristol
(State or country) Vermont

17. INFORMANT Mrs Ida J. Miller
(Address) 615 N. 16 Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Star Ida Date ....., 193.....

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED 8/12, 1938 W. T. Fleer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 12 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1938, to Aug 12, 1938
I last saw he alive on Aug 11 1938: death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	Aug 7-1938
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Jewell, M. D.
(Address) Meridian, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise
SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110387

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 87
(No. Ada Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 107a

2. FULL NAME Leander Doty

(a) Residence No. Meridian Ida Rt I St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. 68 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Nov. 5 1860
7. AGE Years 77 Months 9 Days 8 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1919
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Pleasant Prairie Kan

FATHER
13. NAME Henry Doty
14. BIRTHPLACE (city or town) (State or country) Unknown New York

MOTHER
15. MAIDEN NAME Odessa Hustead
16. BIRTHPLACE (city or town) (State or country) Unknown Miss

17. INFORMANT W. E. Doty
(Address) Meridian Ida Rt

18. BURIAL, CREMATION OR REMOVAL
Place Canyon View Cemetery Date Aug 16 1938

19. UNDERTAKER E. E. Bozarth
(Address) Meridian Ida

20. FILED 8-15, 1938 R. N. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/13 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept, 1938, to 8/13, 1938
I last saw h— alive on 8/13 1938: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	8/5/38
Other **contributory causes** of importance: Senility	1937

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. W. Edmund, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of 6 Mi: East of Boise

SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110388

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 88
(No. Drowned in Boise River 6 Mi: E: of Boise)
(If death occurred in a hospital or institution, give its name instead of street and number)

210d

2. FULL NAME Everett Eugene Moss

(a) Residence No. Rt. 2 Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/9/1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Everett Moss

14. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

MOTHER

15. MAIDEN NAME Sarah Rhoads

16. BIRTHPLACE (city or town) Allentown
(State or country) Pa.

17. INFORMANT Mrs. N. Rhoads
(Address) Buhl Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/16, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-16, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 14 1938

22 I HEREBY CERTIFY, That I attended deceased from 193..., to ..., 193...

I last saw him Dead 8/14 1938: death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning.	
Auto: Plunged From Road	
Into the River	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ ..... Date of injury ....., 193.....

Where did injury occur? Public Hi: Way
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. McCann, M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110389

SEP 13 1938

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 242

(No. St. Alphonsus) 210

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Edward Bequeath

(a) Residence. No. West Belmont St. Caldwell

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Viola Bequeath

6. DATE OF BIRTH (month, day, and year) Oct 15-1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Longmont Colorado

FATHER

13. NAME E E Bequeath

14. BIRTHPLACE (city or town) (State or country) Emeigh Pennsylvania

MOTHER

15. MAIDEN NAME Mary Calkins

16. BIRTHPLACE (city or town) (State or country) Longmont Colorado

17. INFORMANT Mrs. Maude Baremore (Address) Portland Ore

18. BURIAL, CREMATION OR REMOVAL Cloverpoint Hill Date 8-18 1938

19. UNDERTAKER (Address) C. V. Peckham Co Caldwell Ida

20. FILED 8-20 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1938, to 8-15, 1938

I last saw h/ alive on 8-15, 1938: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-12-38

Other contributory causes of importance:

Bilateral Compound Fracture of Tibial	8-12-38

Name of operation Opened & treated Date of 8-12-38

What test confirmed diagnosis? Was there an autopsy? No

If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-1-1938

Where did injury occur? Star Idaho (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto

Nature of injury Cerebral hemorrhage - fract. legs

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 500 Eastman Bldg, Boise, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110390

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 244
(No. Died at 107 Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number) 105

2. FULL NAME Marguerite R. Helfrich

(a) Residence No. 107 Main St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 26 1857 Unknown

7. AGE Years ~~Months~~ 3 Days ~~August 18~~ 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Art Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER

13. NAME William B. Helfrich

14. BIRTHPLACE (city or town) Dont Know
(State or country)

MOTHER

15. MAIDEN NAME Agnes Linch

16. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah.

17. INFORMANT Miller G. Helfrich
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/20, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-22 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug. 17 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193.....

I last saw her alive on Dead 8/18 193 8 death is said to have occurred on the date stated above, at ? P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide. Caused By Hanging	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

~~Accident~~, suicide, ~~or homicide?~~ ..... Date of injury....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** At Home

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Cauer Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110391

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 243

(No. Died at 107 Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DEC 13 1938

2. FULL NAME Katherine R. Helfrich

(a) Residence No. 107 Main St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 53	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER

13. NAME William B. Helfrich

14. BIRTHPLACE (city or town) Dont Know
(State or country)

MOTHER

15. MAIDEN NAME Agnes Linch

16. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

17. INFORMANT Mrs. Ellie G. Helfrich
(Address) Mountain Home Idah

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 8/20, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-22, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 17, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw her alive on Dead 8/18 1938: death is said to have occurred on the date stated above, at ? P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide. Caused by Hanging	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

~~Accident~~, suicide, ~~or homicide?~~ Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. V. McCann Coroner, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110392

Registration District No. 20

Primary Registration District No. 1004

Local Registrar's No. 241

SEP 13 1938

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

127

2. FULL NAME Vance Cleaver Kerr.

(a) Residence No. 1215. Hays Street. St.
(Usual place of abode)

Length of residence in city or town where death occurred 39 years. (If nonresident give city or town and state)

yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr.1.1862.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	4	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Dealer.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio.
(State or country)

FATHER

13. NAME J.C. Kerr.

14. BIRTHPLACE (city or town) Ohio.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Newell.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Edna. B. Kerr.
(Address) 1215. Hays Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill cemetery Date Aug.19, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-18, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/17/38

22 I HEREBY CERTIFY, That I attended deceased from August 12, 1938, to August 17, 1938

I last saw him alive on Aug. 17 1938: death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholangitis	Aug.12, 1938
Cardiac Decompensation	

Other contributory causes of importance:

Name of operation no Date of x

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? x Date of injury x, 193.

Where did injury occur? x
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place x

Manner of injury x

Nature of injury x

24 Was disease or injury in any way related to occupation of deceased? no If so, specify x

(Signed) Ernest L. Ewart M. D.

(Address 105 Nth 8th, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise
Sep 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110393

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 89
(No. Ada Co: Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

107a

2. FULL NAME Frank Collier

(a) Residence No. Rt: 4 Boise Idaho 5 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Ethel Collier

6. DATE OF BIRTH (month, day, and year) 3/15/1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Helena
(State or country) Montana

FATHER
13. NAME Ervin Collier
14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER
15. MAIDEN NAME Alice Mills
16. BIRTHPLACE (city or town)
(State or country) U.S.A.

17. INFORMANT Mrs Lon Wilson
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 8/22, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-20, 1938 E. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/18 1938

22 I HEREBY CERTIFY, That I attended deceased from 8/18, 1938, to 8/18, 1938
I last saw h— alive on 8/18 1938: death is said to have occurred on the date stated above, at 9:20 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	8/15/38
Bronchitis	

Other **contributory causes** of importance: none

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J W Howard M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110394

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 248

(If death occurred in a hospital or institution, give its name instead of street and number) St Lukes Hospital

176

2. FULL NAME Laurene Nicholson

(or) Residence No. Rt: 4. Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John D. Nicholson

6. DATE OF BIRTH (month, day, and year) 6/24/1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser (State or country) Idaho

FATHER
13. NAME Laurence J. Phelan

14. BIRTHPLACE (city or town) Oxford (State or country) Idaho

MOTHER
15. MAIDEN NAME May Purviance

16. BIRTHPLACE (city or town) Tuscarora Nevada (State or country)

17. INFORMANT John D. Nicholson (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Cloverdale Date 8/23, 1938

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 8-22, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 20 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1938, to Aug 20, 1938

I last saw her alive on Aug 20 1938: death is said to have occurred on the date stated above, at 11:05 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Inoperable carcinoma left frontal region following excision of left forehead.	Aug 10 '38
	Aug 14 '38

Other **contributory causes** of importance:

Cavernous Sinus Thrombosis	Aug 15 '38.

Name of operation None Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. L. Svendsen, M. D.

(Address) Boise Idaho

Svendsen

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Meridian

SEP 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110395

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 12

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

82

2. FULL NAME Lee Steinbach

(a) Residence. No. ..... St. Meridian Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Daisy Steinbach

6. DATE OF BIRTH (month, day, and year) Nov 15 1893

7. AGE: Years 54 | Months 9 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Aug 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Salisbury (State or country) Missouri

MOTHER FATHER

13. NAME Otto Steinbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosie Kressie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daisy Steinbach (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Meridian Date Aug 23, 1938

19. UNDERTAKER E W Robson (Address) Meridian

20. FILED 8/22, 1938 E W Robson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-18 to 8-21, 1938, to 8-31, 1938

I last saw him alive on 8-20, 1938; death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	8-18-38

Other contributory causes of importance:

Hypertension

Degeneration

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur? Home (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Ruptured Vessel

Nature of injury Hemorrhage on brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. M. Thomas, M. D.

(Address) Meridian Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110396

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 246

(No. 624 Fort Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

82 d

2. FULL NAME Mary Neilley

(a) Residence No. 624 Fort Street St.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 27. 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas.

FATHER

13. NAME William Stull

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Paton

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Maude Holman
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Aug. 23., 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 8-22 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. Aug.

21. DATE OF DEATH (month, day and year) 21 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1938, to Aug 21, 1938

I last saw h. er alive on Aug 20 1938: death is said to have occurred on the date stated above, at 2 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart —	

Other contributory causes of importance:

Paralysis — for several years —	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Boyle M. D.

(Address) Boise Ida

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110397

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 24.7.

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

122 a

2. FULL NAME John Laible

(a) Residence No. St. Glenns Ferry Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Laible

6. DATE OF BIRTH (month, day, and year) 10/17/1865

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baden
(State or country) Germany

FATHER
13. NAME Pious Laible
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Karl J Laible
(Address) 716-1 Pine Son Nampa Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Glenns Ferry Date 8/23, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-22, 1938 W. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-21-1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938, to Aug. 21, 1938
I last saw him alive on Aug 21 1938.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart failure	

Other **contributory causes** of importance:

Operation for Hemorrhoids & Hernia	

Name of operation Hernia Op. Date of 8/19/38
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. A. Heuing M. D.
(Address) Boise Idaho

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110398

SEP 13 1938

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 249

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

48

2. FULL NAME Anna Margaret L. Hipp

(a) Residence No. Four miles west of Boise St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carl Hipp

6. DATE OF BIRTH (month, day, and year): Dec. 25. 1872

7. AGE: Years 65 | Months 7 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Charles Leyerzapf

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Lulia Lemp

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Carl Hipp
(Address): Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Aug. 24., 1938
Mausoleum

19. UNDERTAKER: Summers Funeral Home
(Address): Boise, Idaho

20. FILED 8-24-1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Aug. 22 1938

22 I HEREBY CERTIFY, That I attended deceased from April, 1938, to Aug. 22, 1938

I last saw h[illegible] alive on Aug 21 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma	
primary to uterus	
Other **contributory causes** of importance:	

Name of operation Exploration Date of May 8

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Kaelsch

PLACE OF DEATH
County of Ada
City of Boise
SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110399

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 250

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 93c

2. FULL NAME Patrick Curran

(a) Residence No. St. 3 Mi. S.W. of Star Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Livestock and Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Co: Longford
(State or country) Irelamd

FATHER

13. NAME Mr ? Curran
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT John Martin Curran
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 8/25, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-24-1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/22/1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938, to Aug 22, 1938
I last saw him alive on Aug 22 1938: death is said to have occurred on the date stated above, at 9 55 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1935
Chronic Myocarditis	
Other **contributory causes** of importance:	
Age	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. A. Kaelsch, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Roerch..

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110400

SEP 13 1938

Registration District No. 204
Primary Registration District No. 1804
Local Registrar's No. 252

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46C

2. FULL NAME George Wite Brown

(a) Residence No. 2009 North 17th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Brown

6. DATE OF BIRTH (month, day, and year) 6-30-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greensburg
(State or country) Kentucky

FATHER

13. NAME James Brown
14. BIRTHPLACE (city or town) Kentucky
(State or country)

MOTHER

15. MAIDEN NAME Jane Manley
16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMANT Alffed Brown
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 8-26-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise Idaho

20. FILED 8-26, 193 8 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-8-38, 193..., to 8-24-38, 193...
I last saw him alive on 8-24- 1938: death is said to have occurred on the date stated above, at 12:40 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
CARCINOMA of LARGE INTESTINE	?

Other **contributory causes** of importance:

ACUTE BOWEL OBSTRUCTION	8-23-38
ACUTE CARDIAC FAILURE	

Name of operation Bowel Resect Date of 8-24-38
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. D. Spencer M. D.
(Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110401

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 251

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

17

2. FULL NAME Nettie Eagleson Bossert.

(a) Residence No. 1007. State Street. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 31 years. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred. S. Bossert.

6. DATE OF BIRTH (month, day, and year) Sep. 5. 1878.

7. AGE: Years 59 | Months 11. | Days 20. | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.s

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jefferson Iowa.

FATHER

13. NAME George. G. Eagleson.

14. BIRTHPLACE (city or town) (State or country) Cadiz Ohio.

MOTHER

15. MAIDEN NAME Mary Jane Taggert.

16. BIRTHPLACE (city or town) (State or country) Cadiz Ohio.

17. INFORMANT Fred. S. Bossert.
(Address) 1007. State Street/

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date Aug. 27, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho

20. FILED 8-26, 1938 N. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-25 1938

22. I HEREBY CERTIFY, That I attended deceased from November, 1937, to Death, 193.....
I last saw her alive on 8-24 1937: death is said to have occurred on the date stated above, at 11:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	Dec. 1936

Other contributory causes of importance:

Hypostatic Pneumonia	8-20-38.

Name of operation None Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. T. Best, M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110402

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 253

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

460

2. FULL NAME Cleo Nyberg.

(a) Residence No. R.D. # 2. 3 Miles West of Boise. St.
(Usual place of abode) 30 years in Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl. A. Nyberg.

6. DATE OF BIRTH (month, day, and year) Jan. 7. 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	7	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lake City.
(State or country) Minnesota.

FATHER

13. NAME Peter. J. Anderson.
14. BIRTHPLACE (city or town) Sweden.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Johnson.
16. BIRTHPLACE (city or town) Sweden.
(State or country)

17. INFORMANT Carl. A. Nyberg.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Aug. 27, 193 8.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-26 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-25-193 8

22 I HEREBY CERTIFY, That I attended deceased from Jan, 193 2 to Aug 25, 193 8

I last saw h[illegible] alive on 8-25-38: death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma from colon (sigmoid)	

Other contributory causes of importance:

Heart failure	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Quentin Umsack, M. D.
(Address) 500 Bentinen Bldg. Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110403

Registration District No. 2
Primary Registration District No. 1024
Local Registrar's No. 254

SEP 13 1938

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1. FULL NAME Cornelius Leehan

(a) Residence No. 1423 Hays St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bantry Co: Cork.
(State or country) Ireland

FATHER

13. NAME Michael Leehan
14. BIRTHPLACE (city or town) Bantry Co. Cork
(State or country) Ireland

MOTHER

15. MAIDEN NAME Hannah Cronin
16. BIRTHPLACE (city or town) Bantry Co. Cork
(State or country) Ireland

17. INFORMANT D. Leehan
(Address) Placerville Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Date 8/27, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-26, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/25 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to 8/25, 1938
I last saw him alive on 8/24 1938: death is said to have occurred on the date stated above, at 7.55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
+ Right Hemiplegia	
Other contributory causes of importance:	
Rt. Hemiplegia	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. W. Wahl M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Near Boise

SEP 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110404

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 91

(No. Ada Co: Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward B. Piper

(a) Residence No. ..... St. Horseshoe Bend Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/24/1866

7. AGE: 71 Years | 9 Months | 2 Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Iowa

FATHER

13. NAME Henry Piper

14. BIRTHPLACE (city or town) ..... (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Shriver

16. BIRTHPLACE (city or town) ..... (State or country) Ohio

17. INFORMANT Mrs Myrtle Andrew
(Address) Horseshoe Bend Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/29, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-30, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/26 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Aug 26, 1938

I last saw h[illegible] alive on Aug 24 1938; death is said to have occurred on the date stated above, at 10:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prostatic Obstruction	1937
Bronchopneumonia	Aug 1938
Cardiac decompensatio	1937
Arteriosclerosis	1936
Acute Myocarditis	1938
Other **contributory causes** of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. E. Jones, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110405

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 255

(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

157a

2. FULL NAME James Douglas Minshew.

(a) Residence No. 140. Main North Twin Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 29. 1938.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho.

FATHER

13. NAME Lavon Minshew.

14. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Jean Louise Johnson.

16. BIRTHPLACE (city or town) Le Roy, Ill.
(State or country)

17. INFORMANT Mrs. R.B. Johnson.
(Address) 140. Main North Twin Falls Idaho.

18. BURIAL, CREMATION OR REMOVAL
Twin Falls, Idaho. Date Aug. 29, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho

20. FILED 8-29, 1938. R. Clapp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-29-38 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 193 8. to Aug 29, 193 8.
I last saw him alive on Aug 29 1938 death is said to have occurred on the date stated above, at 11-5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hydrocephalus	7-8-38
Other contributory causes of importance:	
Cerebrospinal Meningitis	7-3-38

Name of operation ..... Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harmon Shuman M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110406

Registration District No. 8

Primary Registration District No. 2094, Local Registrar's No. 93

(No. S. E. of Natatorium)

(If death occurred in a hospital or institution, give its name instead of street and number)

93 C

2. FULL NAME Angeline Rosetta Kelley

(a) Residence No. 1811½ Warm Springs Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Warren E. Kelley

6. DATE OF BIRTH (month, day, and year) 12/16/1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Council Bluffs
(State or country) Iowa

FATHER

13. NAME Humphrey Bay

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Martha Ellen Allen

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. Gertrude McFarland
(Address) Placerville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cmty Date 8/31, 1938

19. UNDERTAKER W. McBratney
(Address) Boise, Idaho

20. FILED 8-31, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/29 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Aug 29, 1938

I last saw h[illegible] alive on Aug 29 1938: death is said to have occurred on the date stated above, at 11:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Left Hemiplegia	1935
Other **contributory causes** of importance:	
Coronary Occlusion	Aug 29, 1938

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. W. Bratton, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Near Boise

SEP 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110407

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 92

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Peter Cassily

(a) Residence No. Ada Co: Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word) ?
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT "
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-31, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-30, 1938 N. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-29 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 1937, 193..., to Aug, 193...

I last saw h... alive on Aug 24 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ventral Abscess	Aug 1938
Peritonitis	Aug 1938

Other **contributory causes** of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Exp Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. H. Jones, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110408

SEP 1 1938

Registration District No. 9-10
Primary Registration District No. 9-10
Local Registrar's No. 2
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellis Hampton Kurtz

(a) Residence No. Eagle Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Mch 4th 1857
7. AGE: Years 81 | Months 4 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Peter Kurtz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Pearl Clark
(Address) Eagle Idaho R-1

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date Sept 2nd 1938

19. UNDERTAKER R E Mather
(Address) Meridian Idaho

20. FILED 8/30, 1938 Orrin Jones
Registrar.
Eagle Idaho.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-29 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-22, 1938, to 8-22, 1938
I last saw him alive on 8-22 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance: Prostatic Hypertrophy

Name of operation — Date of ....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Clarence W Mack M. D.
(Address) 500 Eastman Bldg Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110409

SEP 8 - 1938

Registration District No. 71

Primary Registration District No. ____ Local Registrar's No. 190

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Edward Rogers

(a) Residence. No. Wild Horse St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude Peterson

6. DATE OF BIRTH (month, day, and year) 10/1/1865

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) Unknown

11. Total time (years) spent in this occupation, life

12. BIRTHPLACE (city or town) ____ (State or country) MillersPort Ohio

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) ____ (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs Claude Childers (Address)

18. BURIAL, CREMATION OR REMOVAL Rookers Ranch Wild Horse Ida. 8/9/38
Place ____ Date ____, 193...

19. UNDERTAKER Family (Address)

20. FILED SEP - 7 1938 DR. ALVIN S. THURSTON COUNCIL, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/8/38 193

22. I HEREBY CERTIFY, That I attended deceased from June /11/38, 193..., to Aug /8/38, 193...
I last saw him alive on June 11, 1938: death is said to have occurred on the date stated above, at 10:55 P.M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancarditis and Senility	1936
Other contributory causes of importance:	

Name of operation 0 Clinical Date of 0
What test confirmed diagnosis? ____ Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ____, 193...
Where did injury occur? 0 (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify ____

(Signed) Alvin S. Thurston M. D.
(Address) Council Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
110410
State File No.

Registration District No. 71

Primary Registration District No. Local Registrar's No. 189

SEP 8 - 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

124c

2. FULL NAME Joseph Lane

(a) Residence. No. Council St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Aug 21, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Occupation

10. Date deceased last worked at this occupation (mo. and yr.) never

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Arron Lane

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Horace Anderson
(Address) Council Idaho

18. BURIAL, CREMATION OR REMOVAL
Place I.O.O.F. Council Ida. Date 8/12/38, 193

19. UNDERTAKER County & Family
(Address)

20. FILED SEP 7 1938 193 DR. ALVIN S. THURSTON
COUNCIL, Idaho Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/12/38 193

22. I HEREBY CERTIFY, That I attended deceased from March, 193 8, to 5/11/, 1938
I last saw him alive on March, 1938: death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal CirrHosis of Liver	Unkown

Other contributory causes of importance:

Senility	

Name of operation 0 Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury, 193
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) Alvin S. Thurston M.D., M. D.
(Address) Council Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110411

SEP 8 - 1938

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 191
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 22

2. FULL NAME Norman Oscar, Russell,

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/9/1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Council
(State or country) Adams Co Idaho

FATHER

13. NAME Oscar Russell

14. BIRTHPLACE (city or town) Leadwill,
(State or country) Col

MOTHER

15. MAIDEN NAME Clara , Gilmer,

16. BIRTHPLACE (city or town) Caw City
(State or country) Okla

17. INFORMANT Oscar Russell
(Address) Council Ida,

18. BURIAL, CREMATION OR REMOVAL
Place Council Ida Date 8/27, 1938

19. UNDERTAKER J A Hudelson
(Address) Cambridge Idaho,

20. FILED SEP - 7 1938, 193

DR. ALVIN S. THURSTON
Registrar.
COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/26/1938

22 I HEREBY CERTIFY, That I attended deceased from 8/20/38, 193..., to 8/26/38, 193...
I last saw him alive on 8/26/38 93...: death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanic Convulsions, very probable due to a specific tetanus bacillus infection but no history of injury or possible source of infection determinable.	8/29/38
Other contributory causes of importance:	
malnutrition, inanition.	
Course of disease not typical in any phase.	

Name of operation no Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ____, 193...
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** 0
Manner of injury 0
Nature of injury 0

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Alvin S. Thurston M. D.
(Address) Council, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

RECEIVED

SEP 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

110412

State File No.

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 159

(No. St. Anthony Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Patricia Gertrude Dwyer

(a) Residence. No. R. F. D. No. 1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 2, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME John C. Dwyer

14. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

MOTHER

15. MAIDEN NAME Edna Jarboe

16. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

17. INFORMANT John C. Dwyer
(Address) Pocatello Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Mountainview cem. Date Aug. 4, 1938

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED Aug 4, 1938 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Aug 4, 1938

I last saw her alive on Aug 4 1938: death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Atelectasis	Aug 2 1938

Other contributory causes of importance:

Twin about 10 days premature

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Brotherton M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110413

SEP 6 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 170

(No. Bannock County Infirmary
If death occurred in a hospital or institution, give its name instead of street and number)

95b2

2. FULL NAME Samuel Davis

(a) Residence No. County Infirmary, Pocatello, St. Bancroft, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred one year yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Margaret Monberg

6. DATE OF BIRTH (month, day, and year) July 26, 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Birmingham,
(State or country) Alabama.

FATHER

13. NAME Elisha Davis

14. BIRTHPLACE (city or town)
(State or country) Alabama.

MOTHER

15. MAIDEN NAME Jane Lee

16. BIRTHPLACE (city or town)
(State or country) Virginia.

17. INFORMANT Mrs. Margaret Davis
(Address) Bancroft, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Bancroft, Idaho Date Aug. 9, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 8, 1938. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) August 6, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1937, to Aug. 6, 1938,
I last saw him alive on 8/5 1938.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritic	Unknown.
Other contributory causes of importance:	
Senility	Gradual

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. D. Knight, M. D.
(Address) Pocatello, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 3 1938

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110414

PLACE OF DEATH
County of Bannock Registration District No. 28
City of Pocatello Primary Registration District No. 2-16-1
(No. .....)
Local Registrar's No. 160

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Clark D. Sealey

(a) Residence. No. 100 Randolph St. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Rasepa Sealey

6 DATE OF BIRTH (month, day and year): July 3, 1914

7 AGE: Years 24 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Groceryman
(b) General nature of industry, business, or establishment in which employed (or employer): worked with
(c) Name of employer: his Father Sealy grocery

9 BIRTHPLACE (city or town) (State or country): Ashton Idaho

PARENTS
10 NAME OF FATHER: Otto Sealey
11 BIRTHPLACE OF FATHER (city or town) (State or country): Sidney Nebraska
12 MAIDEN NAME OF MOTHER: Winifred Stephens
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Grant Minn

14 Informant: Otto Sealey
(Address): Pocatello Ida

15 Filed aug 9, 1938 D Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 8 1938
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 8-7-38, 19..., to 8-8-38, 19...,
that I last saw him alive on 8-8-38, 19...,
and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:
(1) Cerebral Concussion
(2) Fracture of skull, compound, basilar
(3) Fracture, multiple, cervical spine
..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) Ben C. Eisenberg M. D.
8-8-38, 19... (Address) Pocatello, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, ~~SUICIDAL~~ or ~~HOMICIDAL~~. auto accident; turned over in ditch at Pocatello.

19. Place of Burial, Cremation, or Removal: Twin Falls Idaho — Date of Burial: aug 10 1938

20. Undertaker: K. L. McHan — Address: Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110415

SEP 6 - 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 163

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 946

2. FULL NAME Albert Alma Edward Hubbard

(a) Residence No. Grace Idaho St.
(Usual place of abode) 6 hou (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mana Hubbard

6. DATE OF BIRTH (month, day, and year): Apr 13 1874

7. AGE: Years 64 | Months 3 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Willard Utah
(State or country)

FATHER
13. NAME Edward Hubbard
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Wesley Hubard
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grace Date ..... 193.....

19. UNDERTAKER M. W. Headricks
(Address) Preston Idaho

20. FILED 8-9, 193.8 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-8 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 8, 193.8, to Aug 8, 193.8
I last saw h. sic alive on Aug 8 193.8 death is said to have occurred on the date stated above, at 2:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. M. Nuton M. D.
(Address) Preston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110416

Local Registrar's No. 161

RECEIVED SEP 6 1938

PLACE OF DEATH

County of Bannock Registration District No. 28

City of Pocatello Primary Registration District No. 2161

(No.) (If death occurred in a hospital or institution, give its name instead instead of street and number.)

97

2. FULL NAME Hugh Joseph Byrne

(a) Residence. No. 545 No. Garfield St.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Gena B. Byrne

6 DATE OF BIRTH (month, day and year) May 15, 1887

7 AGE: Years 51 | Months 7 | Days 23 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: R.R. Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St. Joseph Mo.

PARENTS

10 NAME OF FATHER: Hugh Byrne

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Stack

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Gena Byrne
(Address): Pocatello Idaho

15 Filed Aug 9, 1938 D. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 8 (Month) (Day) 1938 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April, 1938, to Aug 8, 1938, that I last saw h/m alive on Aug 7, 1938, and that death occurred, on the date stated above, at 8 a' m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Heart Disease.

(duration) ____ yrs. 8 mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Electrocardiogram.

(Signed) R.P. Howard M.D.

Aug 8, 1938 (Address) Pocatello, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Pocatello Idaho — Date of Burial: Aug 10 1938

20. Undertaker: W. L. McClanahan — Address: Pocatello Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Hawkins

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110417

RECEIVED SEP 6 - 1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 162

(No. 1 Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

46 b

2. FULL NAME John Lorenzo Albiston

(a) Residence No. Hawkins, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Husband of Sarah E. Littlefield

6. DATE OF BIRTH (month, day, and year) August 29, 1879.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coalville, (State or country) Utah.

FATHER

13. NAME Joseph Albiston

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Christina Christensen

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Mrs. John L. Albiston
(Address) Hawkins, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Robin, Idaho Date Aug. 11, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 10, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 8, 1938.

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to Aug 8, 1938, that I last saw h— alive on June 5, 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Negative

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. T. Call, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

SEP 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

(No. St. Anthony Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110418

Local Registrar's No. 165

93C

2. FULL NAME Augusta Kulock

(a) Residence. No. ..... St. Arbon Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Kulock

6. DATE OF BIRTH (month, day, and year) 9-17-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Joe Kulock (Address) Arbon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Idaho Date Aug. 11, 1938

19. UNDERTAKER Downard Funeral Home (Address) Pocatello Idaho

20. FILED 9-11, 1938 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1938, to Aug 9, 1938
I last saw her alive on Aug 9, 1938: death is said to have occurred on the date stated above, at 3:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	?
Other contributory causes of importance:	
arteriolar Nephrosclerosis	?

Name of operation none Date of .....
What test confirmed diagnosis? ll Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ben C. Eisenberg, M. D.

(Address) Pocatello, Idaho

RECEIVED SEP 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110419

PLACE OF DEATH

County of Bannock Registration District No. 28
City of Pocatello Primary Registration District No. 2161
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 166

109

2. FULL NAME Joseph Hutchinson

(a) Residence. No. Fort Hall St.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Indian	single

5a If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6 DATE OF BIRTH (month, day and year) April 18 1937

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

PARENTS

10 NAME OF FATHER Joseph Hutchinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fort Hall Idaho

12 MAIDEN NAME OF MOTHER Luella Novo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fort Hall Idaho

14 Informant Joseph Hutchinson
(Address) Fort Hall Idaho

15 Filed Aug 15, 1938 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 11 1938
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 11, 1938, that I last saw him alive on Aug 11, 1938, and that death occurred, on the date stated above, at 2450 p. m.

The CAUSE OF DEATH* was as follows:

Pleurisy suppurative, chronic;
Fistula, thoracic Bacillus
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Herman H. Schaefer M. D.
Aug. 11, 1938 (Address) Fort Hall Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Fort Hall Ida. Date of Burial: Aug. 14 1938

20. Undertaker: McHan Funeral Home Address: Pocatello Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110420

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. ..... If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 172

2. FULL NAME Ronald O. Neal

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Aug 10, 1938

7 AGE — Years: — Months: — Days: 2 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer

9 BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

PARENTS

10 NAME OF FATHER Harold O. Neal

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Winnemucca Nevada

12 MAIDEN NAME OF MOTHER Gertrude Akers.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Blackfoot, Idaho

14 Informant Harold O. Neal
(Address) Pocatello, Idaho

15 Filed Aug 13, 1938 D. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 12 1938
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938, to Aug 12, 1938, that I last saw him alive on Aug 12, 1938, and that death occurred, on the date stated above, at 4:00 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, due to Mis-born

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) O. F. Cook M. D.

Aug 17, 1938 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Pocatello, Idaho — Date of Burial: Aug 13 1938

20. Undertaker: R. L. McHan — Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WHERE FEMALE, WIFE, WIDOW, OR DIVORCEE, GIVE MAIDEN SURNAME.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110421

Local Registrar's No. 167

Registration District No. 28
Primary Registration District No. 216
(No.)

PLACE OF DEATH

County of Bannock
City of Pocatello

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Jennie Townsend

(a) Residence. No. 213 Walley apts St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of lived with daughter

6 DATE OF BIRTH (month, day and year) Mar 12 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	5	—	

8 OCCUPATION OF DECEASED lived with daughter
(a) Trade, profession, or particular kind of work Mrs. F. N. Graham
(b) General nature of industry, business, or establishment in which employed (or employer) Walley apts
(c) Name of employer Pocatello

9 BIRTHPLACE (city or town) (State or country) Stock Ridge Michigan

PARENTS

10 NAME OF FATHER Judge Wm Morton
11 BIRTHPLACE OF FATHER (city or town) (State or country) Cork Ireland
12 MAIDEN NAME OF MOTHER Cordelia Smith
13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Mrs. F. N. Graham
(Address) Pocatello, Idaho

15 Filed Aug 13, 1938 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 12 1938
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,
that I last saw h..... alive on ....., 19.....,
and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) D C Ray, M. D.
8-12, 1938 (Address) Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Pocatello Idaho	aug. 14 1938

20. Undertaker W. L. McHan Address Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110422

SEP 6 - 1938

Registration District No. 28

Primary Registration District No. 3161 Local Registrar's No. 168

(No. Pocatello General)

(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Infant Williams

(a) Residence No. — St. —
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14, 1938

7. AGE Years	Months	Days	If LESS than 1 day 6 hrs or 30 min
0			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

MOTHER FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) Kansas City
(State or country) Missouri

15. MAIDEN NAME Mary Pavlovich

16. BIRTHPLACE (city or town) Los Angeles
(State or country) Calif.

17. INFORMANT John Williams
(Address) City Park - Tourist

18. BURIAL, ~~CREMATION OR REMOVAL~~ burial
Place Mountainview Date 9/4/38, 1938

19. UNDERTAKER McGhan Funeral Home
(Address) Pocatello Idaho.

20. FILED Aug 14, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/14/38

22. I HEREBY CERTIFY, That I attended deceased from 8-14-, 1938, to 8-14, 1938

I last saw him alive on 8-14 1938; death is said to have occurred on the date stated above, at 7:01 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Short cord three hours	
around neck	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1938

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Naturc of injury —

24. Was disease or injury in any way related to occupation of deceased — If so, specify —

(Signed) D. C. Ray, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110423

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 171

SEP 6 - 1938

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Hyrum Call

(a) Residence No. Bancroft, Idaho. St. Bancroft, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of: Husband of Ethel Hofhine

6. DATE OF BIRTH (month, day, and year): July 23, 1883.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer & Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bannock County Commissioner
10. Date deceased last worked at this occupation (mo. and yr.): August 1938.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chesterfield, Idaho.

FATHER

13. NAME: Ira Call
14. BIRTHPLACE (city or town) (State or country): Bountiful, Utah.

MOTHER

15. MAIDEN NAME: Emma Jane Barlow
16. BIRTHPLACE (city or town) (State or country): Bountiful, Utah.

17. INFORMANT: Mrs. Hyrum Call
(Address) Bancroft, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Bancroft, Idaho Date Aug. 18, 1938.

19. UNDERTAKER: Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 16, 1938. D. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): August 14, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1938, to Aug 14, 1938
I last saw h. alive on Aug 14 1938; death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labar Pneumonia	
Other contributory causes of importance:	

Name of operation NS Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. F. Call, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110424

Registration District No. 28
Primary Registration District No. 2461 Local Registrar's No. 181

SEP 15 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

11a

2. FULL NAME Homer L. Rudat

(a) Residence No. 554 North 7th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Mrs Ruby Rudat

6. DATE OF BIRTH (month, day, and year): June 16, 1912

7. AGE: Years 26 | Months 2 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper,~~ etc.: Freight Trucker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O.W.L.R.R.C.
10. Date deceased last worked at this occupation (mo. and yr.): Aug
11. Total time (years) spent in this occupation: 2 wks

12. BIRTHPLACE (city or town) (State or country): Columbus Neb.

FATHER
13. NAME: Frank R. Rudat
14. BIRTHPLACE (city or town) (State or country): Columbus Neb.

MOTHER
15. MAIDEN NAME: Margaret Shrader
16. BIRTHPLACE (city or town) (State or country): Columbus Neb.

17. INFORMANT (Address): Mrs. Ruby Rudat Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Columbus Neb. Date: Aug 22 193 8

19. UNDERTAKER (Address): J. A. McMahan Pocatello Ida

20. FILED Sept 6, 1938 193 8 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): Aug 20 193 8

22. I HEREBY CERTIFY, That I attended deceased from 8/6, 193 8, to 8/20, 193 8
I last saw h alive on 8/20 193 8: death is said to have occurred on the date stated above, at 2:45 a. m.,

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mesenteric embolism	

Other **contributory causes** of importance:

Influenza	
Stenosis	

Name of operation: None Date of:
What ~~test confirmed~~ diagnosis: None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Eric Bell M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

SEP 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110425

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 173
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

13 16

2. FULL NAME Junius Clarence Condie

(a) Residence No. 620 North Main St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Kathern L. Day

6. DATE OF BIRTH (month, day, and year): June 22, 1880.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant Proprietor

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

FATHER

13. NAME: Robert Junius Condie

14. BIRTHPLACE (city or town) (State or country): Scotland.

MOTHER

15. MAIDEN NAME: Emma Jane Sedden

16. BIRTHPLACE (city or town) (State or country): St. Louis, Missouri.

17. INFORMANT: Mrs. Junius C. Condie
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Aug. 23, 1938.

19. UNDERTAKER: Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 22, 1938. D O R Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): August, 20, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1938, to Aug 20, 1938
I last saw h— alive on Aug 20 1938. death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Medical Insufficiency	not known

Other contributory causes of importance:

Arteriosclerosis	
Senile atrophy	

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury: , 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Timm, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BANNOCK

City of Turner, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110426

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 23

Dec 0 - 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Joseph Egbert McCann

(a) Residence. No. Turner, Ida. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 20th, 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Turner
(State or country) Idaho.

FATHER

13. NAME Brigham McCann

14. BIRTHPLACE (city or town) Smithfield
(State or country) Utah.

MOTHER

15. MAIDEN NAME Nora Egbert

16. BIRTHPLACE (city or town) Fairview
(State or country) Idaho

17. INFORMANT Erwin B. McCann
(Address) Box 1070 Ogden, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Turner, Idaho Date 8/26/38

19. UNDERTAKER E. O. Whitman
(Address) Soda Springs, Idaho.

20. FILED 8/26/38 Mrs. G. G. Fife
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/22 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on 8/22/38 1938.; death is said to have occurred on the date stated above, at ?.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound through head self inflicted	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: 8-22-38

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? Bannock county
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Hillcrest of Turner - Turner Ave

Manner of injury.....

Nature of injury Gunshot wound thru head

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.

(Address) Grace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

SEP 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110427

Registration District No. 2 8
Primary Registration District No. 2131 Local Registrar's No. 174
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

122 b 7

2. FULL NAME Thomas James Barnett
(a) Residence No. Fort Hall St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 16-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country) N. Y.

FATHER
13. NAME No data.
14. BIRTHPLACE (city or town) No data.
(State or country)

MOTHER
15. MAIDEN NAME No data.
16. BIRTHPLACE (city or town) No data.
(State or country)

17. INFORMANT W. Stevens
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Green City Cem. Aug. 24 1938

19. UNDERTAKER E. J. Peck
(Address) Blackfoot, Idaho

20. FILED Aug 23, 1938 L. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 22 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1938, to Aug 22, 1938
I last saw him alive on 8-21 1938: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	June-30
	Aug 19

Other contributory causes of importance:

Name of operation resection Date of Aug 19
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No, specify
(Signed) L. C. Ray, M. D.
(Address Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello
SEP 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 110428

Local Registrar's No. 175

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amanda Keplinger

(a) Residence No. 222 McKinley Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 61 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Andrew S. Keplinger

6. DATE OF BIRTH (month, day, and year): April 8, 1868.

7. AGE: Years 70 | Months 4 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden.

MOTHER FATHER

13. NAME: Amanual Berg
14. BIRTHPLACE (city or town) (State or country): Sweden.
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Andrew S. Keplinger
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Aug. 25, 1938.

19. UNDERTAKER: Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 24, 1938. D. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): August 22, 1938.

22 I HEREBY CERTIFY, That I attended deceased from April - 16 -, 1938, to Aug. 22, 1938.

I last saw h[illegible] alive on Aug. 22 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	
Other contributory causes of importance:	
senility	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) W. J. Harrington, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110429

SEP 6 - 1938

Registration District No. 28
Primary Registration District No. 3161
Local Registrar's No. 176

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marvis Cryer

(a) Residence No. 515 North 6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): October 19, 1870

7. AGE: Years 68 | Months 6 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER
13. NAME: Thomas Price
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Sally Price
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Frank Gilpin (Address) Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Ida Date: Aug 23 1938

19. UNDERTAKER: J. C. Young (Address) Pocatello Idaho

20. FILED: Aug 23 1938 S. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1937, to Aug. 23, 1938.
I last saw him alive on 8-23 1938, death is said to have occurred on the date stated above, at 2:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic Unknown	
Endocarditis Chronic Unknown	

Other **contributory causes** of importance:

Senility	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) N. W. Young M. D.
(Address) Pocatello, Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

Sep 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110430

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 177
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

82 b

2. FULL NAME Joseph Burbidge
(a) Residence. No. 920 N. Arthur St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Ida Burbidge

6. DATE OF BIRTH (month, day, and year) 12-25-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired rail
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. way conductor U.P.&R.R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Birmingham
(State or country) England

FATHER
13. NAME Burbidge
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Ida Burbidge
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL burial
Place Mount Moriah Cem Date 8-29, 1938

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED 8-27, 1938 D. O'Rey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Aug 26, 1938
I last saw him alive on Aug 26, 1938; death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	July 1, 1936
Arteriosclerosis	
Other contributory causes of importance:	
Arteriosclerosis (General)	Jan 1, 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Craig, M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110431

PLACE OF DEATH
County of Bannock
City of Chesterfield

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 22

SEP 6 - 1930

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

132 civ

2. FULL NAME Jemima Butterfield

(a) Residence. No. Chesterfield Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Franklin A Butterfield

6. DATE OF BIRTH (month, day, and year) Oct 4 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) 7 mo
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Cottonwood Utah

FATHER
13. NAME James Channing
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Catherine Jones
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Leo Butterfield Chesterfield

18. BURIAL, CREMATION, OR REMOVAL Place Murray Utah Date Aug 27. 1930

19. UNDERTAKER Deseret Mortuary
(Address) Salt Lake City, Utah

20. FILED Aug 27, 1930 Wm. G. Fuhr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 27 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec 20-, 1929, to Aug 27-, 1930.
I last saw her alive on Aug 24, 1930: death is said to have occurred on the date stated above, at 9:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis.	

Other contributory causes of importance:
Extreme Poisoning

Name of operation none Date of
What test confirmed diagnosis? Ep Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) , M. D.
(Address) Bancroft Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110432

SEP 6 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 178
(No.) Saint Anthony's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen LaRee Haskett

(a) Residence No. 858 West Bridger St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
one day

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 27, 1938.

7. AGE: Years 0 | Months 0 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME Milton O. Haskett
14. BIRTHPLACE (city or town) Mammoth,
(State or country) Utah.

MOTHER

15. MAIDEN NAME Helen Marian Wilson
16. BIRTHPLACE (city or town) Reliance,
(State or country) Wyoming.

17. INFORMANT Milton O. Haskett
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Aug. 30, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 29, 1938. J. E. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 28, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1938, to Aug. 28, 1938
I last saw her alive on Aug 28 1938: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Obstruction of respiratory tract	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. S. Miller, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110433

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 179

SEP 6 - 1930

(No. st. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

99

2. FULL NAME John C. Barnett.

(a) Residence No. 314 North 7th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Barnett

6. DATE OF BIRTH (month, day, and year) Nov. 22 1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supply agent (food)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County prison
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) unknown
(State or country) Kentucky

FATHER

13. NAME William Barnett
14. BIRTHPLACE (city or town) unknown
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Randolph
16. BIRTHPLACE (city or town) unknown
(State or country) Kentucky

17. INFORMANT Laura Barnett (wife)
(Address) 314 North 7th.

18. BURIAL, CREMATION OR REMOVAL burial
Place Mountainview Date 8-9-1930

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED 8-30, 1930 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/29/1930

22 I HEREBY CERTIFY, That I attended deceased from 8-27, 1930, to 8-29, 1930
I last saw him alive on 8-29 1930: death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	8-27-30
Other contributory causes of importance:	

Name of operation ✓ Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1930.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D C Ray M. D.
(Address) Pocatello Idaho

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110434

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 180

SEP 6 — 1938

(No. St Anthony Hosp,)

(If death occurred in a hospital or institution, give its name instead of street and number)

119a

2. FULL NAME ROBERT MELVIN SPAHR

(a) Residence No. 331 1/2 North 13 th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of ------
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 9 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

MOTHER FATHER

13. NAME Frank E. Spahr

14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

15. MAIDEN NAME Wynora Jarrell

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Frank E. Spahr
(Address) 331 1/2 North 13th Pocatello

18. BURIAL, CREMATION OR REMOVAL burial 9-3
Place Mountainview Date [redacted], 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED 9-7, 1938 D Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1938, to Aug 31, 1938
I last saw him alive on Aug 31 1938: death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis.	3 weeks
Other contributory causes of importance:	
dehydration	1 week

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) W M Durgad, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of Santa

SEP 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

(No.) 95a

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110435

Local Registrar's No. 9

2. FULL NAME George Wellington Bunnell

(a) Residence No. St. Santa, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Bunnell

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1924

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Richfield Spring
(State or country) N. Y.

FATHER

13. NAME Chas. A. Bunnell

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Helen Buchannan

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Beulah Leonard
(Address) Santa, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 8/5, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Sept 10, 1938 Walter Loberg
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 3, 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to Aug 3, 1938

I last saw him alive on June 1938; death is said to have occurred on the date stated above, at 12:45A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congestive Heart failure	1937

Other **contributory causes** of importance:

Pyelitis	1918
Cerebral Hemorrhage	1936
Hypertrophied Prostate	1936

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Bunnell, M. D.

(Address) St Maries Idaho

MARGIN RESERVED FOR BINDING
PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110436

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 10

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Alfred Donnel Gayton

(a) Residence. No. Benewah Co- Plummer Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Pole contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging

10. Date deceased last worked at this occupation (mo. and yr.) 8-4-38

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tuscola Co - Mich -

FATHER

13. NAME Daniel Gayton

14. BIRTHPLACE (city or town) (State or country) Mich -

MOTHER

15. MAIDEN NAME Hattie Riffenburgh

16. BIRTHPLACE (city or town) (State or country) Mich -

17. INFORMANT Mrs. Gayton (Address) Spokane Wn.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place. St. Maries Ida Date Aug. 9 1938

19. UNDERTAKER STAPISH FUNERAL HOME (Address) ST. MARIES, IDAHO

20. FILED Sept. 10, 1938 Walter D. Berg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-4 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h... alive on ....., 193.... death is said to have occurred on the date stated above, at 11:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other **contributory causes** of importance:	
No request	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. S. Stapish - Coroner M. D.

(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110437

SEP 15 1938

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 11
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME George Byran Tooker

(a) Residence No. ..... St. Calder, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of Mary E. Tooker
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 5, 1869

7. AGE — Years: 68 | Months: 11 | Days: 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1937
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Bozeman
(State or country) Mont.

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Mrs. Mary E. Tooker
(Address) Calder, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 8/12, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Sept 10, 1938 Walter Coberg
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to Aug. 9, 1938

I last saw him alive on Aug. 9, 1938; death is said to have occurred on the date stated above, at 10;10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Nov. '37
Other contributory causes of importance:	
Pyelo-cystitis	Jan. 1938

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? No accident.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C A Robbins, M. D.
(Address) St. Maries, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110438

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 12

SEP 15 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

186 b

2. FULL NAME George Alfred De Campfel

(a) Residence. No. ..... St. St. Maries Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of Pauline De Campfel

6. DATE OF BIRTH (month, day, and year) Sept. 30 - 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumbering

10. Date deceased last worked at this occupation (mo. and yr.) 8-15-38

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Bend Ore.

FATHER

13. NAME Tom De Campfel

14. BIRTHPLACE (city or town) (State or country) Gladstone Mich

MOTHER

15. MAIDEN NAME Mary Jacchette

16. BIRTHPLACE (city or town) (State or country) Thessaloniki Greece

17. INFORMANT (Address) Tom De Campfel St. Maries Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Burial Place St. Maries Date Aug. 18, 1938

19. UNDERTAKER (Address) STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED Sept. 10, 1938 Walter Rohrer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-15 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 193.... I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture 1 lumbar vertebrae	
Fracture of pelvis	
Other **contributory causes** of importance:	
No request	

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 8-15 1938
Where did injury occur? St. Maries - Benewah Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury Struck by falling log
Nature of injury Broken back

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Killed at work
(Signed) C. S. Stapish - Coroner
(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries Idaho

SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110433

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 13

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Clyde Burdette Stephens

(a) Residence No. Boundary St. (Lot 8"+9") St.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Fay Etta Stephens

6. DATE OF BIRTH (month, day, and year) June 21-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Wholesale Grocery
10. Date deceased last worked at this occupation (mo. and yr.) 1923
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Keokuk, Iowa
(State or country)

FATHER

13. NAME George P. Stephens
14. BIRTHPLACE (city or town) _____
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Margaret Anne Parker
16. BIRTHPLACE (city or town) _____
(State or country) Ohio

17. INFORMANT Mrs. C.B. Stephens
(Address) St. Maries, Ida

18. BURIAL, CREMATION OR REMOVAL
Mountain View Grove, Mo. Date 8-19, 1938

19. UNDERTAKER Mitchell & Fessa
(Address) St. Maries, Idaho

20. FILED Sept 12, 1938 Walter Colberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-18 1938

22 I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to August 18, 1938
I last saw him alive on Aug. 18 1938: death is said to have occurred on the date stated above, at 12 48 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8-17-38

Other **contributory causes** of importance:

Hypertension (arterial)	?

Name of operation None Date of —
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following;
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? No Injury
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C A Lebamoff M. D.
(Address) St. Maries, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110440

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

SEP 15 1938

82a

2. FULL NAME Charles Henry Hinkley Died at St. Joe Idaho.

(a) Residence. No. Sandpoint Idaho St. St. Joe Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. —yrs. —mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years: apox. 55 | Months: — | Days: — | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Camp Cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** logging

10. Date deceased last worked at this occupation (mo. and yr.) —?

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) unknown
(State or country)

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Papers in possession
(Address) —

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Seattle Wn. Date 8-25, 193.8

19. UNDERTAKER STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED Sept. 10 193 8. Walter Loberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-23 193 8

22. I HEREBY CERTIFY, That I attended deceased from ←, 193..., to ←, 193...

I last saw h...alive on ←, 193...: death is said to have occurred on the date stated above, at 4:00 A.m.

The **principal cause of death** and related causes of importance were as follows: **Date of onset**

Apoplexy

Other **contributory causes** of importance:

No inquest

Name of operation — Date of —

What test confirmed diagnosis?... Was there an autopsy? No

23. If death was due to ~~ext~~er'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. S. Stapish - Coroner M. D.

(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

REC'D JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 67

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110441

2. FULL NAME Margaret Bills

(a) Residence No. ____ St. Twin Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. -- mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 19

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) No data

7. AGE	Years	Months	Days	If LESS than 1 day	hrs.	min.
	51 No data					

Approximate age 61-2 (illegible)

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tazwell
(State or country) Virginia

FATHER

13. NAME James W. Baker

14. BIRTHPLACE (city or town) Louisa, Virgina
(State or country)

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) Louisa
(State or country) Virginia

17. INFORMANT Records, State Hospital, South
(Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Twin Falls Date May 9, 1938

19. UNDERTAKER E. F. Rich
(Address) Blackfoot

20. FILED May 9, 1938 Mrs. Walter Andrews
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/8 1938

22 I HEREBY CERTIFY, That I attended deceased from April 19, 1938, to May 8, 1938

I last saw her alive on May 7 1938: death is said to have occurred on the date stated above, at 3 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Paresis	Indefinite

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** none

Manner of injury none

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Blanchard, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110442

Registration District No. 121-R.
Primary Registration District No. 2194-12 Local Registrar's No. 120
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tazeno Douglas

(a) Residence No. Fort Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Bannock 4/4	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fort Hall Idaho Date Aug. I, 193 '8

19. UNDERTAKER Relatives
(Address)

20. FILED Sept. 7, 1938 Mrs Nelson E Fannie
Registrar.

MEDICAL CERTIFICATE OF DEATH 29

21. DATE OF DEATH (month, day and year) July 193 8

22 I HEREBY CERTIFY, That I attended deceased from Not attended, 193..., to ..., 193...
I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown.	
No attending physician	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herman O Johnson M.D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Shelley, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110443

Registration District No. 121

Primary Registration District No. 8194 Local Registrar's No. 110

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

94

2. FULL NAME Sarah Louisa Byington Arave

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

45

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F.M/

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Heber Arave

6. DATE OF BIRTH (month, day, and year): 11-3-1870

7. AGE — Years: 67 | Months: 9 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Hooper
(State or country): Utah

FATHER

13. NAME: James Byington

14. BIRTHPLACE (city or town):
(State or country): England

MOTHER

15. MAIDEN NAME: Annie Fowers

16. BIRTHPLACE (city or town):
(State or country): England

17. INFORMANT: Floyd Arave
(Address) Shelley Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Taylor, Ida. Date 8-11-39, 193

19. UNDERTAKER: Fox Malden
(Address) Shelley, Idaho

20. FILED Aug 9, 1939 J. McMahon & Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8-7 1939

22 I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ was called to 8-7-, 193 8., to , 193

I last saw h alive on 193: death is said to have occurred on the date stated above, at 3:15A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	8-5-39

Other **contributory causes** of importance:

Coronary Sclerosis acute Gastritis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Edwin Ogden, M. D.

(Address Box 86 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Shelley, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110444

SEP 9- 1938

Registration District No. 121
Primary Registration District No. 219 K
Local Registrar's No. 111

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christian Anderson

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: WHITE
5. Single, Married, Widowed or Divorced (write the word): MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha M. Christensen

6. DATE OF BIRTH (month, day, and year) 1-31 1867

7. AGE — Years: 71 — Months: 6 — Days: 9 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W-Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ephraim (State or country) Utah

MOTHER FATHER
13. NAME Christian anderson
14. BIRTHPLACE (city or town) ..... (State or country) Denmark
15. MAIDEN NAME Anna C Larsen
16. BIRTHPLACE (city or town) ..... (State or country) Denmark

17. INFORMANT L. E. Anderson
(Address) Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Ida Date 8-12, 1938

19. UNDERTAKER Empire
(Address) Shelley

20. FILED Aug 12, 1938 Mrs Hales E Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-9 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-15-, 193 8, to 8-8-, 193 8
I last saw h[illegible] alive on 8-8- 193 8: death is said to have occurred on the date stated above, at 5:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-15-38
producing Hemiplegia	
Paretic paralysis	

Other **contributory causes** of importance:

Uremia & Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Carter M. D.
(Address) Box 60 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of SHELLEY

DEC 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110445

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 112

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

1314

2. FULL NAME William Clark Wilson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ermina Bates

6. DATE OF BIRTH (month, day, and year) Jan 9, 1869

7. AGE — Years: 69 — Months: 7 — Days: 5 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr Of Irrigation System

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyrum
(State or country) Utah

FATHER

13. NAME John Gill Wilson

14. BIRTHPLACE (city or town) HYRUM
(State or country) UTAH

MOTHER

15. MAIDEN NAME Lucy Benson

16. BIRTHPLACE (city or town) GRANTSVILLE
(State or country) UTAH

17. INFORMANT W O Willson
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Ida Date Aug 16 1938

19. UNDERTAKER Thornton
(Address) Shelley Idaho

20. FILED Aug 18, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/14 1938

22 I HEREBY CERTIFY, That I attended deceased from August 7, 1938 to August 8, 1938

I last saw him alive on Aug 8 1938: death is said to have occurred on the date stated above, at 5 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Auriculas fibrillation	1936
Other contributory causes of importance:	
Hypertension	1936
Chronic interstitial nephritis	1937

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. Lloyd Ackers M. D.

(Address) Shelley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110446

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 113

(No. 94a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes H. Sandberg West

(a) Residence No. 211 S. Shilling St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. W. West

6. DATE OF BIRTH (month, day, and year) Jan 7, 1870

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah.

FATHER
13. NAME Walter Hoggan
14. BIRTHPLACE (city or town) Ardia
(State or country) Scotland.

MOTHER
15. MAIDEN NAME Agnes Jamieson
16. BIRTHPLACE (city or town) Killsyth
(State or country) Scotland.

17. INFORMANT J. C. Sandberg Son
(Address) Blackfoot Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City, Utah Date Aug 19, 1938

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot Idaho

20. FILED Aug 18, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Aug. 16 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1938, to Aug 16, 1938
I last saw her alive on 8-16 1938.: death is said to have occurred on the date stated above, at 4:55 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Aug 4, 1938

Other **contributory causes** of importance:

Name of operation ..... Date .....
What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Miller, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110447

Sep 9 - 1938

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 115

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A. Bergman

(a) Residence No. 53 South 5th St. (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of C. W. Bergman.

6. DATE OF BIRTH (month, day and year) 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	June	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, Eng.

FATHER
13. NAME James L. Toombs
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Margt Goldsmith
16. BIRTHPLACE (city or town) (State or country) London Eng.

17. INFORMANT Mrs Bergman (Address) Blackfoot Ida

18. BURIAL, CREMATION OR REMOVAL Place Blackfoot Date Aug 19, 1938

19. UNDERTAKER E. T. Peck (Address) Blackfoot Idaho

20. FILED Aug. 19 1938 Wm Halen Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-17 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1938, to Aug 17, 1938

I last saw h-ee alive on Aug 17 1938: death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Cardiac Failure due to starvation & coma.	8/9/38
Other **contributory causes** of importance:	
Cellulitis R. side of neck fever 101°F	8/9/38

Name of operation None Date of
What test confirmed diagnosis? Physical findings. Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in ho[illegible]
in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110443

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 114
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 b 2

2. FULL NAME George Thomas Marshall Jr.

(a) Residence No. 123 North University St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Ann Parkinson

6. DATE OF BIRTH (month, day, and year) June 23-1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm

10. Date deceased last worked at this occupation (mo. and yr.) 12-34

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Franklin,
(State or country) Idaho.

FATHER

13. NAME George Thomas Marshall Sr.

14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME Elvira Van Curen

16. BIRTHPLACE (city or town) Kaysville,
(State or country) Utah.

17. INFORMANT Cliff P. Marshall
(Address) Blackfoot Idaho.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Franklin, Ida. Date ....., 193..

19. UNDERTAKER Egbert Funk
(Address) Blackfoot Idaho

20. FILED Aug 20, 1938 Mrs. Helen E. Balliet
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-18 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-17, 1938, to 8-18, 1938

I last saw him alive on 8-18 1938: death is said to have occurred on the date stated above, at 3 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8-17-38

Other **contributory causes** of importance:

Hypertension	10 yr.
Arteriosclerosis	10 yr.
Previous cerebral hemorrhage	5 yr. ago

Name of operation None Date of —

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) H. H. Beck Jr., M. D.

(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11044

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 116

SEP 9 - 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Phyllis May Packham Bergeson

(a) Residence No. Blackfoot R# 1 St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, (Married) Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmo J. Bergeson

6. DATE OF BIRTH (month, day, and year) March 8 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Chas. A. Packham

14. BIRTHPLACE (city or town) Pleasant View (State or country) Weber Co. Utah

MOTHER

15. MAIDEN NAME Mary Ann Hickenlooper

16. BIRTHPLACE (city or town) Pleasant View (State or country) Weber Co. Utah

17. INFORMANT E. J. Bergeson (Address) Blackfoot R. #1

18. BURIAL, CREMATION OR REMOVAL Place Riverside Date Sep 2 193 8

19. UNDERTAKER G. F. Funk (Address) Blackfoot Idaho

20. FILED Sep 9 1938 W. W. Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH. 8-20-38

21. DATE OF DEATH (month, day and year) 8-20-193

22 I HEREBY CERTIFY, That I attended deceased from 8-15, 193 8, to 8-20, 193 8

I last saw her alive on 8-19 193 8: death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8-14-38

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193.....

Where did injury occur? —

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lew Beck, M. D.

(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall

DEC 3 - 538

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110450

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 117

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Leo Joseph Quedin

(a) Residence No. .... St. Butte, Montana.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of Catherine Germann
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 10, 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mine
10. Date deceased last worked at this occupation (mo. and yr.) March 1938
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Butte
(State or country) montana

FATHER

13. NAME Leon Quedin
14. BIRTHPLACE (city or town) Neuchatel
(State or country) Switzerland

MOTHER

15. MAIDEN NAME Josephine Fruay
16. BIRTHPLACE (city or town) Point Levey
(State or country) Canada

17. INFORMANT Mrs. Henry Germann
(Address) Butte, Montana

18. BURIAL, CREMATION OR REMOVAL
Place Butte, Mont. Date Aug. 22 1938

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot Idaho

20. FILED Aug 21, 1938 Mc Nalen Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Aug 20 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw him alive on ..... 193.....: death is said to have occurred on the date stated above, at 1:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes	
No Doctor in attendance	

Other **contributory causes** of importance:

History of Mitral Regurgitation.	
Heart.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Sandberg, Coroner M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110451

SEP 9-1938

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 119.
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Lynn Ernest Buckley

(a) Residence No. Moreland, Idaho. St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 30-1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moreland, Idaho.

FATHER
13. NAME David E. Buckley
14. BIRTHPLACE (city or town) (State or country) Montpelier, Idaho.

MOTHER
15. MAIDEN NAME Matilda Gremaud
16. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

17. INFORMANT (Address) Mrs David Buckley Blackfoot Idaho Rt 1

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Ida Date Sept 1, 1938.

19. UNDERTAKER E J Funk
(Address) Blackfoot, Idaho

20. FILED Aug 31, 1938 Mo Nalen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 29 1938.

22 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1938, to Aug 29, 1938
I last saw him alive on Aug 29, 1938; death is said to have occurred on the date stated above, at 1:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning	Aug 29, 1938

Other **contributory causes** of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury Aug 29 1938.
Where did injury occur? Drowned at residence
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or **in public place** Home
Manner of injury Drowning (Fell in ditch)
Nature of injury Drowning

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carl Beck M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Ketchum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110452

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 40

SEP 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Earnest Lester Butler

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 11- 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harley Idaho

FATHER

13. NAME Elbert Bert Miller

14. BIRTHPLACE (city or town) (State or country) Bovill Idaho

MOTHER

15. MAIDEN NAME Margret Helen Irons

16. BIRTHPLACE (city or town) (State or country) Eden Idaho

17. INFORMENT (Address) Bert Miller Gooding Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Gooding - Ida. Date Aug 5, 1938

19. UNDERTAKER Ray McGoldrick
(Address) Hailey Ida

20. FILED 8-31, 1938 Robert H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938, to Aug 3, 1938

I last saw him alive on never a., 19 : death is said to have occurred on the date stated above, at 12:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Accidental	

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ivan W Day M. D.
(Address) Ketchum Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110453

PLACE OF DEATH
County of Blaine
City of Hailey
Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 41

SEP 6 - 1938

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William J. Wilson

(a) Residence. No. Hailey, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) March 24-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Walla Walla Valley Wash.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Sarah Wolly

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Hospital Records Hailey Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Walla Walla, Wash Date 8-15-, 1938 shipped

19. UNDERTAKER Ray McGoldrick
(Address) Hailey Idaho

20. FILED 8-31, 1938 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 12. 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3rd, 1938, to Aug. 12th, 1938
I last saw h alive on Aug. 12 1938: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	—

Other contributory causes of importance:

Senility	

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Ralph A. Todhunter, M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110454

PLACE OF DEATH
County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 42

SEP 6 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Fox 94 cr

2. FULL NAME Mart Morris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsabel Johnson

6. DATE OF BIRTH (month, day, and year): June 4 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Janitor 9 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Section foreman 13 yrs.
10. Date deceased last worked at this occupation (month and year): 3 Days
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): South Bend, Ind.

FATHER
13. NAME: Thomas Morris
14. BIRTHPLACE (city or town) (State or country): unkown

MOTHER
15. MAIDEN NAME: unkown
16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMENT (Address): Isabel Morris Bellevue, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Bellevue Date 8-16, 1938

19. UNDERTAKER (Address): Ray McGoldrick Hailey, Idaho

20. FILED 8-31, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8-14-1938

22. I HEREBY CERTIFY, That I attended deceased from 8/10, 1938, to 8/14, 1938
I last saw h— alive on 8/14, 1938: death is said to have occurred on the date stated above, at 12:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
and Primary dimens	8/10/38
Other contributory causes of importance:	
Hypertention	1 yr.

Name of operation: none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. W. Fox, M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of Pioneerville Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110455

Registration District No. 12
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 12 1938

2. FULL NAME Joseph M. Clarke

(a) Residence No. ____ St. Pioneerville Ida.
(Usual place of abode) 35 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/9/1859

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	3	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME Mrs ? Robinson
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT C. A. Calkins
(Address) Pioneerville Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/7, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9/8, 1938 Mrs E S Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/2 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193__ to ____, 193__
I last saw him alive on 9/2 Dead 1938: death is said to have occurred on the date stated above, at 11: A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural	
Died in his Home Without Medical Attention	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. E. Shanahan Dr M. D.
(Address) Idaho City Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

Wendell — Sep 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110456

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 23

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1324

2. FULL NAME Benjamin Franklin Pierce

(a) Residence No. ... St. Sagle, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Pierce

6. DATE OF BIRTH (month, day and year) Oct. 27, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (mo. and yr.) July 1938

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Albany
(State or country) New York

FATHER

13. NAME Benjamin R. Pierce

14. BIRTHPLACE (city or town) Albany
(State or country) New York

MOTHER

15. MAIDEN NAME Minnie Smith

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Myron Pierce
(Address) Sagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date July 25, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Sept 9, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 23, 1938

22 I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to July 23, 1938
I last saw him alive on July 23, 1938; death is said to have occurred on the date stated above, at 4 Am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Poison	
Other contributory causes of importance:	
Anuria	

Name of operation ... Date of ...
What test confirmed diagnosis? Cl ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1938
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. C. Ruddle, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110457

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 6 P

SEP 15 1938 (No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julius Johnson 57

(a) Residence No. Sandpoint, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER
13. NAME "
14. BIRTHPLACE (city or town) (State or country) "
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date Aug. 8, 1938

19. UNDERTAKER L.G. Moon
(Address) Sandpoint, Idaho.

20. FILED Sept 9, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to Aug. 2, 1938
I last saw him alive on Aug 1, 1938: death is said to have occurred on the date stated above, at 2:40A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1937
Arterio Sclerosis	1935
Other contributory causes of importance:	
Gangrene rt. Leg	April 1938

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm A. Taylor M. D.
(Address Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110458

SEP 15 1938

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 69
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME [redacted] RUFFIN

(a) Residence No. Sandpoint Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Aug 4 1938
7. AGE: Years | Months | Days | If LESS than 1 day ... 2 hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Sandpoint Idaho

FATHER
13. NAME: Ernest Ruffin
14. BIRTHPLACE (city or town) (State or country): Derby Penn.

MOTHER
15. MAIDEN NAME: Anne Moran
16. BIRTHPLACE (city or town) (State or country): Boise Idaho

17. INFORMANT: Anne Ruffin
(Address) Sandpoint Ida

18. BURIAL, CREMATION OR REMOVAL: Interred
Place Sandpoint Ida Date Aug 5, 1938

19. UNDERTAKER: L. D. Mason
(Address) Sandpoint Idaho

20. FILED Sept 9, 1938 Angie Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 4, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 193 8 to Aug 4, 193 8
I last saw him alive on Aug 4 193 8: death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
6 mo. fracture	
cause of premature delivery unknown	
Other contributory causes of importance:	

Name of operation no, Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm T Tyler M. D.
(Address) Sandpoint Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110453

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 20

SEP 15 1938

(No. Church & Division)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Minerva E. Orcutt

(a) Residence No. Church & Division St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Oliver Orcutt

6. DATE OF BIRTH (month, day, and year) June 30, 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Aug 1938

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Oliver Orcutt
(Address) Grants Pass, Oregon.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint, Ida. Date Aug. 16, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Sept 9, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 13, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1938 to Aug 13, 1938

I last saw her alive on Aug 13, 1938; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937

Other contributory causes of importance:

Bronchitis	Aug 3. 1938
Arterio Sclerosis	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F Tyler, M. D.

(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Priest River

RECEIVED

AUG 26 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110460

Registration District No. 85

Primary Registration District No. 2185

Local Registrar's No. 19-38

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

184

2. FULL NAME Louis Hess Fry

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-17-1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) May 1938

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) Priest River
(State or country) Idaho.

FATHER

13. NAME Ellis Lawrence Fry

14. BIRTHPLACE (city or town) Colville
(State or country) Wash.

MOTHER

15. MAIDEN NAME Arrilla Sheriff

16. BIRTHPLACE (city or town) Unknown
(State or country) Michigan

17. INFORMANT E. L. Fry
(Address) Priest River Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Priest River Id. Date Aug 20, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho.

20. FILED 8-20, 1938 D. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 17th 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental (Homicide) by Firearms.-	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? (Homicide) Date of injury 8-17-38, 193.....

Where did injury occur? Bonner County Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in ~~industry~~, in home, or in **public place** Public Place

Manner of injury Acc. discharge of Gun.

Nature of injury Bullet Wound in Chest.

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. G. Moon Coroner M. D.

(Address) Sandpoint, Idaho

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inform... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in ... so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110461

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 71
(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 9562

2. FULL NAME Harriet Louise Raynor

(a) Residence No. St. Ponderay, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry M. Raynor

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1865

7. AGE: Years 72 | Months 7 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Oct 1937
11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (city or town) Unknown
(State or country) Ohio

FATHER
13. NAME Henry Fore
14. BIRTHPLACE (city or town) Unknown
(State or country) Pa.

MOTHER
15. MAIDEN NAME Malissa Raymond
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT F.W.Raynor
(Address) Ponderay, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rathdrum, Ida. Date Aug. 20, 1938

19. UNDERTAKER L.G.Moon
(Address) Sandpoint, Idaho.

20. FILED Sept 9, 1938 Virgil C. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 18, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from Mar 14, 1936, to Aug 18, 1938.
I last saw her alive on Aug 18 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac deficiency	
" Asthma	
Other **contributory causes** of importance:	
senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C.C.Windle, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110462

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 72

(No. Page Hospital) 1222
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emil Garant

(a) Residence No. St. Priest River, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Josephine Garant

6. DATE OF BIRTH (month, day, and year): August 1, 1863

7. AGE: Years 75 | Months 0 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Saw Mill
10. Date deceased last worked at this occupation (mo. and yr.): 1928
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Unknown Canada

FATHER
13. NAME: Abraham Garant
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Desauge Gagnou
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Mrs. Estella Rapp
(Address) Spokane, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Priest River Ida Date Aug. 22 1938

19. UNDERTAKER: L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Sept 9, 1938 Dwight C. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): August 19, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Aug 19, 1938
I last saw h. in alive on Aug 19 1938.: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection Prostate	
Calculus Bladder	

Other contributory causes of importance:

Arterio Sclerosis	1930
Ventral Hernia + Sinus	1935

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110463

REC'D SEP 12 1938

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 20-38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Marion Blish

(a) Residence No. ..... St. Sandpoint Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced.
HUSBAND of (or) WIFE of: Lily Blish

6. DATE OF BIRTH (month, day, and year): Unk - 1860

7. AGE: Years: 78 | Months: | Days: | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Old Age Pensioner
10. Date deceased last worked at this occupation (mo. and yr.): Aug. 1938
11. Total time (years) spent in this occupation: 3 yrs.

12. BIRTHPLACE (city or town) (State or country): Algoma Wisconsin

FATHER

13. NAME: Alsred Blish
14. BIRTHPLACE (city or town) (State or country): Unknown Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown Unknown

17. INFORMANT: Mrs. Elsie Jones
(Address): Sandpoint Idaho.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Sandpoint Idaho Date: Aug. 27 1938

19. UNDERTAKER: L. G. Moon
(Address): Sandpoint, Idaho.

20. FILED 9-2, 1938 D. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): About August 24 1938.

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at Unknown.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes.	
Probable Myocarditis	
Found dead in bed.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. G. Moon Coroner M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of MARGIN RESERVED FOR BINDING should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF L plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See h tion on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110464

SEP 15 1938

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 24

(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

460

2. FULL NAME William Ransom Pettet

(a) Residence No. ..... St. Sagle, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 23, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumbering

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT W.H.Hickman
(Address) Couer ' d Alene, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Westmond, Ida Date Aug. 31 1938

19. UNDERTAKER L.G.Moon
(Address) Sandpoint, Idaho

20. FILED Sept 9, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 28, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1938 to Aug 28, 1938

I last saw him alive on Aug 28 1938; death is said to have occurred on the date stated above, at 11:20p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Carcinoma	1937
Other **contributory causes** of importance:	

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

SEP 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110465

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 25

(No. 404 St Clair)

(If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME Frieda Neer

(a) Residence No. 404 St Clair St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clarence Neer

6. DATE OF BIRTH (month, day and year) Dec. 10, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Denver
(State or country) Colo.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Clarence Neer
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Sandpoint, Ida Date Sept. 1, 1938

19. UNDERTAKER L.G. Moon
(Address) Sandpoint, Idaho.

20. FILED Sept 9, 1938 Angel C. Sanderson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug. 28, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to Aug 28, 1938
I last saw her alive on Aug 27 1938: death is said to have occurred on the date stated above, at 12:20a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac deficiency	

Other contributory causes of importance:

Rheumatic Nephritis & Edema	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C.E. Mendell, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110466

Registration District No. 73

Primary Registration District No. 21-D

Local Registrar's No. 143

REC'D AUG 15 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

173

2. FULL NAME Hubert Homer Haire

(a) Residence No. 1 Mile North Idaho Falls St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Jan 27 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83 72	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

FATHER

13. NAME James Haire

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Laughlin

16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT Jay Haire
(Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date July 14 193 8

19. UNDERTAKER Cliff C Hayes
(Address) Idaho Falls Ida

20. FILED July 13, 193 8 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 9 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun shot Wound - Homicide	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 9 July 193 8

Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home** or in **public place** Home

Manner of injury Gun shot wound

Nature of injury Heart & Lung

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Taylor Coroner

(Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110467

Registration District No. 3
Primary Registration District No. 2-12
Local Registrar's No. 142
(No. Idaho Falls I. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Francis Wilson

(a) Residence No. ____ St. West Yellowstone,
(Usual place of abode) (If nonresident give city or town and) Montana
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Audrey Wilson

6. DATE OF BIRTH (month, day, and year) March 18, 1880

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self employed
10. Date deceased last worked at this occupation (mo. and yr.) July 1938
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) St. Louis
(State or country) Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Audrey Wilson
(Address) West Yellowstone, Mont.

18. BURIAL, CREMATION, OR REMOVAL
Place Bozeman, Mont. Date July 11, 1938

19. UNDERTAKER O. C. Buck O. C. Buck
(Address) Idaho Falls, Idaho

20. FILED July 11, 1938 C. Gustafson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) July 10 1938

22 I HEREBY CERTIFY, That I attended deceased from July 7, 1938 to July 10, 1938
I last saw him alive on July 9 1938: death is said to have occurred on the date stated above, at 3:40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Acidosis	
Between spleen & Colon	?

Other contributory causes of importance: Surgical Shock July 9

Name of operation Operation Abdomen Date of July 9
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place P.S. Valley due to
Manner of injury Ski accident
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110468

AUG 2 - 1938

Registration District No. 73
Primary Registration District No. 2107
Local Registrar's No. 179

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Clara Adamson Christensen

(a) Residence No. 543 - K - Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Norman P. Christensen

6. DATE OF BIRTH (month, day, and year): ~~July 19, 1938~~ Nov 17, 1895

7. AGE: Years 42 | Months 8 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Taylor, Idaho.

FATHER

13. NAME: William Priest
14. BIRTHPLACE (city or town) (State or country): Not Known England

MOTHER

15. MAIDEN NAME: Joan Simpson
16. BIRTHPLACE (city or town) (State or country): Hooper Utah

17. INFORMANT (Address): Norman P. Christensen 543 "K" Street

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Shelley Ida. Date July 21, 1938

19. UNDERTAKER (Address): Lee A. Williams 420 "D" St.

20. FILED July 16, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, at 10 A.M., 1938 to July 19, 1938
I last saw her alive on July 19, 1938: death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	1936

Other contributory causes of importance: None

Name of operation X-Ray Treatment Date of 1937-8
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, if so, specify .....

(Signed) [illegible] M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110465

AUG 15 1938 Registration District No.
Primary Registration District No. Local Registrar's No. 168
(No. I. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Ichisuke Nishioka

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Japanese
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Terue Nishioka

6. DATE OF BIRTH (month, day, and year) May 25, 1881

7. AGE — Years: 57 | Months: 2 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self employed
10. Date deceased last worked at this occupation (mo. and yr.): Feb. 1938
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Japan

FATHER

13. NAME: Kanezo Nishioka
14. BIRTHPLACE (city or town) (State or country): Japan

MOTHER

15. MAIDEN NAME: Masa Karita
16. BIRTHPLACE (city or town) (State or country): Japan

17. INFORMANT: A. Yamasaki
(Address): Idaho Falls, Idaho

18. BURIAL, CREMATION, REMOVAL
Place: Ida. Falls, Ida. 8/4, 1938

19. UNDERTAKER: O. C. Buck
(Address): Idaho Falls, Idaho

20. FILED Aug 3, 1938 E Mon Kinnaird Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) August 1 1938

22 I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to Aug 1, 1938
I last saw h[illegible] alive on Aug 1, 1938; death is said to have occurred on the date stated above, at 6:20 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abscess Lung (Non Tuberculous)	1938

Other **contributory causes** of importance:

Chronic Myocarditis	1938

Name of operation None Date of
What test confirmed diagnosis? Flu Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. E. Teague M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110470

AUG 15 1938

Registration District No. 73
Primary Registration District No. 21 V-0
Local Registrar's No. 166

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

210 i

2. FULL NAME Reese O Crockett

(a) Residence No. 19th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Crockett

6. DATE OF BIRTH (month, day, and year): July 11 1914

7. AGE — Years: 24 | Months: 0 | Days: 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil Company
10. Date deceased last worked at this occupation (mo. and yr.): 8/4/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dayton Idaho

FATHER

13. NAME: Irving Ernest Crockett
14. BIRTHPLACE (city or town) (State or country): Logan Utah

MOTHER

15. MAIDEN NAME: Alice Dees
16. BIRTHPLACE (city or town) (State or country): Preston Idaho

17. INFORMANT (Address): Alice Crockett Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Idaho Falls Date: Aug 7, 1938

19. UNDERTAKER (Address): Jack A Hood Idaho Falls, Idaho

20. FILED: Aug 13, 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8/4 1938

22 I HEREBY CERTIFY, That I attended deceased from 8/4 1938, to 8/4 1938

I last saw him alive on 8/4 1938: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal Fracture Head	8/4/38
Fract of Neck	

Other **contributory causes** of importance:

more

Name of operation None Date of

What test confirmed diagnosis? Known Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury 8/4, 1938

Where did injury occur? Idaho Falls 38
(Specify city or town, county, and state)

Specify whether injury occurred in ~~industry, in home~~, or in **public place**

Manner of injury Auto-Bicycle Collision

Nature of injury Fract Head + Neck

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn
City of Ida. Falls

SEP 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110471

Registration District No. 13
Primary Registration District No. 2107
Local Registrar's No. 176

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Oglesby. George Lewis

(a) Residence No. Shelley Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 13 1938

7. AGE Years	Months	Days	If LESS than 1 day Hrs.
0	0	0	15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (mo. and yr.) -
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho.

FATHER

13. NAME E. A. Oglesby
14. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

MOTHER

15. MAIDEN NAME Lovia Lewis
16. BIRTHPLACE (city or town) Gandy
(State or country) Nebraska

17. INFORMANT E. A. Oglesby
(Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls Date Aug. 14, 1938

19. UNDERTAKER C. Buck
(Address) Ida. Falls, Ida.

20. FILED Aug 13, 1938 Jos. Hyman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 13 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1938, to Aug 13, 1938
I last saw h~~im~~ ~~alive~~ on Aug 13 1938: death is said to have occurred on the date stated above, at 10:15 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 3 mos.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If ~~so~~, specify .....

(Signed) C. C. Emerson M. D.
(Address Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110472

Registration District No. 12
Primary Registration District No. 2170
Local Registrar's No. 177

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James H Clements

(a) Residence No. Ammon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 7, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hobble Creek
(State or country) Utah

FATHER

13. NAME Royal Clements

14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER

15. MAIDEN NAME Lucy Anna Kendall

16. BIRTHPLACE (city or town) Springville
(State or country) Utah

17. INFORMANT Clark J Barzee
(Address) Ammon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Idaho Date Aug 18, 1938

19. UNDERTAKER Jack A Hood
(Address) Idaho Falls Idaho

20. FILED Aug 17, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 14 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1938, to Aug. 15, 1938
I last saw him alive on Aug. 14, 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Interstinal influenza	Aug 9, 1938
& Tetanus	
Other **contributory causes** of importance:	
Chronic myocarditis	D.K
Chronic bronchitis	D.K

Name of operation ..... Date of .....
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. C. Erickson, M. D.
(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110473

Registration District No. 73

Primary Registration District No. 2107 Local Registrar's No. 178

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

SL

2. FULL NAME Jesse C. Lloyd

(a) Residence No. 610 N. 1st St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ileen Lloyd

6. DATE OF BIRTH (month, day, and year) Feb. 6 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hellsville (State or country) Utah

FATHER

13. NAME Jesse H. Lloyd

14. BIRTHPLACE (city or town) Washington (State or country) Utah

MOTHER

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) Hellsville (State or country) Utah

17. INFORMANT Jesse G. Lloyd (Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL Place Rexburg, Idaho Date Aug. 17, 1938

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED Aug 17, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/15 1938

22 I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to Aug 14, 1938

I last saw him alive on Aug 14 1938.: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	?
Perforating ulcers	

Other contributory causes of importance:

Perforation appendicitis	Operation

Name of operation Laparotomy Date of

What test confirmed diagnosis? C Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Idaho Falls

DISINTERMENT PERMIT

11647 3

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Jesse C. Lloyd

now lying buried in City Cemetery, in the City or Town of Rexburg

County of Madison State of Idaho, who died on the 15 day of August, 1938, Aged 42 years 6 months

9 days, the cause of death being Peritonitis , perforation appendicitis and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

H. Ray Hatch, M.D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Monarch Memory Gardens Cemetery in the City or Town of Idaho Falls County of Bonneville

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Madison it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 12 day of June, A.D. 1962.

Permit issued to:
Russel Flamm
Rexburg, Idaho

W. W. B.
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____, 19__.

_____
Health Officer

FORM BH 56-019

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Jesse C. Lloyd

now lying buried in Monarch Memory Gardens Cemetery, in the City or Town of Idaho Falls

County of Bonneville State of Idaho, who died on the 15th day of August, 1938, Aged ____ years ____ months

____ days, the cause of death being Peritonitis and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. H. Ray Hatch attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Fielding Memorial Park Cemetery in the City or Town of Idaho Falls County of Bonneville

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Bonneville it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 16th day of May, A.D. 1974.

Permit issued to:
Leo A. Williams
Williams Funeral Home
555 E St.
Idaho Falls, Idaho 83401

Janet M. Wick
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of _____ State of Idaho, this _____ day of _____, 19__.

_____
Health Officer

FORM BH 56-019

PLACE OF DEATH
County of Bonn
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110474

Registration District No. 3
Primary Registration District No. 214-0
Local Registrar's No. 180

(No. .....)

SEP 6 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosalee Wilson

(a) Residence No. 23 2nd & Lee St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Aug 24, 1938

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (mo. and yr.) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho.

FATHER

13. NAME John True

14. BIRTHPLACE (city or town) Unk
(State or country) "

MOTHER

15. MAIDEN NAME Kathleen Wilson

16. BIRTHPLACE (city or town) Milo
(State or country) Idaho

17. INFORMANT Kathleen Wilson
(Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Milo, Ida. Date Aug. 16, 1938

19. UNDERTAKER O. L. Bruce
(Address) Ida. Falls, Ida.

20. FILED Sept 6, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 5 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at ? A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown - No medical attendance	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature], M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110475

Registration District No. 73
Primary Registration District No. 2110 Local Registrar's No. 181

Sept 1 1930

(No. 586 N St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah ann Dayton

(a) Residence No. 586 N St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Dayton

6. DATE OF BIRTH (month, day, and year) Dec 25 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cedar Forts
(State or country) Utah

FATHER

13. NAME John Berry

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Nichols

16. BIRTHPLACE (city or town)
(State or country) Emgland

17. INFORMANT Mrs. Nell Crowther
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Iona, Idaho Date Aug. 18, 1938

19. UNDERTAKER Jack A Hood
(Address) Idaho Falls, Idaho

20. FILED Aug 20, 1938 Ben [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 15 1938

22 I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to Aug. 15, 1938

I last saw him alive on May 15, 1938; death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Unknown
Arterio-sclerosis	Unknown
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John C. Miller M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110476

Registration District No. 13
Primary Registration District No. 2-14-0
Local Registrar's No. 182

(No. St. 1605)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James R. Turman

(a) Residence No. 1054 14th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah K. Turman

6. DATE OF BIRTH (month, day, and year) May 28, 1847

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	91			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurence County Kentucky

FATHER
13. NAME James L. Turman
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Margaret Rouse
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Mrs. Eugene Mobley Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Aug 22, 1938

19. UNDERTAKER Jack A. Woods
(Address) Idaho Falls, Idaho

20. FILED Aug 22, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/17/1938

22 I HEREBY CERTIFY, That I attended deceased from July, 1938 to Aug. 15, 1938
I last saw h-- alive on July 20 1938: death is said to have occurred on the date stated above, at 2-30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Millsap M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110477

Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 194
(No.)

SEP 7 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minerva Belle Caudle

(a) Residence No. 410 Ash St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. M. Caudle

6. DATE OF BIRTH (month, day and year) 11, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (mo. and year) Aug. 1938

11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (city or town) Pike Co.
(State or country) Illinois

FATHER

13. NAME Allen Draper

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Minerva A. Leeles

16. BIRTHPLACE (city or town)
(State or country) Kentucky

17. INFORMANT J. M. Caudle
(Address) Ida. Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls Date Aug. 24, 1938

19. UNDERTAKER O. Buck
(Address) Ida. Falls Ida.

20. FILED Sept 2, 1938 O. H. Finney
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 20 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1937, to August 20, 1938
I last saw h~~im~~er alive on Aug 20 1938: death is said to have occurred on the date stated above, at 7:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	
Chronic Myocarditis	

Other **contributory causes** of importance:

Name of operation None. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. L. Abbott, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110478

Registration District No. 3
Primary Registration District No. 2 V 70 Local Registrar's No. 183
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blanche Empey Lodge
(a) Residence No. Ucon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Guy A. Lodge
6. DATE OF BIRTH (month, day, and year): Jan 3 1903
7. AGE: Years 35 Months 2 Days 20 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Pt. George (State or country) Utah

FATHER
13. NAME: Charles Empey
14. BIRTHPLACE (city or town) St. George (State or country) Utah

MOTHER
15. MAIDEN NAME: Ida Terry
16. BIRTHPLACE (city or town) St. George (State or country) Utah

17. INFORMANT: Guy A. Lodge (Address) Ucon, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Ucon, Idaho Date: Aug 27, 1938
19. UNDERTAKER: Jack A. Ward (Address) Idaho Falls, Idaho
20. FILED: Aug 31, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Aug 23 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938, to Aug 23, 1938
I last saw her alive on Aug 23 1938.: death is said to have occurred on the date stated above, at 6-45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
R L Lobar Pneumonia	Aug 19-38
Acute Nephritis	
Coronary Thrombosis	Aug 23-38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, if so, specify .....
(Signed) A. R. Bodily M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11047

SEP 7 - 1938

Registration District No. 3
Primary Registration District No. 8150 Local Registrar's No. 184

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Lagana.

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of aug. 19th 1938

6. DATE OF BIRTH (month, day, and year) Aug 19-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		6 hrs.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Idaho Falls.
(State or country)

FATHER
13. NAME James Logan.
14. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Bertha Ward.
16. BIRTHPLACE (city or town) Provo Utah
(State or country) Utah.

17. INFORMANT James Logan.
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Aug 26, 1938

19. UNDERTAKER Cliff C Hayes.
(Address) Idaho Falls, Idaho

20. FILED Aug 26, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 20 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1938, to Aug. 25, 1938
I last saw h[illegible] alive on Aug 24 1938: death is said to have occurred on the date stated above, at .... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug. 19, 1938
Other **contributory causes** of importance:	
Nephritis	

Name of operation none Date of ....
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 1938
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) T. C. Erickson, M. D.
(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110480

Registration District No. 73
Primary Registration District No. 24 V-6
Local Registrar's No. 189

SEP 7 - 1930

(No. 157 d)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME [redacted] - Perry

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): August 26, 1929
7. AGE: Years: Newborn; Months: 1½ Hours; Days:
If LESS than 1 day ½ hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls, Idaho

FATHER
13. NAME: Edward Clark Perry
14. BIRTHPLACE (city or town) (State or country): Springville, Utah

MOTHER
15. MAIDEN NAME: Vesta Ahlstrom
16. BIRTHPLACE (city or town) (State or country): Basalt, Idaho

17. INFORMANT: Mrs. E. C. Perry
(Address): Idaho Falls, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Aug 27, 193[illegible]
19. UNDERTAKER: None
(Address)
20. FILED: Aug 27, 193[illegible] [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/26 193[illegible]
22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 6 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
[redacted], malformation of head eyes & nose	
Other **contributory causes** of importance:	

Name of operation: None Date of:
What test confirmed diagnosis?: — Was there an autopsy?:

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110451

Registration District No. 7/3
Primary Registration District No. 214-D
Local Registrar's No. 193

SEP 7 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathryn Marilla Lords 48

(a) Residence No. 29 yrs St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David N. Lords

6. DATE OF BIRTH (month, day, and year) Mar 29 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arabelle Utah

FATHER

13. NAME James W. Lackey

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elvira Winget

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT David Lords
(Address) Idaho Falls-Ida R-6

18. BURIAL, CREMATION OR REMOVAL
Place Taylor Ida Date 9-7-1938

19. UNDERTAKER Leo A. Williams
(Address) 420 "D" St. Ida. Falls, Ida.

20. FILED Aug 2 6, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-26 193 8

22 I HEREBY CERTIFY, That I attended deceased from July 20, 1935, to August 26, 1938

I last saw her alive on August 20 1938: death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sarcoma of Uterus	3 Or 4 yrs ago

Other **contributory causes** of importance:

Name of operation Lane Date of
What test confirmed diagnosis? H Was there an autopsy? !!

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J W Roberts, M. D.
(Address Shelley Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110482

Registration District No. 73
Primary Registration District No. 2-1-0 Local Registrar's No. 186

(No. 157 d)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sondra Jean Gunnerson

(a) Residence No. L D S Hospital St. Fir ...
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 14 1938

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME George G. Gunnerson

14. BIRTHPLACE (city or town) Chicago Ill.
(State or country)

MOTHER

15. MAIDEN NAME Mildred Johnson

16. BIRTHPLACE (city or town) Firth
(State or country) Idaho

17. INFORMANT George Gunnerson
(Address) Firth Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ida. Falls Date Aug 28, 1938

19. UNDERTAKER D. Bergen
(Address) Ida Falls, Ida

20. FILED Aug 28, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 27 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 7:05 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congen. Tot. Atresia of esophagus	Birth
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Lloyd Hansen, M. D.
(Address) Rigby, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110483

Registration District No. 15
Primary Registration District No. 2150 Local Registrar's No. 187
(No. ....)

SEP 7 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilford Dermont Huffaker

(a) Residence No. 82 Shane Apts. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Wht.
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza Jane Olson

6. DATE OF BIRTH (month, day, and year) December 31 1863

7. AGE: Years 72 | Months 9 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County official
10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1937
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER

13. NAME Simson David Huffaker
14. BIRTHPLACE (city or town) Wayne Co.
(State or country) Ky.

MOTHER

15. MAIDEN NAME Eliz Melvina Richardson
16. BIRTHPLACE (city or town) Coos Co.
(State or country) N. H.

17. INFORMANT Jane Olson
(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls, Ida. Date Aug 29, 1938

19. UNDERTAKER O. S. Buck
(Address) Ida. Falls, Ida.

20. FILED Aug 29, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 27 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1937, to Aug. 27, 1938

I last saw h.. alive on Aug 26. 1938: death is said to have occurred on the date stated above, at 4:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Recurrent cerebral hemorrhage	Feb. 1937

Other **contributory causes** of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) H. L. Williams, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Irwin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110484

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 188

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Jane Washburn

(a) Residence No. Irwin Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. W. Washburn

6. DATE OF BIRTH (month, day, and year) Dec 2 1856

7. AGE — Years: 81 | Months: 10 | Days: 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (mo. and yr.) 8/1938
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Marysville Indiana

FATHER
13. NAME John Rogers
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Martha Rogers.
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. O. J. Mize
(Address) Twin Falls, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Mankato, Kas. Date Aug 28, 1938

19. UNDERTAKER O. Burch
(Address) Twin Falls, Ida.

20. FILED Aug 2 8, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 27 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 4:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Cause	
Probable Heart attack	
no medical attendance	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? Irwin Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** at home
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Parker (Coroner) M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110485

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 192

SEP 7 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Empey 95 b Y

(a) Residence No. Idaho Falls Rt #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Almyra C. Empey

6. DATE OF BIRTH (month, day, and year) Mar 8 1865

7. AGE: Years 73 | Months 4 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lehi Utah
(State or country)

FATHER
13. NAME Shadrick Empey
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Ann Athas
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT J. C. Empey
(Address) Idaho Falls Rt #3

18. BURIAL, CREMATION OR REMOVAL
Place Lincoln, Idaho Date Aug 30, 193 8

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls, Idaho

20. FILED Aug 30, 193 8 E. Summers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 27 193 8

22 I HEREBY CERTIFY, That I attended deceased from August 3, 193 8, to August 27, 193 8
I last saw him alive on Aug. 20 193 8: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage -	
Hemiplegia	Aug-3-1938
Other contributory causes of importance:	
Arteriosclerosis - Hypertension	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. Summers, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110486

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 191

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Heber C. Robison

(a) Residence No. Star Route St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia Robison

6. DATE OF BIRTH (month, day, and year) Nov 20, 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	9	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morgan (State or country) Utah

FATHER
13. NAME David Robison
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Mary Crocker
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Elmer Robison
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Sept 1, 1938

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Aug 30, 1938 Geo. Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 28 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease - Edema limbs - Anasarca	
No medical attendance	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Elmer Robison, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110487

Registration District No. 73
Primary Registration District No. 21-2 Local Registrar's No. 190
(No. Idaho Falls R.F.D. No. 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 7 - 1938

157C

2. FULL NAME Phyllis Blaylock
(a) Residence No. R # 2 St. Idaho Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Baby
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): 8/28, 1938
7. AGE: Years 2 3/4 hrs | Months | Days | If LESS than 1 day 2 3/4 hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: Paul Everett Blaylock
14. BIRTHPLACE (city or town) (State or country): North Ogden Utah

MOTHER
15. MAIDEN NAME: Edna Vera Field
16. BIRTHPLACE (city or town) (State or country): Idaho Falls Rt #3

17. INFORMANT: Father
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Cem. Date Aug. 29, 1938

19. UNDERTAKER: Funeral
(Address)

20. FILED Aug 30, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/28/38, 193..., to 8/28, 1938
I last saw her alive on 8/28 1938: death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Patent Foramen Ovale	8/28/38

Other contributory causes of importance:

(8 months) premature	

Name of operation None Date of
What test confirmed diagnosis? ... Was there an autopsy? Clinical

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193... —
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110488

SEP 8 - 1938

Registration District No. 74

Primary Registration District No. 2154 Local Registrar's No.

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary Woodledge 46 F.

(a) Residence No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: B. C. Woodledge

6. DATE OF BIRTH (month, day, and year): Oct. 17 - 1864

7. AGE: Years 73 | Months 9 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): East Moriah Mass.

FATHER

13. NAME: John B. Vandebogart

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Mc Bride

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): B. C. Woodledge Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL

Place: Bonners Ferry Date: Aug. 11, 1938

19. UNDERTAKER (Address): H. R. Crouch Bonners Ferry

20. FILED Aug 10, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938, to Aug. 9, 1938.

I last saw her alive on Aug. 9 1938.; death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows.

	Date of onset
Primary Carcinoma of the Pancreas	

Other **contributory causes** of importance:

Diabetes Mellitus	
Chronic biliary obstruction	
Generalized arteriosclerosis	

Name of operation: ..... Date of: .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Crouch, M. D.

(Address) Bonners Ferry, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Carey

Sep 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 59

Primary Registration District No. 2129

Local Registrar's No. 10

DO NOT WRITE IN THIS SPACE

State File No. 110480

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

93 21

2. FULL NAME Richard Watson Ferris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 8/1/1855

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	83	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Olney N.Y.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Mrs Ray Kuhn Carey

18. BURIAL, CREMATION, OR REMOVAL Place Carey Date 8/3 1938

19. UNDERTAKER W. L. Mgmt (Address) Carey

20. FILED Sept 11, 1938 Mary G. Dietrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/1 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to aug 1, 1938

I last saw him alive on July 31, 1938; death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocarditis	1935
Other contributory causes of importance:	
Prostatitis	1936

Name of operation None Date of —

What test confirmed diagnosis? Physical exam Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) L. R. Eglat, M. D.

(Address) Carey Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Camas

City of Fairfield

RECEIVED AUG 17 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 58

Primary Registration District No. 2138

DO NOT WRITE IN THIS SPACE
State File No. 110490

Local Registrar's No. 159

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blanche Lorree Ruby

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 1 1938

7. AGE — Years | Months | Days: 0 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Corral
(State or country) Idaho

FATHER

13. NAME Leslie Theodore Ruby

14. BIRTHPLACE (city or town) Smith Center
(State or country) Kansas

MOTHER

15. MAIDEN NAME Blanche Eskridge

16. BIRTHPLACE (city or town) Hailey
(State or country) Idaho

17. INFORMANT Leslie Ruby
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hill City Idaho Date Aug 7, 1938

19. UNDERTAKER None
(Address)

20. FILED Aug 8, 1938 W. B. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 7, 1938.

I last saw her alive on Aug 6, 1938; death is said to have occurred on the date stated above, at 2 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Weakness and prematureness	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. B. Parkinson M. D.
(Address) Fairfield Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Wilder

Sep 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110491

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 89

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Mrs Lizzie M. Stackdale Schubert

(a) Residence. No. Homedale, Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Schubert

6. DATE OF BIRTH (month, day, and year): Sept 18, 1875

7. AGE — Years: 62 | Months: 8 | Days: 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Albert Lee Minn

FATHER

13. NAME: John Stackdale

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Charles Schubert Wilder Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Wilder Date May 29 1938

19. UNDERTAKER (Address): Paul L. Case Caldwell Idaho.

20. FILED 6/1/0, 1938 Edmond Gormsen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept., 193 7, to May 25, 193 8.

I last saw her alive on May 25 1938: death is said to have occurred on the date stated above, at 6.30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic Heart disease	Sept 1937
Chronic Nephritis	Sept 1937
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Carl E. Warner M. D.

(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

RE
SEP 7.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110492

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 126
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Austin Rowe

(a) Residence No. 223 Banner St Nampa Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Myers
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Theresa Rowe
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 6-7, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Sept, 1938 Lydda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-4 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1937, to 6-4-, 1938
I last saw him alive on April 5 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Endocarditis	
Nephritis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A Swayne M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110493

Registration District No.

Primary Registration District No. 2005

Local Registrar's No. 74

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

184

1. FULL NAME Herbert Henry Lemburg

(a) Residence. No. R F D % Robt Milliner St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Nina Wolfe Lemburg

6. DATE OF BIRTH (month, day, and year): July 23 1912

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
25	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Holstein Ia

MOTHER FATHER

13. NAME: Peter Herman Lemburg

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Augusta Thede

16. BIRTHPLACE (city or town) (State or country): Holstein Iowa

17. INFORMANT (Address): P. H. Lemburg Holstein Iowa

18. BURIAL, CREMATION OR REMOVAL
Place: Cloverdale Mem Cemetery Date: , 193..

19. UNDERTAKER (Address): Paul L. Case Boise Ida

20. FILED 6/8/38, 193.. Caldwell Idaho
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 19-38

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at ..... p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidentally shot self in right lung with 22 Cal rifle	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? History Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury 6/19 1938

Where did injury occur? Ranch Caldwell, Canyon County Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. On ranch

Manner of injury..... Gunshot wounds

Nature of injury..... Self inflicted

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) W. L. Deppen Acting Coroner

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

R.D. 4

AUG 0 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110494

Registration District No. 1

Primary Registration District No. 2105

Local Registrar's No. 82

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles William Gillett

(a) Residence No. Boise (Usual place of abode) Idaho St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

-2029

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Rosemary Gillett

6. DATE OF BIRTH (month, day, and year) 6-10-1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise (State or country) Idaho

FATHER

13. NAME Charles Willett

14. BIRTHPLACE ~~(city or town)~~ Calcasieu La. (State or country)

MOTHER

15. MAIDEN NAME Emma McKickelson

16. BIRTHPLACE (city or town) Arkansas (State or country)

17. INFORMANT Mrs. Wm. Willetts (Address) Boise

18. BURIAL, CREMATION OR REMOVAL Cloverdale Date 6/30 1938

19. UNDERTAKER (Address) Caldwell Ida

20. FILED 7/12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/27 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 8:30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Head crushed by driving tractor into old Cistern	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ~~Hearing~~ Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 6-19-38 193...

Where did injury occur? Home ranch
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** on ranch

Manner of injury as above

Nature of injury Crushed head

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify operating tractor

(Signed) W. O. Stephens Acting Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110495

Sep 8 - 1938

Registration District No. 1
Primary Registration District No. 1002 Local Registrar's No. 90
(No. 304 Cleveland)
(If death occurred in a hospital or institution, give its name instead of street and number)

160C

2. FULL NAME Mary Elaine Ross

(a) Residence. No. 1809 Elgin St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city of town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER

13. NAME J. H. Ross

14. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER

15. MAIDEN NAME Martha B Carter

16. BIRTHPLACE (city or town) Boise
(State or country) Idaho

17. INFORMANT J. H. Ross
(Address) 1809 Elgin

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem Date July 25, 1938

19. UNDERTAKER C. V. Tuckhorn
(Address) Caldwell Idaho

20. FILED 8/6, 1938 Thomas Jonney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 25 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..... to ....., 193.....
I last saw h[illegible] alive on July 24, 193.8: death is said to have occurred on the date stated above, at 8:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Birth trauma	
Intra cranial hemorrhage	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. V. Tuckhorn, M. D.
(Address) Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110496

AUG 10 1938

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 123
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Cline

(a) Residence No. Canyon County St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/27/80

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER
13. NAME Jas Cline
14. BIRTHPLACE (city or town) —
(State or country)

MOTHER
15. MAIDEN NAME Conger
16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Mrs Frank Cline
(Address) Shelton Nebr

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 7-27, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Aug 2, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/26/1938

22 I HEREBY CERTIFY, That I attended deceased from 7-24-, 1938, to 7-26-, 1938
I last saw him alive on 7-26 1938: death is said to have occurred on the date stated above, at 3:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Traumatic destruction of anterior portion rt cerebral hem.	
Concussion of brain	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

#26. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 7-24-38
193.....
Where did injury occur? Nampa, Idaho
(Specify city or town, county, and state)
#Specify whether injury occurred in industry, in home, or in public place Public Road
#Manner of injury Struck by Auto
Nature of injury Head injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A Swayne, M. D.
(Address) Nampa, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110497

Registration District No. 1

Primary Registration District No. 205

Local Registrar's No. 87

Sep 8 - 1938

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

34

2. FULL NAME Grace Davis

(a) Residence. No. R. 2. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 28 - 1938

7. AGE: Years — Months — Days 1 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

MOTHER FATHER

13. NAME Johnnie R. Davis

14. BIRTHPLACE (city or town) Norton
(State or country) Kansas

15. MAIDEN NAME Kathleen Coleman

16. BIRTHPLACE (city or town) Talmyra
(State or country) Ills

17. INFORMANT Johnnie R. Davis
(Address) R. 2 Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Linwood Cemetery Date 7-29, 193..

19. UNDERTAKER Auf E. Cash
(Address) Caldwell Ida

20. FILED 7-28, 193.. H. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 28 1938

22. I HEREBY CERTIFY That I attended deceased from July 28, 1938 to July 28, 1938

I last saw h[illegible] alive on July 28 1938.: death is said to have occurred on the date stated above, at 1155 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cyanosis	
Prematurity	
One month	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) A. A. Newkirk M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110498

Registration District No.

Primary Registration District No. 1005

Local Registrar's No. 91

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Eugene Cupp

(a) Residence. No. Weiser St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 4 1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

13. NAME Donald W. Cupp

14. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

15. MAIDEN NAME Edna White

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Cem Date 8/3 1938

19. UNDERTAKER E. V. Pettibone
(Address) Caldwell Ida

20. FILED 8/6 1938 Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/1 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to Aug 1, 1938
I last saw him alive on Aug 1, 1938; death is said to have occurred on the date stated above, at 2:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	July 10, 1938
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hugh J. McLaughlin, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 6 1938

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE
State File No. 110499

Local Registrar's No. 92

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Bernard Haas

(a) Residence. No. ..... Weiser Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mable Haas

6. DATE OF BIRTH (month, day, and year) 2/10/1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranching

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Washington
(State or country) Pennsylvania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Mable Haas
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Cem. Date 12-3 1938

19. UNDERTAKER Weiser Mortuary
(Address) Weiser Idaho

20. FILED 12/7 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/2 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1924, 193.8, to 12/2, 193.8
I last saw him alive on 12/1, 193.8; death is said to have occurred on the date stated above, at 2:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bowels	1937
Other contributory causes of importance:	
Chronic Nephritis	1924

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robert C. Talbot M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110500

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 92

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Mary E Potter

(a) Residence. No. 1024 Elgin St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. J. Potter (Deceased)

6. DATE OF BIRTH (month, day, and year) March 28 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Carroll Ill.

FATHER

13. NAME Wm Baughman

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Mrs. Forbes

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Harold L Potter
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 8-6, 1938

19. UNDERTAKER C. L. Peckham
(Address) Caldwell Idaho

20. FILED 8/6, 1938 M. Mahoney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4 1938

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to July 31, 1938

That I last saw her alive on July 31, 1938; death is said to have occurred on the date stated above, at 8 A: m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-27-38
Other contributory causes of importance:	
Senility	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh J. McLaughlin, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110501

Registration District No. .....

Primary Registration District No. 1005 Local Registrar's No. 94

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Joaquin Eaton

(a) Residence. No. Caldwell Ida St. 610 Filmore

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Sept 21 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harrison Co Iowa

FATHER

13. NAME Levy Eaton

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs. Carl Hollrich (Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL Interment Mayfield Cem Date 8-6, 1938

19. UNDERTAKER C. V. Eastham (Address) Caldwell Ida

20. FILED 8/6, 193.8 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 193.., to Aug 4, 1938

I last saw h[illegible] alive on Aug 4, 193..; death is said to have occurred on the date stated above, at 9:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	8/2/38
Other contributory causes of importance: Cardio vascular Renal Prostatitis Chronic	4 yrs 4 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. V. Eastham M. D.

(Address) Caldwell Ida

Burial

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

SEP 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110502

Registration District No. .....
Primary Registration District No. 1005 Local Registrar's No. 95
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Theodore King

(a) Residence. No. Caldwell Idaho R.F.D. #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	w	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Emma King

6. DATE OF BIRTH (month, day, and year) 3-16-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	4	20 22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Harrison Co. (State or country) Ind

FATHER
13. NAME James King
14. BIRTHPLACE (city or town) ..... (State or country) Ind.

MOTHER
15. MAIDEN NAME Adams
16. BIRTHPLACE (city or town) ..... (State or country) Kentucky

17. INFORMANT Emma King (Address) Caldwell Ida R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 8-8-1938

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 8/9/1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-6-1938

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1938, to Aug 5, 1938
I last saw him alive on Aug 5, 1938: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Immediate cause Cerebral Thrombosis	1928
Coronary Thrombosis	
Chronic myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm B. Handford M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
SEP 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110503

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 129
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leona Wilson Stewart

(a) Residence No. 207 - 14 Ave. So. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Charles L. Stewart
6. DATE OF BIRTH (month, day, and year) March 6, 1860
7. AGE — Years: 78 | Months: 4 | Days: 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tacoma
(State or country) Wash.

FATHER
13. NAME Samuel S. Wilson
14. BIRTHPLACE (city or town) .....
(State or country) New York

MOTHER
15. MAIDEN NAME Mary A. Walker
16. BIRTHPLACE (city or town) .....
(State or country) Ohio

17. INFORMANT Charles L. Stewart
(Address) 207 - 14 Ave. So. Nampa
18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Canyon Hill Cemetery Date Sept 11, 1938
19. UNDERTAKER Geo. D. Talley
(Address) Nampa Idaho
20. FILED Sept 12, 1938 Ryda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 7 1938
22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to Sept 7, 1938
I last saw her alive on Sept 7, 1938: death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
following flu pneumonia	
Other contributory causes of importance:	
Pneumonia	
Myocarditis.	

Name of operation No Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Roscoe P. Bethune M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110504

Registration District No. ____

Primary Registration District No. 1005

Local Registrar's No. 96 131

SEP 8 - 1938

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Sundleen Fletcher Foud.

(a) Residence. No. Caldwell, 2024 St. Maple St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah L Foud

6. DATE OF BIRTH (month, day, and year) 4-29-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Elyria, Georgia

FATHER

13. NAME Thomas Foud

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Barbara Eilly

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Clarence Foud, Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 8/11, 1938

19. UNDERTAKER (Address) E. V. Sedgwick, Caldwell Idaho

20. FILED 8/17, 1938 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/8 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to 8/8, 1938

I last saw him alive on Aug 7, 1938; death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart	July 1938
Chronic nephritis	July 1938
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? Dr Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~ Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Robert D Ball M. D.

(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110505

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 97

SEP 8 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Laura Gerber

(a) Residence. No. Caldwell Ida St. R.D. #2

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ellis W. Gerber

6. DATE OF BIRTH (month, day, and year): Feb 28 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Le Roy Iowa

FATHER

13. NAME: J. S. Stubbs

14. BIRTHPLACE (city or town) (State or country): Pleasantville Iowa

MOTHER

15. MAIDEN NAME: Dora Kenyon

16. BIRTHPLACE (city or town) (State or country): Elgin Co Iowa

17. INFORMANT (Address): Mrs. Gerber Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Star Cem Date: 8/16 1938

19. UNDERTAKER (Address): V. Peterson Caldwell Ida

20. FILED 9/8/38, 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/13 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1937, to 8/13, 1938

I last saw h.. alive on 6-20-, 1938: death is said to have occurred on the date stated above, at 11:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma	4-1-36
Metastatic	
Other contributory causes of importance:	

Name of operation: Breast Amp Date of: 1937

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carl W. Warner, M. D.

(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110506

Registration District No. 1

Primary Registration District No. 105 Local Registrar's No. 98

SEP 8 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

149 C

2. FULL NAME Mrs Dorothy E. Northrop

(a) Residence. No. 105 Elgin St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert E. Northrop.

6. DATE OF BIRTH (month, day, and year) Sept. 19. 1921

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
16	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre Mont

FATHER

13. NAME O. E. Sullivan

14. BIRTHPLACE (city or town) (State or country) Salem Mo

MOTHER

15. MAIDEN NAME Katie Mogle

16. BIRTHPLACE (city or town) (State or country) Salem Mo

17. INFORMANT O. E. Sullivan
(Address) R01 Elgin, Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date ....., 193..

19. UNDERTAKER Earl E. Bass
(Address) Caldwell Ida

20. FILED 8/16, 193 8 W. Timmons County Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 8, to Aug 15, 1938

I last saw h alive on Aug 15, 1938; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Decordon Bronchopneumonia	Aug 8 38

Other **contributory causes** of importance:

Jaundice Shock	
Decordon Anemia	
Sinus Thrombosis Retropharyngeal	

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. E. Newbern M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110507

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 126

SEP 10 1938

(No. 48)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Landie Toree

(a) Residence No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Toree

6. DATE OF BIRTH (month, day, and year) Jan 20-1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	9	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4 mos
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME A.A. Beasley
14. BIRTHPLACE (city or town) (State or country) Waco Texas

MOTHER
15. MAIDEN NAME Sarah Clark
16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Mrs A.A. Beasley
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date Aug 18, 1938

19. UNDERTAKER W.E. Walker
(Address) Meridian Ida

20. FILED Sept 1, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 16 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1938 to Aug 16, 1938
I last saw h-er alive on Aug 16 1938 death is said to have occurred on the date stated above, at 3.30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Pelvis, Primary Lesion in Cervix Uteri	
Other **contributory causes** of importance: Exhaustion	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A Swayne M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa
SEP 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110508

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 130
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 95 3

2. FULL NAME Yancey Sumner Ramsey.
(a) Residence No. 7 mils So. Nampa. St. Colby Kansas.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 weeks. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Ramsey.
6. DATE OF BIRTH (month, day, and year): Sept 24 1873
7. AGE: Years 64 | Months 11 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone Mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greenwood Co. Kans.

FATHER
13. NAME: Thomas Ramsey.
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Ellen Sanford
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Katie Ramsey Colby Kansas
18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lincoln Kans. Date Aug 18, 1938
19. UNDERTAKER (Address): W. D. Talley. Nampa Idaho
20. FILED Sept 3, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/17 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193—, to ....., 193—
I last saw him ~~alive~~ on ..... 193—: death is said to have occurred on the date stated above, at 2:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
History of Case—	
Heart Trouble.	
Probably Cardiac Thrombosis.	
Other contributory causes of importance:	
Heavy feeling in Chest as if Heart to be filling up.	

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193—
Where did ~~injury~~ Death occur? Fair Ground Nampa.
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place Trailer House.
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. D. Talley Coroner
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110503

SEP 10 1938

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 131
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel Clare Stuart

(a) Residence No. Route #2 - 1 mi No Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: J. N. Stuart
6. DATE OF BIRTH (month, day, and year): 9/5/1876
7. AGE — Years: 61 | Months: 11 | Days: 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Appleton (State or country) Minn.

FATHER
13. NAME Moses Shelbarger
14. BIRTHPLACE (city or town) ..... (State or country) Ohio

MOTHER
15. MAIDEN NAME Ida Ward
16. BIRTHPLACE (city or town) ..... (State or country) Mass.

17. INFORMANT Mr. Roy Stuart (Address) Nampa Idaho.
18. BURIAL, CREMATION OR REMOVAL Place Interment Nampa Date Aug. 21, 1938
19. UNDERTAKER Pearl Colley (Address) Nampa Idaho
20. FILED Sept 3, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/19/1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1938, to Aug 19, 1938
I last saw h[illegible] alive on 8/19 1938: death is said to have occurred on the date stated above, at 2:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Flu Type.	
Other contributory causes of importance:	
Old age and general weakness	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roy P. Bellman M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED SEP 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110510

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 127
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Claudia Clara Dewey 111 c

(a) Residence No. 12 and 12th st S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 7-20-8

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
✓	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

FATHER

13. NAME Chas Dewey
14. BIRTHPLACE (city or town) Nampa Ida
(State or country)

MOTHER

15. MAIDEN NAME Alice Ross
16. BIRTHPLACE (city or town) Nampa Ida
(State or country)

17. INFORMANT Chas Dewey
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 8-23, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Sept. 2, 1938 Ryda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/22 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/20, 1938, to 8/22, 1938
I last saw her alive on 8/22 1938: death is said to have occurred on the date stated above, at 3:20 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute pulmonary edema	8/19
Exfoliative dermatitis (allergic)	
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify
(Signed) W. B. Rose M.D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110511

Registration District No.

Primary Registration District No. 1005 Local Registrar's No. 99

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David William Gibbs

(a) Residence. No. 232 Montana St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Gibbs

6. DATE OF BIRTH (month, day, and year) Dec 5-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Orchardist

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dallas Illinois

FATHER

13. NAME John A. Gibbs

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Ann Walker

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Josephine Gibbs
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 8/24 1938

19. UNDERTAKER Peckham
(Address) Caldwell Ida

20. FILED 8/26, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938, to Aug 22, 1938.

That I last saw him alive on Aug 21, 1938; death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sept Lobar Pneumonia	8-18-38
Other contributory causes of importance: Chronic Bronchitis	
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hugh J. McLaughlin M. D.

(Address) Caldwell Idaho

Mitchell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

SEP 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
110512
State File No.

Registration District No. 1007

Primary Registration District No. 3

Local Registrar's No. 116

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Robert Hamilton

54d

(a) Residence. No. Parma (Usual place of abode) Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norah Hamilton

6. DATE OF BIRTH (month, day, and year) Aug 11 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62.	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Story County Iowa

FATHER

13. NAME Robert Hamilton

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Katheryn Eaton

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs. Clarice Bowers (Address) Boise

18. BURIAL, CREMATION OR REMOVAL Place Fairview Cem Date 8/30, 1938

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED Sept 6, 1938 Mrs Alice Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/27 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/10/35, 193.., to 8/27/38, 193.. [last saw h. alive on 8/27/38 193..: death is said to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Tumor	
Other contributory causes of importance:	
Paralysis of throat	

Name of operation none Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 193..

Where did injury occur? No (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Mitchell, M. D.

(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa (Rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110513

SEP 10 1938

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 133
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Asa Willet Roark

(a) Residence No. Near Kuna, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced. (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ V

6. DATE OF BIRTH (month, day, and year) 1872

7. AGE: Years 66 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ashland (State or country) N. C.

FATHER
13. NAME Absalom Roark
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Vanover
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs. A. W. Roark (Address) Kuna Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kuna Ida Date Sept 3, 193 8

19. UNDERTAKER F. K. Robinson (Address) Nampa Idaho

20. FILED Sept 3, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-28-1938

22 I HEREBY CERTIFY, That I attended deceased from 8/19, 193 8, to 8/28, 193 8
I last saw him alive on 8/26 193 8: death is said to have occurred on the date stated above, at 8:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rt. lower lobe pneumonia	
post influenzal	8/19
Cardiac decompensation	8/23

Other contributory causes of importance: Arteriosclerotic H.T. disease unk.

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Rowe, M. D.
(Address) Nampa Idaho

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110514

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 132

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George B. Tyler

(a) Residence No. 724 8th Ave. So. - Nampa, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown
6. DATE OF BIRTH (month, day, and year): May 26 1870
7. AGE: Years 68 | Months 3 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Plains Kendal Co Ill.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mr. C. A. Dennis Nampa Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Conkey Date 8/31, 1938
19. UNDERTAKER (Address): Keith Talley Nampa Idaho
20. FILED Sept 3, 1938 Lyda R. Sayers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/29 1938
22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1938, to 8-29-, 1938
I last saw him alive on 8-29 1938: death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Delirium Tremens	8-20-38

Other contributory causes of importance:
Mitral Insufficiency and Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. E. Bell M.D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110515

RL SEP 1

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 134
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46 F

2. FULL NAME Alfred John Peker

(a) Residence No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-9-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME A. J. Peker
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Peters
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. L. George
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Chas. Cem. Date 9-5, 1938

19. UNDERTAKER F. H. Robinson
(Address) Nampa Idaho

20. FILED Sept. 6, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-4-1938

22. I HEREBY CERTIFY, That I attended deceased from 8/30, 1938, to 9/4, 1938
I last saw h/m alive on 9/4 1938; death is said to have occurred on the date stated above, at 9:10 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of pylorus and Duodenum of Stomach	1939

Other **contributory causes of importance:**

Post operative Shock	

Name of operation Resection of Stomach 9/1
What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. B. Rice, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110516

SEP 10 1938

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 135
(No. 1520-1st St. North.)
(If death occurred in a hospital or institution, give its name instead of street and number)

186a

2. FULL NAME Ivan Louis Buchta.

(a) Residence No. 1520 - 1st Street No. St. Nampa Idaho.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 1 - 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Nampa, Ida.
(State or country)

FATHER

13. NAME Ernest Buchta
14. BIRTHPLACE (city or town) Detroit Mich
(State or country)

MOTHER

15. MAIDEN NAME Dolla Mervin
16. BIRTHPLACE (city or town) Eagle Ida.
(State or country)

17. INFORMANT Ernest Buchta.
(Address) Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rahlerson Date Sept. 6, 1938

19. UNDERTAKER W. D. Talley
(Address) Nampa Ida

20. FILED Sept 7, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/4 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937, to 9-4, 1938
I last saw him alive on 9/4 1938: death is said to have occurred on the date stated above, at 6:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus & Neuroma, Bronchial	
Other contributory causes of importance:	
Hydrocephalus 10 mo after birth.	

Name of operation None. Date of
What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roscoe Bellknap M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110517

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 136

SEP 10 1938

(No. 7½ Miles N.E. of Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

9562

2. FULL NAME Miss Anna Spielman

(a) Residence No. 7½ Miles N.E. Nampa St. Fair View Dist.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1-1859

7. AGE — Years: 79 | Months: 3 | Days: 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Hagerstown (State or country) Md.

FATHER

13. NAME David Spielman
14. BIRTHPLACE (city or town) Unknown (State or country) "

MOTHER

15. MAIDEN NAME — Stalfer
16. BIRTHPLACE (city or town) Unknown (State or country) "

17. INFORMANT R. E. Crearon
(Address) Nampa Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fair View Cem. Date Sept 7, 1938

19. UNDERTAKER W. M. Talley
(Address) Nampa Idaho.

20. FILED Sept 7, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/5 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-3, 1938, to 9-5, 1938

I last saw her alive on 9-2 1938: death is said to have occurred on the date stated above, at 10:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute heart attack	
Dilitation heart.	

Other contributory causes of importance:

Hyper tension	
Arteri sclerosis	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? Cancel

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. P. Belknap M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110513

SEP 14 1938

Registration District No. 8
Primary Registration District No. 2159 Local Registrar's No. 25
(No. 108)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Axel Bernard Mattson

(a) Residence No. St. Montpelier, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Bessie E. Mattson

6. DATE OF BIRTH (month, day, and year): May 5. 1864

7. AGE — Years: 73 | Months: 11 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired
10. Date deceased last worked at this occupation (mo. and yr.): 1934
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweeden

FATHER
13. NAME: James Mattson
14. BIRTHPLACE (city or town) (State or country): Sweeden

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Sweeden

17. INFORMANT: Mrs. A. B. Mattson
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Grove City Cemetery Date: July 12 1938

19. UNDERTAKER: [illegible]
(Address) Montpelier Idaho

20. FILED July 11, 1938 Dr. Russell Tingey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 10 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to July 10, 1938
I last saw h[illegible] alive on July 10 1938: death is said to have occurred on the date stated above, at 10:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Otis Cockle, M. D.
(Address) Soda Springs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs, Idaho

RECEIVED SEP 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110519

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 26

(No. Caribou County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46 f

2. FULL NAME Grace Gertrude Marshall (Mrs. Edgar Marshall)

(a) Residence. No. 405 N. I2 Street, Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fe	W	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Edgar Marshall

6. DATE OF BIRTH (month, day, and year) April 8, I884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	3	I2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasant Grove, Utah

FATHER

13. NAME William Gamett

14. BIRTHPLACE (city or town) (State or country) Indiana ?

MOTHER

15. MAIDEN NAME Clara Rogers

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT (Address) Mrs. Flossie Winger (Sister) Blackfoot, Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Pocatello, Ida. Date 7-20-, 193.8

19. UNDERTAKER (Mortuary) Townsend
(Address) Pocatello Ida

20. FILED 7-20, 193.8 Dr Russell Tight
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/20 193 8

22. I HEREBY CERTIFY, That I attended deceased from 7/12/38, 193..., to 7/20/38, 193...

I last saw her alive on 7/20/38, 193...: death is said to have occurred on the date stated above, at 3:35P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Pancrease	
Other contributory causes of importance: None	

Name of operation Lap. Date of 7/I5/38
What test confirmed diagnosis? Physical Ex. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Kackley, M.D., M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of CARIBOU
City of SODA SPRINGS IDA

RECEIVED SEP 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110520

Registration District No. 92
Primary Registration District No. 2159 Local Registrar's No. 27-
(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

512

2. FULL NAME George Milton Mead

(a) Residence. No. AFTON, WYOMING St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Julia Elizabeth Mead

6. DATE OF BIRTH (month, day, and year) July 24-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Baker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Muscatine
(State or country) Iowa

FATHER
13. NAME Jackson Henry Mead
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Mary A. Parsons
16. BIRTHPLACE (city or town) Muscatine
(State or country) Iowa

17. INFORMANT Ruth Mead
(Address) Afton Wyoming

18. BURIAL, CREMATION OR REMOVAL
Place Soda Springs Ida Date July 30, 1938

19. UNDERTAKER E. S. Putnam
(Address) Soda Springs Idaho

20. FILED 7-30, 1938 D. Russell Liquid
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28 1938

22. I HEREBY CERTIFY, That I attended deceased from June -6-, 1938, to July -28-, 1938
I last saw him alive on 7/28, 1938; death is said to have occurred on the date stated above, at 1.30 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carncer of the Prostrate	
Other **contributory causes** of importance: 0	
Trans urethreal prostratic resection	6/12/38

Name of operation Biopsey Date of
What test confirmed diagnosis? No Autopsy Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) Ellis Rackley Ellis Rackley, M. D.
(Address) Soda Springs, Idaa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of CARIBOU
City of SODA SPRINGS, IDAHO

RECEIVED SEP 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110521

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 28
(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

94b

2. FULL NAME DONALD M. WEAVER

(a) Residence. No. 311 NORTH EMMA STREET St. WEST FRANKFORT, ILL.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of CLARICE WEAVER

6. DATE OF BIRTH (month, day, and year) May 23, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monticello, Indiana

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Clarice Weaver (Address) West Frankfort, Ill.

18. BURIAL, CREMATION OR REMOVAL
Place OAKLAND, CALIF. Date AUG. 8TH 1938

19. UNDERTAKER C. J. Whitman (Address) Soda Springs, Idaho.

20. FILED 8/4/38, 193... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/3/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/27/38, 193..., to 8/3/38, 193...
I last saw him alive on 8/3/38, 193...; death is said to have occurred on the date stated above, at 9:05 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/27/38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Electrocardiography Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Evan M. Packer, M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110522

PLACE OF DEATH

County of Caribou
City of Soda Springs, Idaho
Registration District No. 82
Primary Registration District No. 7159 Local Registrar's No. 29
(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 14 1938

46 b

2. FULL NAME Sessions, Carl

(a) Residence. No. Route I, Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8/1900

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
38	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. welder, farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Menan, Ida.

MOTHER/FATHER

13. NAME Darius Sessions

14. BIRTHPLACE (city or town) (State or country) Bountiful, Ut

MOTHER/FATHER

15. MAIDEN NAME Charlotte Shippen

16. BIRTHPLACE (city or town) (State or country) Idaho falls, Idaho

17. INFORMANT (Address) Fay Sessions, brother

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Idaho Falls, Ida Date 8-27-1938

19. UNDERTAKER Wood Funeral Home
(Address) Idaho Falls, Idaho

20. FILED 8/27, 1938 Dr. Russell Ingalls
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/23/38

22. I HEREBY CERTIFY, That I attended deceased from 8/12/38, 193.., to 8/23/38, 193..
I last saw him alive on 8/23/38, 193...: death is said to have occurred on the date stated above, at 9:45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach	
Other contributory causes of importance:	
none	

Name of operation gastroenterostomy Date of 8/13/38
What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ellis Kackley, M.D., M. D.
(Address) Soda Springs, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of CARIBOU

City of Soda Springs, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110523

SEP 14 1938

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 30

(No. Caribou Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 93d

2. FULL NAME ADLINE MAAS

(a) Residence. No. Idaho Falls, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daughter of Mr. AND MRS Henry Maas

6. DATE OF BIRTH (month, day, and year) July 21st, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elgin, N. D. (State or country)

FATHER

13. NAME Henry MAAS

14. BIRTHPLACE (city or town) MENNO (State or country) South Dakota

MOTHER

15. MAIDEN NAME Juliana Fink

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Amy Maas (Address) Idaho Falls, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL Place Idaho Falls, Ida. Date 9-4-1938

19. UNDERTAKER C. D. Hutchman (Address) Soda Springs, Idaho

20. FILED 9/4/38, 193... Dr. Russell Tingey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/2/38, 193..., to 9/4/38, 193...

I last saw her alive on 9/4/38 193...: death is said to have occurred on the date stated above, at 11. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance: 0

Name of operation 0 Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.....

(Signed) Ellis Kackley M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs

Idaho. Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 31

(No. Caribou Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 14 1938

93d1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110524

2. FULL NAME Louisa Catherine MILLICK

(a) Residence. No. CHALLIS, IDAHO. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of William Henry MILLICK

6. DATE OF BIRTH (month, day, and year) Feby. 4th 18

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
79	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus, Mis.

FATHER

13. NAME Daniel C. BREYER

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT Earl Millick (Address) Challis, Idaho.

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place Challis, Ida. Date 9/12/ 193 8

19. UNDERTAKER E. S. Whitman (Address) Soda Springs, Idaho.

20. FILED 9/9/38 193 Dr Russell Sigurd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/9/ 193 8

22. I HEREBY CERTIFY, That I attended deceased from 9/5/38, 193..., to 9/9/38, 193....

I last saw her alive on 9/9/..., 1938: death is said to have occurred on the date stated above, at 5.32 A. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other **contributory causes** of importance: None

Name of operation 0 Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Ellis Kackley M. D.

(Address) Soda Springs, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Albion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110525

Registration District No. 119
Primary Registration District No. 2198
Local Registrar's No. 1

AUG 22 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lily Bell Howard

(a) Residence No. Albion Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Frank E. Howard

6. DATE OF BIRTH (month, day, and year): 12-27-1868

7. AGE: Years 70 | Months 3 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) May 38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mineral (State or country) Penn.

FATHER
13. NAME Shannon McClusain

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Lynn Rhoades

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Frank E. Howard (Address) Burley & Albion Ida

18. BURIAL, CREMATION OR REMOVAL Place Albion Ida Date 6-29-, 1938

19. UNDERTAKER Verna B. McCullych (Address) Burley Idaho

20. FILED 6-28-, 1938 L. L. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-26 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17 1938 to June 26, 1938
I last saw her alive on June 25 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitril regurgitation	1936

Other contributory causes of importance: None

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: No
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Slater M. D.
(Address) Albion Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110527

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 66

(No. SEP 1 1938)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tom W. Nyulmutes

(a) Residence No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David R. Nyulmutes

6. DATE OF BIRTH (month, day, and year) 12-3-1896

7. AGE: Years 41 | Months 7 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Dairy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

FATHER
13. NAME Elsop W. Jones

14. BIRTHPLACE (city or town) Tennessee
(State or country)

MOTHER
15. MAIDEN NAME Mary Ann Mussey

16. BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio

17. INFORMANT Mary W. Nyulmutes
(Address) Burley

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Date 9-8, 1938

19. UNDERTAKER
(Address) Burley

20. FILED Aug 8, 1938 Laura E. Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 8 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/8/, 193 8, to 7/8/, 193 8
I last saw her alive on 7/7/ 193 8.: death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyper-Myocarditis	
Mitral Regurgitation	6/18/38
Chronic Pleurisy	
Normal Child	

Other contributory causes of importance:

Ecophthalmic goiter 6/7/1937.
Was just noticed

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. E. Hulbert, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Albion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110528

Registration District No. 119
Primary Registration District No. 2198 Local Registrar's No.
(No.)

AUG 22 1938

(If death occurred in a hospital or institution, give its name instead of street and number) 82 a

2. FULL NAME Mary Arminta Gray

(a) Residence No. 1 Albion Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Theodore Gray

6. DATE OF BIRTH (month, day, and year) Aug. 10-1850

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) June 38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albion Idaho
(State or country)

FATHER

13. NAME James Mahoney
14. BIRTHPLACE (city or town) U. S. A.
(State or country)

MOTHER

15. MAIDEN NAME Maria Williams
16. BIRTHPLACE (city or town) U. S. A.
(State or country)

17. INFORMANT Eldon Gray
(Address) Vale-Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Albion Idaho Date 7-19-, 1938

19. UNDERTAKER Vern B. McCulloch
(Address) Burley Idaho

20. FILED 7-19-, 1938 C. E. Slater
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-19-1938

22 I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to July 17, 1938
I last saw her alive on July 17 1938: death is said to have occurred on the date stated above, at 7 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~Mitral regurgitation~~	~~1936~~
Apoplexy	7/10/38

Other **contributory causes** of importance:

~~Hem~~ Arterio Sclerosis	1936

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following: No
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Slater, M. D.
(Address) Albion Ida

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110523

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 62

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 b 4

2. FULL NAME David [illegible] Thomas

(a) Residence No. .... Burley - Ida St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. .... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Adaline Thomas

6. DATE OF BIRTH (month, day, and year) Feb 17 1858

7. AGE: Years 80 | Months 5 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Brigham City (State or country) Utah

FATHER
13. NAME Wm Thomas
14. BIRTHPLACE (city or town) Wales (State or country)

MOTHER
15. MAIDEN NAME Margaret Phelps
16. BIRTHPLACE (city or town) Wales (State or country)

17. INFORMANT Mrs Thomas Clark (Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 8-11, 1938

19. UNDERTAKER c/o F Payne (Address) Burley

20. FILED 8-10, 1938 Laura E Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-7 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
8-7-1938	
Other contributory causes of importance: Heart Failure	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110530

SEP 10 1938

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 68
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Egbert Bateman

(a) Residence No. Burley, St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Bateman

6. DATE OF BIRTH (month, day, and year) 9-18-1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9-4-1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Jordan,
(State or country) Utah.

FATHER
13. NAME Samuel Egbert
14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Maria Beckstead
16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT George A. Bateman
(Address) Ogden, Utah

18. BURIAL, CREMATION OR REMOVAL
Place West Jordan, Ut. Date 9-11, 1938

19. UNDERTAKER Vern B. McCulloch
(Address) Burley Idaho

20. FILED 9-10, 1938 Laura D. Sprague
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-7-1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1938, to Sept 7, 1938
I last saw her alive on Sept 7 1938: death is said to have occurred on the date stated above, at 7:00 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1936
Other **contributory causes** of importance:	
Chronic Nephritis	1936

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry E. Dean, M. D.
(Address) Burley Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clark
City of Dubois

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110531

Registration District No. 175
Primary Registration District No. ____ Local Registrar's No. 2
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 95 b 4

2. FULL NAME David M. Crow

(a) Residence No. ____ St. Dubois, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht.	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day and year) January 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	0	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Finley
(State or country) Ohio

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Harry Rayner
(Address) Dubois, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Dubois Date ____, 193__

19. UNDERTAKER O. L. Buck
(Address) Ida Falls.

20. FILED 8/10, 1938 Ray Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (~~month, day and year~~) July 10 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__
I last saw h__ alive on ____ 193__: death is said to have occurred on the date stated above, at 5:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart trouble	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__.
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Paul F. Shiel, M. D.
Coroner
(Address) Dubois, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Elk River.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110532

SEP 6 - 1938

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 65

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth D. McMillan

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-12-19 17

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	20	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Metaline
(State or country) Wash.

FATHER

13. NAME Lawrence McMillan
14. BIRTHPLACE (city or town) Ontago
(State or country) Mich.

MOTHER

15. MAIDEN NAME Myrtle Cole
16. BIRTHPLACE (city or town) Evansville
(State or country) Ill.

17. INFORMANT Mrs M. McMillan
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date 9 7, 1938

19. UNDERTAKER Vassar-Rawls Co
(Address) Lewiston, Ida.

20. FILED 9 6, 1938 H. A. Thacker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/5 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____ 193...: death is said to have occurred on the date stated above, at about 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Crushed right Chest	
With neck Injuries	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ____ Date of injury 8/5, 1938
Where did injury occur? Pollatch Forest Camp S. Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury Fell while riding log
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Killed at Work
(Signed) Wayne S. Keyes Coroner M. D.
(Address) Orofino Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of CLEARWATER
City of OROFINO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110533

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 67
(No. OROFINO HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JOHN R. CUMMINS

(a) Residence No. PIERCE, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of SINGLE

6. DATE OF BIRTH (month, day, and year) 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	unknown	"	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. railroad conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. woods
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakland, Calif
(State or country)

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT OROFINO HOSPITAL
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL Orofino, Idaho Aug 16th 38
Place Date, 193

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Idaho

20. FILED 8/15, 1938 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/10 1938

22 I HEREBY CERTIFY, That I attended deceased from 8/4, 1938, to 8/10, 1938
I last saw him alive on 8/9 1938: death is said to have occurred on the date stated above, at 1:45a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/1/38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Hoffman, M. D.
(Address Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of CLEARWATER
City of OROFINO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110534

SEP 6 - 1938

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 66

(No. BURNS HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME GERALD EVERETT STEPHENSON

(a) Residence No. WEIPPE, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): child

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: child

6. DATE OF BIRTH (month, day, and year): Oct 8th 1931

7. AGE: Years 6 | Months 10 | Days ~~27~~ 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): PRESHO
(State or country): S. DAKOTA

FATHER

13. NAME: Martin W. STEPHENSON
14. BIRTHPLACE (city or town): VERMILLON
(State or country): S. DAKOTA

MOTHER

15. MAIDEN NAME: RUBY ERMAN JENSEN
16. BIRTHPLACE (city or town): VIBORG
(State or country): S. DAKOTA

17. INFORMANT: Mrs Pearl Stephenson
(Address): Weippe, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Orofino, Idaho Date: Aug 14, 1938

19. UNDERTAKER: BLAKE FUNERAL HOME
(Address): Orofino, Idaho

20. FILED 8/13, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8-12 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1938, to ..... 193..
I last saw him alive on ..... 193..; death is said to have occurred on the date stated above, at about 5:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probably Broken Neck	
Other **contributory causes** of importance:	

Name of operation ~ Date of ~
What test confirmed diagnosis? ~ Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury 8/12/38 1938
Where did injury occur? Weippe Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Street
Manner of injury Auto — or Auto Accident
Nature of injury Run over by Trailer

24 Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) W. W. Robinson, M. D.
(Address) Orofino Idaho

210 i

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Elk River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110535

Registration District No. 90
Primary Registration District No. 2167
Local Registrar's No. 65

Sep 6 - 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1866

2. FULL NAME W. A. Mooney

(a) Residence. No. ..... St. Spokane road
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Kathleen Mooney.

6. DATE OF BIRTH (month, day, and year) ?

7. AGE: Years 29 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Truck driver
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Woods work
10. Date deceased last worked at this occupation (mo and yr.) Aug 15 1938
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ? (State or country)

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Papers found on body (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash Date Aug 15, 1938

19. UNDERTAKER Thornhill Cordry (Address) Spokane Wash

20. FILED 9/6 1938 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 15 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed Skull	
with Fractured neck	

Other **contributory causes** of importance:

Log rolled on body	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Aug 15 1938
Where did injury occur? Camp S. Potlatch Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Logging Camp
Manner of injury Log rolled on body
Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Killed at work

(Signed) J. Wayne S. Berry Coroner M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110530

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 70
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

1316

2. FULL NAME Jo E. Hayden
(a) Residence No. ..... St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Phoenix
(State or country) Arizona

FATHER

13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER

15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date 8-19, 1938.

19. UNDERTAKER Fred A. Billberg, Hosp. Attd.
(Address) Orofino, Idaho.

20. FILED 8/20, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-18 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1938 to Aug. 18, 1938
I last saw him alive on Aug. 18 1938: death is said to have occurred on the date stated above, at 2:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3 days duration
Other **contributory causes** of importance:	
Chronic interstitial nephritis	1 yr.
Toxic psychosis	10 days

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. Louis McKelvey, M. D.
(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110537

Str 6-1938

Registration District No. 90
Primary Registration District No. 2107 Local Registrar's No. 69
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number) 93c

2. FULL NAME James E. Conner

(a) Residence No. St. Mullan, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Sarah Conner

6. DATE OF BIRTH (month, day, and year) 7-6-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleveland,
(State or country) Ohio

FATHER
13. NAME James Conner
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town)
(State or country) Unascertained

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Date 1-23, 1938

19. UNDERTAKER H. A. Thaw
(Address) Orofino

20. FILED 1/24, 1938 H. A. Thaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/19 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1937 to Aug. 19, 1938
I last saw him alive on Aug. 19 1938: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	5 days duration

Other **contributory causes** of importance:

Chronic Myocarditis	years
General arteriosclerosis	"
Senile Psychosis	"

Name of operation Date of
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thurlow McKelvey, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11053

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 71

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Mace

(a) Residence No. 722 - 6th Ave. St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. J. Mace

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 71 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME John Morrow
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Morrow
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT State Hospital Records,
(Address) Orofino, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lewiston Ida. Date Aug 29, 1938

19. UNDERTAKER Vassar-Rawls Co
(Address) Lewiston Ida.

20. FILED 8/29, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/29 1938

22 I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to Aug. 29, 1938
I last saw her alive on Aug. 29 1938: death is said to have occurred on the date stated above, at 4:20A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3 days
Other **contributory causes** of importance:	
Chronic Myocarditis	6 months
Arteriosclerosis	1 year
Senile Psychosis	6 years

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical —Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Morrow McEwen M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110539

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 172
(No. Pierce Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anton Nordal

(a) Residence No. unknown (around Pierce) St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. woodsworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. woods

10. Date deceased last worked at this occupation (mo. and yr.) unkwnown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Sherrifs office
(Address) Clearwater county

18. BURIAL, CREMATION OR REMOVAL
Place Orofino, Ida. Date Sept. 1st, 193 8

19. UNDERTAKER Blake Funeral Home
(Address) Orofino, Idaho

20. FILED 9/30, 1938 W. A. Thaus
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/30 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
alcholism	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wayne L. Burns, Coroner, M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Mountain Home

RECEIVED SEP 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110540

Registration District No. 34

Primary Registration District No. 2020 Local Registrar's No. 13

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number) 2106

2. FULL NAME Jack Dempsey Kelso

(a) Residence No. Mountain Home St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) June 15, 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Hill City
(State or country) Idaho

FATHER

13. NAME George Kelso

14. BIRTHPLACE (city or town) Craig
(State or country) Mo,

MOTHER

15. MAIDEN NAME Clara Lockman

16. BIRTHPLACE (city or town) Tinyah
(State or country) Minn.

17. INFORMANT Mrs. George Kelso
(Address) Mt. Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Aug. 20, 193 8

19. UNDERTAKER Zacher Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED 8/20, 193 8 .... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-19-1938

22 I HEREBY CERTIFY, That I attended deceased from 8-18-, 1938, to 8-19-, 1938

I last saw him alive on 8-18-1938; death is said to have occurred on the date stated above, at 5:15 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture of Base of Skull	8-18-38
Other **contributory causes** of importance:	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following: Accident

Accident, suicide, or homicide? .... Date of injury 8-18-38, 193....

Where did injury occur? Near Mountain Home Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place

Manner of injury Auto upset

Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) J. E. Evans, M. D.

(Address) Mtn Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110541

Registration District No. 35

Primary Registration District No. 2021

Local Registrar's No. 112134

PLACE OF DEATH

County of Elmore

City of Glenn Ferry

SEE [illegible] (No.) 462

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Nebia Heller

(a) Residence. No. Glenn Ferry St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph P. Heller

6. DATE OF BIRTH (month, day, and year) Oct. 18. 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Little Rock
(State or country) Arkansas

FATHER

13. NAME P. B. Butler

14. BIRTHPLACE (city or town)
(State or country) Arkansas

MOTHER

15. MAIDEN NAME Lillian Scott

16. BIRTHPLACE (city or town)
(State or country) Arkansas

17. INFORMANT Mrs. Amos Cash
(Address) Glenn Ferry Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Glenn Rest Date Aug 24, 1938

19. UNDERTAKER [illegible] Funeral Home
(Address) [illegible]

20. FILED Aug 23, 1938 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938, to Aug 22, 1938

I last saw h[illegible] alive on Aug 22, 1938; death is said to have occurred on the date stated above, at 8:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall bladder	Feb. 1938

Other contributory causes of importance:

Name of operation Exploratory Date of [illegible]

What test confirmed diagnosis? Clinical as there [illegible] autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Davis, M. D.

(Address) Glenn Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110542

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 5

SEP 1 U 1938

(No.) 54e
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Laurel Lundgreen

(a) Residence No. Preston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27 38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston Idaho
(State or country)

FATHER
13. NAME Stanley E Lundgreen
14. BIRTHPLACE (city or town) Smithfield Utah
(State or country)

MOTHER
15. MAIDEN NAME Rebecca Biggs
16. BIRTHPLACE (city or town) Cove Utah
(State or country)

17. INFORMANT Stanley E Lundgreen
(Address) Preston

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date Aug 2, 1938

19. UNDERTAKER M. V. Hendricks
(Address) Preston Idaho

20. FILED Aug 8, 1938 G. W. Stutzman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 1 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to Aug 1, 1938
I last saw h[illegible] alive on Aug 1 1938: death is said to have occurred on the date stated above, at 6:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanosarcoma of the Left Eye	July 27 1938
Other contributory causes of importance:	
None	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. B. Barnes, M.D.
(Address) Preston Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110543

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 6

SEP 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number)
(No.)

95b

2. FULL NAME Newell Peterson Porter

(a) Residence No. Preston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston Idaho
(State or country)

FATHER

13. NAME Albert E Porter
14. BIRTHPLACE (city or town) Preston Idaho
(State or country)

MOTHER

15. MAIDEN NAME Mary C Peterson
16. BIRTHPLACE (city or town) Franklin Id.
(State or country)

17. INFORMANT Mary C Porter
(Address) Preston Id.

18. BURIAL, CREMATION OR REMOVAL
Place Preston Id. Date Aug 6, 193 8

19. UNDERTAKER M. W. Hendricks
(Address) Preston Id.

20. FILED Sept 8, 193 8 G. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 3, 193 38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193 2, to Aug 3rd, 193 8
I last saw h alive on 3rd Aug 193 8: death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	8-3-38
Other contributory causes of importance:	
Chronic cardio valvular disease	1934

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A R Peterson, M. D.
(Address) Preston Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110544

Registration District No. 27
Primary Registration District No. 214
Local Registrar's No. 7

SEP 10 1938

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Jean Peterberg

(a) Residence No. Preston Idaho St.
(Usual place of abode) Life (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 12 1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston Idaho
(State or country)

FATHER

13. NAME Guy Peterberg
14. BIRTHPLACE (city or town) Franklin Id.
(State or country)

MOTHER

15. MAIDEN NAME Celia Kelly
16. BIRTHPLACE (city or town) Chicago
(State or country) Ill

17. INFORMANT Guy Peterberg
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date Aug 17, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Sept 8, 1938 G. W. Staley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 14 38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned in the	
Preston-Whitney	Aug 14 38
Reservoir	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
Coroner
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Franklin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110545

SEP 10 1938

Registration District No. 27
Primary Registration District No. 249
Local Registrar's No. 8
(No. 159)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vance Parkinson

(a) Residence. No. Franklin St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 18, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

MOTHER
13. NAME Albert M Parkinson
14. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER
15. MAIDEN NAME Melba May Briggs
16. BIRTHPLACE (city or town) (State or country) Franklin Idaho

17. INFORMANT (Address) Albert M. Parkinson

18. BURIAL, CREMATION OR REMOVAL
Place Franklin Idaho Date 8-18, 1938

19. UNDERTAKER None
(Address)

20. FILED Sept. 8, 1938 G. W. State
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1938 to Aug 18, 1938.
I last saw him alive on 8-8, 1938.: death is said to have occurred on the date stated above, at 10:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	8-8-38
6 Months	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? PM Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. F. Cutler M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Franklin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110546

SEP 10 1938

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 9
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Virgil Lowe 92c

(a) Residence No. Franklin St. .....
(Usual place of abode) Life (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Christensen

6. DATE OF BIRTH (month, day, and year) Aug 30 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hooper Utah
(State or country)

FATHER

13. NAME John A Lowe

14. BIRTHPLACE (city or town) Franklin Id.
(State or country)

MOTHER

15. MAIDEN NAME Adaline Belnap

16. BIRTHPLACE (city or town) Ogden Utah
(State or country)

17. INFORMANT Mrs Virgil Lowe
(Address) Franklin Id.

18. BURIAL, CREMATION OR REMOVAL
Place Franklin Id. Date Aug 37, 38

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Sept 8, 1938 G. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-25 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-1, 1938, to 8-25, 1938
I last saw h in alive on 8-24 1938: death is said to have occurred on the date stated above, at 3PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial endocarditis.	8-1-38

Other contributory causes of importance:

Chronic Cardio Valvular Decay	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. R. Welles, M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

SEP 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110547

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 850

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Richter Morsch

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
~~HUSBAND~~ or (or) WIFE of Christian H. Morsch

6. DATE OF BIRTH (month, day, and year) 1/7/1857

7. AGE — Years: 81 | Months: 6 | Days: 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Lena Ill

FATHER
13. NAME Herman Richter
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Amelie Bert
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mrs. Jackson St. Anthony

18. BURIAL, CREMATION OR REMOVAL
Place St. Anthony Date Aug 8, 193 8

19. UNDERTAKER (Address) Mt. W. McKenzie St. Anthony Idaho

20. FILED Aug 8, 193 8 Sarah E. Musk Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 6 1938

22 I HEREBY CERTIFY, That I attended deceased from July 8, 193 8, to Aug 6, 193 8
I last saw her alive on Aug 6, 193 8; death is said to have occurred on the date stated above, at 10 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Anemia	Aug 1 38
Myocardial Failure	

Other **contributory causes** of importance:

Chronic Nephritis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) E. J. Laule M. D.
(Address St. Anthony Idaho

PLACE OF DEATH
County of Fremont
City of North Salem

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110548

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 349

(No.) SEP 10
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Homer Joyce Williams 54e

(a) Residence No. North Salem 2de St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Juanita Smith

6. DATE OF BIRTH (month, day, and year) Nov 22. 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	8	26 2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyrum Utah
(State or country)

FATHER
13. NAME Wm. Williams
14. BIRTHPLACE (city or town) Wales
(State or country) England

MOTHER
15. MAIDEN NAME Margaret Joyce
16. BIRTHPLACE (city or town) Wales
(State or country) England

17. INFORMANT Homer Williams
(Address) Rexburg R D 2

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City Date Aug 28, 1938

19. UNDERTAKER Evans & Meyer
(Address) Rexburg Idaho

20. FILED Aug 31, 1938 Sarah B Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 29 1938

22 I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to Aug 29, 1938
I last saw him alive on Aug 20 1938: death is said to have occurred on the date stated above, at 8 10 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sacroma of Left Femur	
Hypertension Cardio Vascular Renal Disease	

Other **contributory causes** of importance:

Name of operation [redacted] Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. F. Meyer M. D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St Anthony

FILED SEP 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11054

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 351

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

16 C C

2. FULL NAME Carl James Jensen

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) Jan 27 '35

7. AGE — Years: 3 — Months: 7 — Days: 3 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Anthony
(State or country)

FATHER

13. NAME Otto Jensen

14. BIRTHPLACE (city or town) Kyrum Ut
(State or country)

MOTHER

15. MAIDEN NAME Jennie Durney

16. BIRTHPLACE (city or town) Thayne Wyo.
(State or country)

17. INFORMANT Mrs Jennie Burrows
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 9/3, 1938

19. UNDERTAKER W. M. Johnsen
(Address) St. Anthony Idaho

20. FILED Sept 3, 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 1 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Sept 1, 1938

I last saw him alive on Sept 1 1938: death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Epilepticus	Aug 31
Pulmonary Edema	Sept 1

Other contributory causes of importance:

Birth Injury

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Searle, M. D.

(Address) St Anthony

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED SEP 6 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 110550

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Heath

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Fem
4. Color or Race wht
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Heath

6. DATE OF BIRTH (month, day, and year) 1/2 - 1860

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) not Known

17. INFORMANT Jennie T. Heath
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 6/22, 1938

19. UNDERTAKER C. O. Breckenridge
(Address) Emmett Idaho

20. FILED 6/22, 1938 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/20 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to June 1, 1938
I last saw h[illegible] alive on June 20 1938: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Arteriosclerosis Heart Disease.	1934
Senile Dementia.	1938
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H. K. Bullock, M. D.
(Address) Emmett Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110551

Registration District No. 6

Primary Registration District No. ____ Local Registrar's No. 210

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allen W. Newell.

(a) Residence No. ____ St. Letha. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3 - 1881

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Custer
(State or country) Minn.

FATHER

13. NAME Earastus Newell

14. BIRTHPLACE (city or town) Utica
(State or country) N. Y.

MOTHER

15. MAIDEN NAME Mary Wheat

16. BIRTHPLACE (city or town) ____
(State or country) N. Y.

17. INFORMANT Jean le Stenmest
(Address) Fruitland Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 7-9-, 1938

19. UNDERTAKER C. O. Pickering
(Address) Emmett Ida

20. FILED 7/7, 1938 J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 7, 1938
I last saw him alive on July 7 1938: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull	7-5-38
Fracture of 5th Cervical Vert with paralysis (complete) from 1st dorsal segment	

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? accident Date of injury 7-7-38, 1938
Where did injury occur? Letha, Gem Co., Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place highway
Manner of injury automobile collision
Nature of injury Fracture of skull & spine

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) ____, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

RECEIVED
SEP 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110552

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Empire Elizabeth Biggers
(a) Residence No. Sweet Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 12/7-1867
7. AGE: Years 70 | Months 7 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.): 7/4/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: Ephriam Chilcott
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Martha C White
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: Ebb Biggers
(Address): Sweet Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Sweet Ida Date: 7/10, 1938
19. UNDERTAKER: C D Buckmann
(Address): Emmett Ida
20. FILED: 7/9, 1938 J R Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 7/8 1938
I HEREBY CERTIFY, That I attended deceased from July 6, 1938, to July 8, 1938
I last saw her alive on July 5 1938: death is said to have occurred on the date stated above, at 5:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystatis	July 5/38
Other contributory causes of importance:	
Cardiac incompetence	Years

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J L Parsons M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110555

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. 94

(No. .....)

SEP 6 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Louise Mann

(a) Residence No. Mary Secor Hospital St. Horseshoe Bend, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Mann

6. DATE OF BIRTH (month, day, and year) May 7, 1871

7. AGE — Years 67 | Months 3 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 8/38

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Amos Keiguin

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Mrs. Elva Henderson Cokeville Wyo

18. BURIAL, CREMATION OR REMOVAL Place Boise, Ida. Date Aug 19, 1938

19. UNDERTAKER C. D. Buckmaster (Address) Emmett, Idaho

20. FILED Aug 19, 1938 J. C. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/2 10/7/38, 193..., to ....., 193.....

I last saw her alive on 8/16 193.8: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris (apoplectic attack) c possible Coronary occlusion	one month.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Buckmaster, M. D.

(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110554

SEP 6 - 1938

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Adelia Kimball

(a) Residence No. Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Fem | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Kimball

6. DATE OF BIRTH (month, day, and year) Jan 8 - 1851

7. AGE | Years 87 | Months 6 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Freeport
(State or country) Ill

FATHER
13. NAME David Clough
14. BIRTHPLACE (city or town) ____
(State or country) New York

MOTHER
15. MAIDEN NAME Sarah Thompson
16. BIRTHPLACE (city or town) ____
(State or country) Canada

17. INFORMANT R H Kimball
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date ____, 193__

19. UNDERTAKER A Buckner
(Address) Emmett Ida

20. FILED ____, 193__ J L Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-4-1925, 193__, to 5-18, 193__
I last saw her alive on 8-17 1938: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	several years
Other contributory causes of importance:	
Myocardial failure & old age	2 years

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [illegible] M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11055

SEP 6 - 1938

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. 230 ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jorge F. Sweet
(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/15-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Kinsey
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Nannie L. [illegible]
(Address) Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Dear Isle Date 8/20, 1938

19. UNDERTAKER C. D. Rockwell
(Address) Emmett Ida

20. FILED 8/20, 1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/18 1938

22 I HEREBY CERTIFY, That I attended deceased from August, 1938, to Aug 18, 1938:
I last saw her alive on Aug 17 1938: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	20 years
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) A. F. Rawlinson, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

SEP 6 - 1938

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 110555

(If death occurred in a hospital or institution, give its name instead of street and number) 182

2. FULL NAME Sarah Noreen Dunbar

(a) Residence No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-21-1938

7. AGE: Years | Months | Days: Was born
If LESS than 1 day 16 hrs. or 53 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emmett
(State or country) Ida.

MOTHER

13. NAME Ora M. Dunbar

FATHER

14. BIRTHPLACE (city or town) Enterprise
(State or country) Oregon

15. MAIDEN NAME Lenora B. Mitchell

16. BIRTHPLACE (city or town) Joseph
(State or country) Oregon

17. INFORMANT Mrs. Hulma Flowers
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 8/22, 1938

19. UNDERTAKER C. Buckner
(Address) Emmett Idaho

20. FILED 8-22-, 1938 J. J. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/21 1938

I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw her alive on dead 8-21-38, 193...: death is said to have occurred on the date stated above, at 4 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
This baby was smothered.	
was Coursed at 4 a m after being	
wrapped in a blanket given	
the mother went to bed at 2 a m	
at noon dead.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11055

SEP 6 - 1938

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Symeon Newton Yates

(a) Residence No. Emmett Idaho St. ____
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Eliza Yates

6. DATE OF BIRTH (month, day, and year): 12/25-1865

7. AGE: Years 72 | Months 7 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): Nov-1936
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Marion Co Ohio

FATHER
13. NAME: DeWitt C. Yates
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Martha F. Johnston
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: D. C. Yates
(Address): Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Emmett Idaho Date: 8/23, 1938

19. UNDERTAKER: O. Buckmaster
(Address): Emmett Idaho

20. FILED: 8/22, 1938 J. C. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8/21/1938

22 I HEREBY CERTIFY, That I attended deceased from October 16, 1937, to Aug 20, 1938
I last saw him alive on Aug 1, 1938 death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED SEP 6 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 110558

Registration District No. 9
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 59

2. FULL NAME Anna Christina Fredenhagen

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Fem
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Adolph Diederich Fredenhagen

6. DATE OF BIRTH (month, day, and year) [illegible] 1884

7. AGE Years 53 | Months 2 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ____ (State or country) Sweden

FATHER
13. NAME John [illegible]
14. BIRTHPLACE (city or town) ? (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) ____ (State or country) Sweden

17. INFORMANT Adolph Fredenhagen (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Idaho Date 9/31, 1938

19. UNDERTAKER O. Buchanan (Address) Emmett Idaho

20. FILED 8/30, 1938 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/28 1938

22 I HEREBY CERTIFY, That I attended deceased from May 7, 1938, to Aug 28, 1938

I last saw her alive on Aug 28 1938; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetis Mellitus,	
Coma	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. R. Reynolds M. D.
(Address) Emmett Idaho

AUG 23 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110559

PLACE OF DEATH

County of Gooding Registration District No. 22

City of Wendell Primary Registration District No. 2018 Local Registrar's No. 95

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Jessie Mae Anderson

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Robert Anderson

6. DATE OF BIRTH (month, day and year) April 28, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	1	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home mf
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Iowa (State or country)

PARENTS

10. NAME OF FATHER Levi M. Campbell

11. BIRTHPLACE OF FATHER (city or town) Unknown (State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown (State or County)

14. Informant Husband (Address)

15. Filed 5-30, 19.. E. L. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 29 (Day), 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw h.... alive on ....., 19....
and that death occurred, on the date stated above, at 10:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Dead on arrival. Congestive
Heart failure

(duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Physical examination
(Signed) W. A. Erickson, M. D.
May 30, 1938 (Address) Wendell Ida

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Wendell Ida	
20. Undertaker Thompson	Address Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of "

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110560

RECEIVED
SEP 6 1938

Registration District No.
Primary Registration District No. 24
Local Registrar's No.
(No. if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maria Consuelo Alvarado

(a) Residence. No. Lindsay Rancho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-2-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country)

FATHER
13. NAME Joe Manuel Diaz
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Lupe Alvarado
16. BIRTHPLACE (city or town) Arizona
(State or country)

17. INFORMANT Lupe Alvarado
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Lindsay Date 7-23, 1938

19. UNDERTAKER A E Thompson
(Address)

20. FILED 8/31, 1938 J H Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-22-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1938, to 7-22, 1938
I last saw h[illegible] alive on 7-22, 1938: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital syphilis	birth
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Cromwell, M. D.
(Address) Lindsay Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110561

Registration District No. 21
Primary Registration District No. 2036
Local Registrar's No. 8

AUG 22 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Maude Alice Stokes

(a) Residence No. Hagerman St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Stokes

6. DATE OF BIRTH (month, day, and year) April 8, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Olklahoma
(State or country)

FATHER
13. NAME Laughan
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Grace Stokes
(Address) Glenn Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Cem Date Aug. 13, 193 8

19. UNDERTAKER Zacher & Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED 8/22/38, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 193 8, to Aug 11, 193 8
I last saw her alive on Aug 5 193 8 death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937

Other contributory causes of importance:

Chronic Interstitial Nephritis	?

Name of operation Date of
What test confirmed diagnosis? Dy. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) T. E. D Garrett, M. D.
(Address Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110562

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 5
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Rodney L. Cole
(a) Residence No. .... Grangeville Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X
6. DATE OF BIRTH (month, day, and year): Jan 30-1938
7. AGE: Years —; Months 5; Days 26; If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X
10. Date deceased last worked at this occupation (mo. and yr.): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Grangeville Ida.

FATHER
13. NAME: Lloyd Cole
14. BIRTHPLACE (city or town) (State or country): Grangeville Ida.

MOTHER
15. MAIDEN NAME: Scivola Snodgrass
16. BIRTHPLACE (city or town) (State or country): Pomeroy Wash.

17. INFORMANT (father) Lloyd Cole
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 7-28, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED 7-3, 1938 W. B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/26 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to July 26, 1938
I last saw him alive on July 26 1938: death is said to have occurred on the date stated above, at 8:50 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aplastic Anemia	June 1-38

Other **contributory causes** of importance:

Tyfoid Stenosis	Post natal
Chronic Tonsillitis	May 38

Name of operation — Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No. Lab.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Lesley S. Orr, M. D.
(Address) Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110563

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 33

RECEIVED SEP 8 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy, Mrs Dessie

(a) Residence. No. Our Lady of Consolation Hospital
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont Ida Date 8-7-, 1938

19. UNDERTAKER C. E. Clovis
(Address) Craigmont Ida

20. FILED Sept 1, 1938 H. T. Orr
per WB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-5 1938

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to Aug 4, 1938
I last saw him alive on Aug 4, 1938; death is said to have occurred on the date stated above, at 3:50 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 24-38

Other **contributory causes** of importance:

None Known	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? ..... No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harley T. Orr, M. D.

(Address) Cottonwood, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110564

SEP 8 - 1938

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 93C

2. FULL NAME Mrs. Sarah Ling

(a) Residence No. Kooskia St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas H. Ling

6. DATE OF BIRTH (month, day, and year) May 2 - 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) 1938
11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) Nobel Co
(State or country) Ind.

FATHER

13. NAME Christian Barkey
14. BIRTHPLACE (city or town) not obt.
(State or country) Pa.

MOTHER

15. MAIDEN NAME not obt. Harrington
16. BIRTHPLACE (city or town) not obt
(State or country) Ohio

17. INFORMANT Husband Chas. H. Ling
(Address) Kooskia Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 8 - 11, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED Sept. 3, 1938 B Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 9 1938

22 I HEREBY CERTIFY That I attended deceased from 4 - 3 -, 1938, to 4 - 8 -, 1938
I last saw her alive on 4 - 8 1938: death is said to have occurred on the date stated above, at 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) B Chapman, M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

RECEIVED
SEP 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE
State File No. 110565

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 34
(No. at Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna M. Winkler

(a) Residence No. Cottonwood Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Winkler

6. DATE OF BIRTH (month, day and year) March 14 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
60	4	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Herman Krieger
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Anna Beste
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frank Winkler (Address) Cottonwood Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date 8/14, 1938

19. UNDERTAKER Glenn Gibbs (Address) Grangeville Ida.

20. FILED Sept 1, 1938 H. F. Orr Registrar.
per WB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/12 1938

22. I HEREBY CERTIFY, That I attended deceased from 1935, 1938, to Aug-12, 1938
I last saw he alive on 8-12 1938: death is said to have occurred on the date stated above, at 2 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1935
Other **contributory causes** of importance:	

Name of operation Supra Tomen Salpingectomy Date of Apr. 11-36
What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify
(Signed) H. F. Orr, M. D.
(Address) Cottonwood, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110566

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 7
(No.)

RECEIVED SEP 8 1938

(If death occurred in a hospital or institution, give its name instead of street and number) 210 c

2. FULL NAME Frank Sylvester Baer

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susan Rachel Lichty

6. DATE OF BIRTH (month, day, and year) Dec. 31 1878.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Buyer)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warehouseman)
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Somerset County
(State or country) Pennsylvania

FATHER
13. NAME Israel Baer
14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Harriet Seibert
16. BIRTHPLACE (city or town) Somerset County
(State or country) Pennsylvania

17. INFORMANT O. S. Baer.,
(Address) Clarkston, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Date Aug. 18, 1938

19. UNDERTAKER
(Address) Craigmont, Idaho.

20. FILED Sept 3, 1938 W S Clubman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug. 14 1938.

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal Fracture of Skull	

Other **contributory causes** of importance:

By auto turning over.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** State Creek Grade
Manner of injury Auto turned over
Nature of injury Basal fracture

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Glenn Coker, M.D.
(Address) Grangeville, Idaho
Coroner of Idaho County

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

RECEIVED SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 106

Primary Registration District No. 2184

DO NOT WRITE IN THIS SPACE

State File No. 110567

Local Registrar's No. 447

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME James Robert- Remsey.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Remsey.

6. DATE OF BIRTH (month, day, and year): April 28 - 1856

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
81	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: 50+

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: Not obtainable

14. BIRTHPLACE (city or town) (State or country): .....

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Dave Remsey Kooskia - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Spokane Date: Aug. 17 1938

19. UNDERTAKER (Address): Geo. Freeman Kooskia

20. FILED: Aug 17 1938. Jm Vanderkmos A
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 16 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1., 1938., to Aug. 16., 1938.
I last saw him alive on Aug 1, 1938.: death is said to have occurred on the date stated above, at ... a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	
Senility	
General Debility	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Jm Vanderkmos M. D.
(Address) Kooskia - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

RECEIVED SEP 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110566

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 35

(No. Our Lady of Consolation Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Barney Tacke, Sr.

(a) Residence. No. ..... St. .....
(Usual place of abode) Cottonwood (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 36 mos ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs Elisabeth Tacke
6. DATE OF BIRTH (month, day, and year): November 20-1856
7. AGE: Years 82; Months 8; Days 27; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.): ***
11. Total time (years) spent in this occupation: 24

12. BIRTHPLACE (city or town) (State or country): Heiden, Westphalany, Germany

FATHER
13. NAME: John Bernard Tacke
14. BIRTHPLACE (city or town) (State or country): Heiden, Westphalany, Germany

MOTHER
15. MAIDEN NAME: Christina
16. BIRTHPLACE (city or town) (State or country): Heiden, Westphalany, Germany

17. INFORMANT (Address): Barney Tacke Jr. Greenleaf Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Cottonwood Date: Aug 18, 1938

19. UNDERTAKER (Address): Glenn Auld Georgeville Ida.

20. FILED: Sept 1, 1938. H. F. Orr Registrar.
per WB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1938, to Aug. 16, 1938.
I last saw him alive on Aug. 16 1938.: death is said to have occurred on the date stated above, at 7:05 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	Aug 1
Urinary Retention	
Prostatic Hypertrophy	1935

Other **contributory causes** of importance:

Name of operation: Cystotomy Date of: Aug 4-38
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hedley F. Orr, M. D.
(Address) Cottonwood, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11056

SEP 8 - 1938

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 36
(No.) Our Lady of Consolation
(If death occurred in a hospital or institution, give its name instead of street and number) 72

2. FULL NAME Mr. William I Sells
(a) Residence No. Grangeville (Usual place of abode) Ida St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widowed
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Clara Sells
6. DATE OF BIRTH (month, day, and year): 1-31-1866
7. AGE: Years 72 | Months 6 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (mo. and yr.): Aug 38
11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (city or town) (State or country): Garden Plains Ill

FATHER
13. NAME: John Sells
14. BIRTHPLACE (city or town) (State or country): Kent England

MOTHER
15. MAIDEN NAME: Adeline Short
16. BIRTHPLACE (city or town) (State or country): N. Y. State

17. INFORMANT: Brother Henry Sells
(Address): Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Aug 19, 1938

19. UNDERTAKER: Hancock Funeral Home
(Address): Grangeville Ida.

20. FILED Sept 1, 1938 W. F. Orr Registrar.
per TB

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Aug 17 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 17, 1938
I last saw him alive on Aug 17 1938; death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Cerebral Hemorrhages	July 15-38
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Stanley F. Orr, M. D.
(Address) Cottonwood Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110570

Registration District No. 105
SEP 8 - 1938
Primary Registration District No. 2183
Local Registrar's No. 37

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary D. Rehder

(a) Residence. No. Cottonwood St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of: Henry Rehder
6. DATE OF BIRTH (month, day, and year): March 27. 1852
7. AGE: Years: 86 | Months: 4 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Homberg. Germany.

MOTHER
13. NAME: Mary Ruge
14. BIRTHPLACE (city or town) (State or country): Germany.

FATHER
15. MAIDEN NAME: Rehder.
16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Carl Rehder Cottonwood Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Cottonwood Date: 8/24, 1938
19. UNDERTAKER (Address): Glenn Color Grangeville Idaho.
20. FILED: Sept. 1, 1938 Per [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/22 1938
22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1938, to 8-22, 1938
I last saw h[illegible] alive on 8-21, 1938; death is said to have occurred on the date stated above, at 4 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Cerebral Hemorrhages	8-1-38

Other **contributory causes** of importance:
Arteriosclerosis

Name of operation: ..... Date of: ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Henry F. Orr M. D.
(Address) Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Ferdinand

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110571

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 38
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katie Fischer Tautfest

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Fred Tautfest

6. DATE OF BIRTH (month, day, and year): Sept. 21 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Adam Fischer
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Katie Wagner
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs. H. A. Broker
(Address): Craigmont, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Craigmont, Ida. Aug 26, 1938

19. UNDERTAKER: C. E. Lewis
(Address): Craigmont, Idaho.

20. FILED: Sept 1, 1938 W. J. Orr
per TB Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): August 24 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 1938, to Aug 24 1938
I last saw her alive on Aug 23 1938: death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectpris	few min
Other contributory causes of importance:	
Sclerosis thoracic aortca	sony
Chronic nephritis	years
cholelithiasis	

Name of operation: none Date of:
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 1938.....
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place -
Manner of injury -
Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? no If so, specify -

(Signed) P. E. Duncan, M. D.
(Address) Craigmont, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

RECEIVED SEP 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE
State File No. 110572

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 8

(No. County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

99

2. FULL NAME Henry Boyches.

(a) Residence No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hillcrest Date Aug 27, 1938

19. UNDERTAKER Glenn Gibbs
(Address) Grangeville Ida

20. FILED Sept 3, 1938 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1938 to Aug 26, 1938

I last saw him alive on Aug 26, 1938: death is said to have occurred on the date stated above, at 4:9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1937
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) B. Chipman, M. D.

(Address) Grangeville Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE
State File No. 110573

PLACE OF DEATH

County of Idaho
City of Grangeville

RECEIVED SEP 8 - 1938

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 9

(No. County Hospital
If death occurred in a hospital or institution, give its name instead of street and number)

462

2. FULL NAME James Montgomery.

(a) Residence No. Riggins St. Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
about 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester
(State or country) New York

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Aug 31, 1938

19. UNDERTAKER Glenn Cox
(Address) Grangeville Ida.

20. FILED Sept. 3, 1938 J. B. Chipman Asst.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 29 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 1937 to 8-29-, 1938

I last saw him alive on 8-29- 1938.; death is said to have occurred on the date stated above, at 1:00 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	1937
Other **contributory causes** of importance: Uremia	1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) B. Chipman, M. D.

(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Annis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110574

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 35

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Luther Thorngren.

(a) Residence No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Sarah Soloma Thorngren.

6. DATE OF BIRTH (month, day, and year) May 19, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	2	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer. Retired Steam
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. & Stationary.
10. Date deceased last worked at this occupation (mo. and yr.) 11/27
11. Total time (years) spent in this occupation life.

12. BIRTHPLACE (city or town) Sweden.
(State or country)

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) Sweden.
(State or country)

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) Sweden.
(State or country)

17. INFORMANT Mrs. J. Thorngren
(Address) Lorenzo, Ida. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 8/16, 193 8

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Ida.

20. FILED 8-14, 1938 Chas. G. Hansen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/13 193 8

22 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1938, to ---, 193..
I last saw him alive on Aug 12 193 8: death is said to have occurred on the date stated above, at 7:45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	?
hypertensive heart	?
disease.	?
Cerebral hemorrhage	Aug 12, '38

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) J. Harper Gundry M. D.
(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Lewisville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110575

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 36

(If death occurred in a hospital or institution, give its name instead of street and number) (No.....)

Aug 9 - 1938

186 a

2. FULL NAME Parley Harker

(a) Residence No. Lewisville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Boyes Walker

6. DATE OF BIRTH (month, day, and year) Jan. 8, 1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Taylorsville, Ut.
(State or country)

FATHER
13. NAME Job Harker
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Mary Griffith
16. BIRTHPLACE (city or town) Nauvoo, Ills.
(State or country)

17. INFORMANT Mrs. Elizabeth Harker
(Address) Lewisville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewisville Date Aug. 23, 1938

19. UNDERTAKER Ivan R. Keller
(Address) Rexburg Idaho

20. FILED 8-23, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/20 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/14, 1938, to 8/20, 1938
I last saw him alive on 8/14 1938: death is said to have occurred on the date stated above, at 9:15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatoid Arthritis	Indefinite
Rheumatic Heart Fever	1926
Auricular Fibrillation	Several Years

Other contributory causes of importance:

Fractured Hip Joint - Left - Over work	1931

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 1918 End 1931
Where did injury occur? Left Hip Injured Bruised
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place At home 1918 - & 1931
Manner of injury 1918 - Fell from house (roof) -
Nature of injury 1931 - Fell on bridge - Hip broken -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gideon Tall M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 11057

Sep 9- 1938 Registration District No.
Primary Registration District No. 2176 Local Registrar's No. 33

(No. 146)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alberta Lenora Dutson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write this): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard Glenn Dutson

6. DATE OF BIRTH (month, day and year) Feb. 8, 1902

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Auburn
(State or country) Wyoming

FATHER

13. NAME David W. Porter
14. BIRTHPLACE (city or town) Porterville
(State or country) Utah

MOTHER

15. MAIDEN NAME Sarah Ann Ashdown
16. BIRTHPLACE (city or town) Bountiful
(State or country) Utah

17. INFORMANT Mrs Inez E. Laughlin
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shelton, Ida. Date Aug. 26, 1938

19. UNDERTAKER Roland Wisner
(Address) Rigby Ida

20. FILED Aug 24, 1938 Fred A. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/23 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/15, 1938, to 8/23, 1938
I last saw her alive on 8/23 1938: death is said to have occurred on the date stated above, at 10:10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Nephritis of Pregnancy	2/15/38
Hysterotomy Performed	4/20/38
Failing Myocardium	5/10/38

Other contributory causes of importance:

Name of operation Cesarian Section Date of 4/20/38
What test confirmed diagnosis? Albumin Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Oldon Tall, M. D.
(Address) Rigby, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Labelle

SEP 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 32

DO NOT WRITE IN THIS SPACE
State File No. 11057

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Charlene Simmons.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/4/1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Labelle, Ida.
(State or country)

FATHER

13. NAME Grover Jay Simmons.
14. BIRTHPLACE (city or town) Ririe, Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Genevieve Rosina Pfost.
16. BIRTHPLACE (city or town) Herbert, Ida.
(State or country)

17. INFORMANT Grover Simmons
(Address) Rigby, Ida. R. #2

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 9/5, 1938

19. UNDERTAKER None
(Address)

20. FILED Sept 7, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/5 1938

22 I HEREBY CERTIFY, That I attended deceased from 9/5/38, 193..., to 9/6, 1938
I last saw her alive on 9/5 1938; death is said to have occurred on the date stated above, at 3. A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Respiratory failure & Atelectasis	9/4/38

Other **contributory causes** of importance:

1. Twin birth.
2. Prematurity — 1 day.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eldon Hall, M. D.
(Address) Rigby, Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome
SEP 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. 18
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 110578

91 21

2. FULL NAME Lela Irene Wray

(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 25, 1919
7. AGE: Years 19 | Months 8 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Aberdeen Idaho

FATHER
13. NAME: L N. Wray
14. BIRTHPLACE (city or town) (State or country): Hiram Utah

MOTHER
15. MAIDEN NAME: Bertie J Wheeler
16. BIRTHPLACE (city or town) (State or country): Lehi City Utah

17. INFORMANT (Address): Mr L N Wray Jerome Idaho
18. BURIAL, CREMATION OR REMOVAL: Riverside Thousand Date July 17 1938
19. UNDERTAKER (Address): F R Wiley Jerome Idaho
20. FILED 7/15, 1938 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 13 1938
22 I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to July 13, 1938
I last saw h— alive on July 12 1938: death is said to have occurred on the date stated above, at 7:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septic Endocarditis	
Septic Arthritis	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) C. F. Zeller, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of
SEP 12 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110579

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Reese Davis

(a) Residence No. 2 mi N. W Jerome St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) Oct 29 1934

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	9	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER
13. NAME Lew W. Davis
14. BIRTHPLACE (city or town) Dayton
(State or country) Idaho

MOTHER
15. MAIDEN NAME Leah Woodhouse
16. BIRTHPLACE (city or town) Logan
(State or country) Utah

17. INFORMANT Lew W Davis
(Address) Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Dayton Idaho Date July 26, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 8/1, 1936 C. A. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 24 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193—, to ——, 193—
I last saw h— alive on ——, 193—; death is said to have occurred on the date stated above, at 8:00 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned -	
Fell in Irrigation ditch	
Other **contributory causes** of importance:	

Name of operation —— Date of ——
What test confirmed diagnosis? —— Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide,~~ or ~~homicide?~~ Date of injury ——, 193—
Where did injury occur? Jerome A Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury ——
Nature of injury ——

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J R Wiley (Coroner) M. D.
(Address) Jerome Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110556

AUG 12 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No. 9562)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Kelton Shepherd

(a) Residence No. Jerome, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of R. E. Shepherd

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Redwing
(State or country) Minn.

FATHER

13. NAME Carlos Kelton
14. BIRTHPLACE (city or town)
(State or country) Vermont

MOTHER

15. MAIDEN NAME Delia Bliss
16. BIRTHPLACE (city or town)
(State or country) Vermont

17. INFORMANT R.E. Shepherd
(Address) Jerome, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake Date Aug. 12 1938

19. UNDERTAKER D.A. L'Herisson
(Address) Jerome, Idaho

20. FILED 8-12-1938 C.A. Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/9 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov., 1937, to 8/9, 1938
I last saw her alive on 8/9 1938; death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	
Chronic heart failure.	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C.A. Zeller, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11058

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George H Fry
(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Della May Fry

6. DATE OF BIRTH (month, day, and year) Oct 14 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lima
(State or country) Ohio

FATHER
13. NAME George H Fry
14. BIRTHPLACE (city or town)
(State or country) Mo

MOTHER
15. MAIDEN NAME Fidela Mapes
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT H H Fry
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Sept 4, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 9/4, 1938 C B Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 2 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Sept 2, 1938
I last saw h alive on Sept 1 1938: death is said to have occurred on the date stated above, at 4:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C B Zeller M. D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11058

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 110
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John David Leroy Ide. (Infant)

(a) Residence No. C.D.A. Rt. #2. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 8/4/38

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ***
11. Total time (years) spent in this occupation ****

12. BIRTHPLACE (city or town) Coeur d' Alene
(State or country)

FATHER

13. NAME Chester L. Ide
14. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER

15. MAIDEN NAME Daphne West
16. BIRTHPLACE (city or town) S.Dakota
(State or country)

17. INFORMANT Chester Ide
(Address) C.D.A.

18. BURIAL, ~~CREMATION OR REMOVAL~~
C.D.A. Place Forest Cem. Date 8/6/, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d' Alene, Idaho

20. FILED 8/6, 1938 H. C. Crothers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/5 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1938, to Aug 5, 1938
I last saw him alive on Aug 5 1938: death is said to have occurred on the date stated above, at 1:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Enlarged Thymus Gland	Congenital
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Physical findings Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dyett Henson, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110583

SEP 8 - 1938
Registration District No. 30
Primary Registration District No. 2051
Local Registrar's No. 120
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Cecil J. Sheldon

(a) Residence. No. .... St. ....
(Usual place of abode) 15
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Sheldon

6. DATE OF BIRTH (month, day, and year) August 31, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Marshal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 8/6/38
11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) Howard
(State or country) South Dakota

FATHER
13. NAME Edmond T. Sheldon
14. BIRTHPLACE (city or town) Do not know
(State or country)

MOTHER
15. MAIDEN NAME Emma Reed
16. BIRTHPLACE (city or town) Isla La Motte
(State or country) Vermont

17. INFORMANT Mr. A. B. Nelson
(Address) Rathdrum, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rathdrum Pine Grove Cemetery Date 8/9, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum, Idaho

20. FILED 8-29, 1938 H. L. Scotchen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-6, 1938, to 8-6, 1938
I last saw h[illegible] alive on 8-6, 1938: death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Coroner G. H. Teeple M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110584

SEP 8 - 1938
Registration District No. 30
Primary Registration District No. 105-1
Local Registrar's No. 111

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Elizabeth McMillin
(a) Residence No. 801 E. Coeur d'Alene St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: W. J. McMillin
6. DATE OF BIRTH (month, day, and year): Jan 5 1869
7. AGE: Years 69 | Months 7 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....
10. Date deceased last worked at this occupation (mo. and yr.): Jan 1 1938
11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Neosho Missouri

FATHER
13. NAME: Franklin Stipp
14. BIRTHPLACE (city or town) (State or country): Unknown Missouri

MOTHER
15. MAIDEN NAME: Levina Depriest
16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT (Address): Minnie Woodley 40 Wallace

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Coeur d'Alene Date 8-10, 1938

19. UNDERTAKER (Address): Cassidy Funeral Home Coeur d'Alene Idaho

20. FILED 8-10, 1938 L. E. Kathleen (M.D.) Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8-8 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1936, to Aug 8, 1938
I last saw h[illegible] alive on July 30 1938; death is said to have occurred on the date stated above, at 7.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Generalized arthritis with loss of appetite and neglect of dealness	3 years
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Hamm, M. D.
(Address) Coeur d'Alene.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

RECEIVED SEP 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11058

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 113
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Opal Vandiver

(a) Residence No. Post Fallsm Idaho St. Post Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Merrill Vandiver

6. DATE OF BIRTH (month, day, and year) 5/9/1913

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	25	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) --
11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Fort Collins, Colorado

FATHER

13. NAME John Denny
14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Sarah Newman
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Merrill Vandiver Post Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ CDA Place Forest Cem. Date 8/12, 1938

19. UNDERTAKER (Address) The Mooney Mortuary Coeur d' Alene

20. FILED 8/12, 1938 F. E. Custer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 9 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Aug, 1938.
I last saw her alive on Aug 9 1938. death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock Hemorrhage	

Other contributory causes of importance:

Placenta praevia & Child birth	

Name of operation Pedal version Date of 8-9-38
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify
(Signed) Harold Stamps, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110586

SEP 8 - 1938

Registration District No. 30
Primary Registration District No. 1021 Local Registrar's No. 113
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank E Gleason
(a) Residence No. (Usual place of abode) 6 mile St. Spirit Lake Idaho
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Gleason
6. DATE OF BIRTH (month, day, and year): 6-12-1860
7. AGE: Years 78 | Months 2 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Construction
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: work on high ways
10. Date deceased last worked at this occupation (mo. and yr.): 1934
11. Total time (years) spent in this occupation: 11 yrs.

12. BIRTHPLACE (city or town) (State or country): Red Wing Minn.

FATHER
13. NAME: John Gleason
14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER
15. MAIDEN NAME: Dont-Know
16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT (Address): Sarah T. Gleason Walla Walla, Wash.
18. BURIAL, CREMATION OR REMOVAL Place: Greenwood Spokane Wash. Date: 8-17, 1938
19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Idaho
20. FILED 8/17, 1938 E. C. Kretsch M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8-15 1938
22. I HEREBY CERTIFY, That I attended deceased from July 4, 1938 to Aug 15, 1938
I last saw h[illegible] alive on Aug 14 1938: death is said to have occurred on the date stated above, at 330 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis—	
Heart failure following	
Prostate operation	

Other contributory causes of importance:

Name of operation Prostate Date of Aug 9 38
What test confirmed diagnosis? P. E. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. F. Hoyman M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARK SERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Worley R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D SEP 8 - 1938

Registration District No. 30

Primary Registration District No. 2051

DO NOT WRITE IN THIS SPACE

State File No. 110587

Local Registrar's No. 119

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Franklin Bailey

(a) Residence. No. Worley St. Idaho R.F.D.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Olga Horn

6. DATE OF BIRTH (month, day, and year) June 22 - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	~~49~~ one	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 8-3-38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) St Joe!
(State or country) Missouri

FATHER

13. NAME Ben. F. Bailey

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Wm Bailey
(Address) Worley Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 8-23 1938

19. UNDERTAKER MEGER FUNERAL HOME, Fairfield, Wash.
(Address)

20. FILED 8-22 1938 L. L. Knutsen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-20 1938

22. I HEREBY CERTIFY, That I attended deceased from did not see 8-20, 1938, to 8-20, 1938.
I last saw h... alive on 8-20, 1938; death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by taking strychnine used for squirrel poison.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Coroner E. H. Teed M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110588

SEP 8 - 1938

Registration District No.

Primary Registration District No. Local Registrar's No. 114

(No. Lakeside Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Emily Johnson

(a) Residence No. 1066-A- St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Olson. (1906)

6. DATE OF BIRTH (month, day, and year) 1/23/1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER

13. NAME ---- Polson

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Axel E. Olson
(Address) LosAngeles, Calif.

18. BURIAL, CREMATION OR REMOVAL
CDA Place Forest Cem. Date Aug. 23, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED 8/31, 1938 L. Carlson MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/20/38

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to Aug 20, 1938
last saw her alive on Aug 20 1938.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	—
Cerebral hemorrhage	Aug 17, 1938

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. VanDorn M. D.

(Address Coeur d'Alene Idaho

Dr. E.H. Teed

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11058

RECEIVED SEP 8 - 1938

Registration District No. 80
Primary Registration District No. 1051
Local Registrar's No. 115
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sarah Elgee

(a) Residence No. Coeur d'Alene St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Elgee

6. DATE OF BIRTH (month, day, and year) 6/18/1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ---
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Canada
(State or country)

FATHER
13. NAME John Downs
14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER
15. MAIDEN NAME Jane Calder
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT Mrs. Max Crosley
(Address) Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmont Spokane, Wn. Date 8/25, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED 8/25, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/23 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-8-, 1938, to 8-23, 1938
I last saw h[illegible] alive on 8-13 1938: death is said to have occurred on the date stated above, at 9 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E.H. Teed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110596

REC'D SEP 8 - 1938

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 117

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John F. Smith

(a) Residence No. 1125 - N. Fourth St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Agnes Smith.

6. DATE OF BIRTH (month, day, and year) 1-16-1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Wright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co. (State or country) Ind.

FATHER
13. NAME Theofalis Smith
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Not sure of name
16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Agnes M. Smith (Address) 1125 4th St

18. BURIAL, CREMATION OR REMOVAL Place Forest Cem. Coeur d'Alene Date 8-27, 1938

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene, Ida.

20. FILED 8-27, 1938 E. C. Knowlton M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-19, 1938, to 8-24-, 1938.
I last saw h- alive on 8-24 1938.: death is said to have occurred on the date stated above, at 11:20 a.m.,

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Teed M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

RECEIVED SEP 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110591

Registration District No. 30

Primary Registration District No. 10 5 1

Local Registrar's No. 116

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Steers

(a) Residence No. 518 Foster Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Georgie Steers

6. DATE OF BIRTH (month, day, and year) 11/8/1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Business

10. Date deceased last worked at this occupation (mo. and yr.) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Mrs. Carlson.

(Address) Coeur d'Alene, Idaho

18. ~~BURIAL~~, CREMATION OR ~~REMOVAL~~

Place Spokane, Wn Date 8 26, 1938

19. UNDERTAKER Mooney Mortuary

(Address) Coeur d'Alene, Idaho

20. FILED Aug. 25, 1938 H. L. Christensen Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/24 1938

22 I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to 8/24, 1938

I last saw him alive on 8/23 1938: death is said to have occurred on the date stated above, at 8 00 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease (Aortic Regurgitation)	GRADUAL
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O M Husted M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED SEP 8 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 110592

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 118

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Silas Esley

(a) Residence No. 1401 — 1 5th St.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 74 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Martin Mahan Coeur d'Alene Ida
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Date 8/29, 193 8
Cda

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED Aug. 27, 193 8 L. L. Latshaw MD, Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-25 193 8

22 I HEREBY CERTIFY, That I attended deceased from 8-24-, 193 8, to 8-25, 193 8
I last saw h 1 alive on 8-25 193 8: death is said to have occurred on the date stated above, at 11 40 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Reed M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110593

Registration District No. 30

Primary Registration District No. 1051 Local Registrar's No. 121

SEP 8 - 1938

(No. Lakeside)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rolland Allen Hickman

(a) Residence. No. Wesley St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 12 - 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mansfield Maine

FATHER

13. NAME Bernard Hickman

14. BIRTHPLACE (city or town) (State or country) Rockford Wash

MOTHER

15. MAIDEN NAME Hazel Clark

16. BIRTHPLACE (city or town) (State or country) Eureka Utah

17. INFORMANT (Address) Mrs. B. Hickman

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wardner Idaho Date 8-31, 1938

19. UNDERTAKER (Address) Jeffer Funeral Home Fairfield Wn

20. FILED 8-29, 1938 H. C. Hatcher M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 29 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1938, to 8-29, 1938

I last saw him alive on 8-28, 1938; death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock from internal injuries Fracture of skull & auto accident	

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? None was there an autopsy?

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/29, 1938
Where did injury occur? near Worley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public highway
Manner of injury Car accident
Nature of injury Injuries Chest Abdomen

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold Stevens M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110594

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 124

SEP 8 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. La Reside Hospital)

2 of 5

2. FULL NAME Marjorie M. Loneland

(a) Residence No. ____ St. Athol. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 hrs. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-6-1922

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	16	0	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Velva
(State or country) N. D.

FATHER
13. NAME Elmer Zeigler
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER
15. MAIDEN NAME Marium Robertson
16. BIRTHPLACE (city or town) Velva.
(State or country) N. D.

17. INFORMANT A. Loneland
(Address) Athol Ida

18. BURIAL, CREMATION OR REMOVAL
Place Velva N. D. Date 9/3, 1938

19. UNDERTAKER Cassed Funeral Home
(Address) Coeur d'Alene. Idaho

20. FILED 9/3, 1938 L. Knutson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-30 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-30, 1938, to 8-30, 1938
I last saw her alive on 8-30 1938; death is said to have occurred on the date stated above, at 9:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal skull fracture caused by auto truck striking horse she was riding throwing her to the pavement	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8-30-38, 193...
Where did injury occur? Viaduct on highway (Specify city or town, county and state) 1 mi. South of town of Athol Ida
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Auto accident
Nature of injury Basal fracture

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. H. Heed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11053

REGISTERED SEP 12 1938

Registration District No. 63
Primary Registration District No. 2149
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isabelle Edith Hegley

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of P. B. Hegley

6. DATE OF BIRTH (month, day, and year) July 20, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	11	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chichester (State or country) England

FATHER
13. NAME Jesse Smith
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT P. B. Hegley (Address) Kendrick Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Ida. Date June 30, 1938

19. UNDERTAKER Brower Mann Co. (Address) Lewiston, Idaho

20. FILED Aug 11, 1938 B. J. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-28-1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938 to June 6, 1938
I last saw her alive on June 6 1938: death is said to have occurred on the date stated above, at 10A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-5-38
Other contributory causes of importance:	
Cardio vascular renal disease.	1928

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. J. Meyer, M. D.
(Address Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11057

SEP 12 1938

Registration District No. 61
Primary Registration District No. 6111 Local Registrar's No. 367
(No. 441 Spotswood St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry E. Wolf

(a) Residence No. 15 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Wolf

6. DATE OF BIRTH (month, day, and year) 10/16/1880

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 5-38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Redwood Falls
(State or country) Minn.

FATHER
13. NAME Micheal Wolf
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Mc Brown
16. BIRTHPLACE (city or town) ++
(State or country)

17. INFORMANT Lillian Wolf
(Address) Moscow, Idaho

18. BURIAL/CREMATION/REMOVAL
Place Moscow Date 9/12, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho

20. FILED 9-8, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1938 to Aug 9, 1938
I last saw him alive on 8/5, 1938: death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jaundice Carcinoma of Liver & Lungs and metastases Pneumonia Carcinoma of Thyroid Gland	

Other contributory causes of importance:

General anasarca Pyelonephritis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Armstrong M.D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110598

SEP 12 1938

Registration District No. 61
Primary Registration District No. 1201 Local Registrar's No. 368
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Malinda J. Bowles

(a) Residence No. Viola Idaho St.
(Usual place of abode) 48 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rufus Bowles

6. DATE OF BIRTH (month, day, and year) 3/31/1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dalles
(State or country) Ore.

FATHER
13. NAME James Hearst
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER
15. MAIDEN NAME Malinda Dafus
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT A.W. Bowles
(Address) Viola, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Viola Idaho Date 8/14, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho

20. FILED 9-8, 1938 Joseph Cushman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/12 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Aug 12, 1938
I last saw h[illegible] alive on Aug 12 1938: death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 11, 38
Other contributory causes of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward N. Dunn, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110599

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 369

SEP 12 1938

(No. Rt. # 5)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas. Edgar Towne

(a) Residence No. Rt. # 5 St.
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene Towne

6. DATE OF BIRTH (month, day, and year) 7/2-/1886

7. AGE	Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
	52		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 8/38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME Chas. Benton Towne
14. BIRTHPLACE (city or town) Wis.
(State or country)

MOTHER

15. MAIDEN NAME Jennie Townsend
16. BIRTHPLACE (city or town)
(State or country) S. Dak.

17. INFORMANT Mrs. Jennie Towne
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date ....., 193..

19. UNDERTAKER H. R. Short
(Address) Moscow

20. FILED 9-8, 193.. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/14 193 8

22 I HEREBY CERTIFY, That I attended deceased from 9/12, 193 8 to 9/14, 193 8

I last saw him alive on 9/12 193 8: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following: No.
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Moscow Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110600

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 371

SEP 14 1938

(No. Gritmans Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stella Brownlee

(a) Residence No. 511 Gordan Road St. Pullman Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 20 days

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archie M Brownlee

6. DATE OF BIRTH (month, day, and year) June 16-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (mo. and yr.) May 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Perigo Ohio
(State or country)

FATHER

13. NAME William Owens

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Mandy Shawyer

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT A M Brownlee
(Address) Pullman Wn.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Pullman Date 9-17, 1938

19. UNDERTAKER Dale E Kimball
(Address) Pullman Wn.

20. FILED 9-8, 1938 J. Kirkpatrick Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-17 1938

22 I HEREBY CERTIFY, That I attended deceased from July 29, 1938, to Aug 17, 1938
I last saw her alive on Aug 12 1938: death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	July 1938
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward N. Brown, M. D.
(Address Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110601

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 372

SEP 12 1938

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 36

2. FULL NAME George Lee Burke

(a) Residence No. St. Harvard, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 8/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 8/29, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 9-8, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/24 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan., 1936, to Aug. 24, 1938.

I last saw him alive on 8/24/ 1938: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, portal of entry unknown.	
Other contributory causes of importance:	
malnutrition	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lorin J. Klaarer, M. D.

(Address Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110602

SEP 12 1938

Registration District No. -61-
Primary Registration District No. 10 11
Local Registrar's No. 373
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME La Vern Deverson
(a) Residence No. Moscow Mountain Dist. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 29 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Moscow Mt. Dis
(State or country) Route 5.

FATHER
13. NAME Daniel Deverson
14. BIRTHPLACE (city or town) Washington
(State or country)

MOTHER
15. MAIDEN NAME Alvina Hamelton
16. BIRTHPLACE (city or town) Washington
(State or country)

17. INFORMANT Daniel Deverson
(Address) Moscow Mt. Dis. Rt. 5.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Idaho Date Aug. 30th, 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho

20. FILED 9-8, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-25 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-18, 1938, to 8-25, 1938
I last saw him alive on 8-25 1938: death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tubercular Meningitis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lorna J. Klaaren, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110603

SEP 19 1938

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No. 18

(No. 720 Oak St.)
(If death occurred in a hospital or institution, give its name instead of street and number) 95b

2. FULL NAME Rosetta Ethredge

(a) Residence No. ... St. Palouse, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ransom E. Ethredge

6. DATE OF BIRTH (month, day, and year) 10/26-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.) Sept 1938

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) ...
(State or country) Kansas

FATHER

13. NAME William Keeling

14. BIRTHPLACE (city or town) ...
(State or country) Unknown

MOTHER

15. MAIDEN NAME Hull

16. BIRTHPLACE (city or town) ...
(State or country) Unknown

17. INFORMANT C. E. Davis
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wn. Date 9/29, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash

20. FILED 9/30, 1938 H. E. Kimball
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/29-38

22 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938, to Aug 28, 1938
I last saw h.er alive on Aug 27 1938: death is said to have occurred on the date stated above, at 2:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal pneumonia	Aug 27
Other contributory causes of importance: Essential hypertension	

Name of operation None Date of —
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. Rigby Jacobs, M. D.
(Address) Potlatch, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110604

SEP 12 1938

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 374
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

12

2. FULL NAME Wava G. Robinson

(a) Residence No. (Usual place of abode) St. Genesee, Ida.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearly C. Robinson

6. DATE OF BIRTH (month, day, and year) 1/13/1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Salle
(State or country) Ill.

FATHER

13. NAME James A. Gadbury

14. BIRTHPLACE (city or town)
(State or country) Ill

MOTHER

15. MAIDEN NAME Lilly Bogard

16. BIRTHPLACE (city or town)
(State or country) Not known

17. INFORMANT Della Sanders
(Address) Craigmont, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 9/3, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 9-8, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/31 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct., 1936, 193..., to 8/31/38, 193...

I last saw her alive on 8/31/1938; death is said to have occurred on the date stated above, at 12:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carbuncle on back; myelogenous leukemia	
Other **contributory causes of importance:**	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lonny J. Klaarup M.D.
(Address) Moscow, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110605

Registration District No. 65-

Primary Registration District No. 2145

Local Registrar's No. 17

SEP 15 1938

159

(No. Potlatch Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nada Irene Anderson

(a) Residence No. ..... St. Latah Co. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 23 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/19-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Potlatch
(State or country) Idaho

FATHER

13. NAME Paul J. Anderson

14. BIRTHPLACE (city or town) Corsica
(State or country) S. Dakota

MOTHER

15. MAIDEN NAME Elma I. Featherngill

16. BIRTHPLACE (city or town) Oakesdale
(State or country) Wash.

17. INFORMANT Paul J. Anderson
(Address) Garfield, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wn. Date 9/12, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED 9/12, 1938 F C Gibson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/10 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 —, 1938, to 9/10, 1938

I last saw her alive on Sept 10-1938: death is said to have occurred on the date stated above, at 2 P M. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F C Gibson, M. D.

(Address) Potlatch Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 110606

Local Registrar's No. 9562

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Pettie

(a) Residence No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) A

11. Total time (years) spent in this occupation 50yrs.

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mr. Fred Brough
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 9/10/ 193 8

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED Sept 10, 1938 Chas Bellamy Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/9/193 8

22 I HEREBY CERTIFY, That I attended deceased from May 28, 193 7, to ....., 193....

I last saw him alive on May 28 193 7: death is said to have occurred on the date stated above, at 1:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
At the above date had chronic bronchitis with some cardiac involvement	
Other contributory causes of importance: Time of death he was dropsical which was probably cardio-renal in origin.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Pettibone, M. D.
(Address) Salmon, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110607

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No. 1210)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darlene Josephine Corbin

(a) Residence No. Salmon St.

(Usual place of abode) Gibbonsville, Ida6 (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	XXXXXXX

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of XXXXXXXXXXXXXXX

6. DATE OF BIRTH (month, day, and year) 9-21-35

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Ogden, (State or country) Utah.

FATHER

13. NAME Frank Corbin

14. BIRTHPLACE (city or town) Manning, (State or country) Iowa.

MOTHER

15. MAIDEN NAME Geneva B. Thompson

16. BIRTHPLACE (city or town) CrippleCreek (State or country) Colorado.

17. INFORMANT Geneva B. Corbin (Address) Salmon, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 8-14-, 1938.

19. UNDERTAKER Wm C. Taebler (Address) Salmon Ida

20. FILED 8/14/38, 1938 Clio Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/13 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1938, to Aug 13, 1938

I last saw her alive on Aug 13 1938: death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	8/10/38

Other contributory causes of importance:

Ruptured Appendix	8/10/38
Bronchopneumonia	

Name of operation Date of 8/12/38

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Mulder M. D.

(Address) Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewis
City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110608

SEP 6 - 1938

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 11

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

534

2. FULL NAME Carrol Leroy Parkins.,

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie L. Erickson.,

6. DATE OF BIRTH (month, day, and year) Oct. 6 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 12-37
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) ....
(State or country) Iowa

FATHER
13. NAME Charles F. Parkins
14. BIRTHPLACE (city or town) ....
(State or country) Illinois

MOTHER
15. MAIDEN NAME Nellie Wallace
16. BIRTHPLACE (city or town) Whidby Island
(State or country) Wash.

17. INFORMANT Mrs. C. L. Parkins
(Address) Craigmont, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Craigmont, Date 8-29-38 193....

19. UNDERTAKER C. E. Clover
(Address) Craigmont, Ida.

20. FILED Aug 29 1938 C. E. Clover
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug. 27 1938.

22. I HEREBY CERTIFY, That I attended deceased from July 9, 193 7, to Aug. 27, 193 8
I last saw him alive on Aug. 26 193 8; death is said to have occurred on the date stated above, at 12:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Unknown
Other **contributory causes** of importance:	

Name of operation None Date of ....
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) K. A. Collins, M. D.
(Address) Craigmont, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BIND-

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
SEP 3 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 110509

Registration District No.
Primary Registration District No. 1517 Local Registrar's No. 122

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Jane Woods

(a) Residence. No. 82 Shoshone - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE Widow Green Woods

6. DATE OF BIRTH (month, day, and year) Apr - 10 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 8
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Christian Co. ?
(State or country) Missouri

FATHER
13. NAME Henry Walker
14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER
15. MAIDEN NAME ? Alexander
16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Mrs Lola V. Mills
(Address)

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Aug - 8 Shoshone Idaho, 193..

19. UNDERTAKER Myrtle C. Burdett
(Address)

20. FILED 8-7-, 1938 Myrtle C. Burdett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8 - 6 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 4:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-1-38
Other **contributory causes** of importance:	

Name of operation — Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Jerry H. Howard M. D.
(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT MARGIN RESERVED FOR BIND-
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110610

SEP 3 - 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 122

(No. 93 d1)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Clinger Theilig

(a) Residence. No. Salt Lake City - Utah St. (visiting)
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 6 weeks mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Chas E Theilig

6. DATE OF BIRTH (month, day, and year) Aug. 18, 1870

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
68	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** H.W.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** own home
10. Date deceased last worked at this occupation (mo. and yr.) Aug. 38
11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Greenup Ill.

FATHER
13. NAME Wm. Clinger
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Rachel Weaver
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. C. I. Johnson (Address) Richfield Ida

18. BURIAL, CREMATION OR REMOVAL
Place Richfield Date 8/24, 1938

19. UNDERTAKER Myrtle C. Burdett (Address)

20. FILED 8/23, 1938 Myrtle C. Burdett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1938, to Aug. 21, 1938
I last saw h- alive on Aug. 21 1938; death is said to have occurred on the date stated above, at 8:50 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr
Arteriosclerosis	4 yrs
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Frank A Howard M. D.
(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Dietrich

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110611

SEP 3 - 1938

Registration District No. 16 817
Primary Registration District No. ____ Local Registrar's No. 124
(No. 124)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Carlton Kershner

(a) Residence No. ____ Dietrich Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-1-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	2	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) N. Y. State
(State or country) unknown

FATHER
13. NAME Kershner
14. BIRTHPLACE (city or town) Don't know
(State or country) unknown

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (city or town) Don't know
(State or country) unknown

17. INFORMANT Glen L. Kershner
(Address) Dietrich Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Thousand Springs Cemetery Date Aug 31, 1938

19. UNDERTAKER Lyall Harrison
(Address) Shoshone Idaho

20. FILED Sept 1, 1938 Myrtle C. Burdett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 29 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 29 1938, to Aug 29, 1938
I last saw h. alive on July 1938: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrovascular accident	Aug 29, 38
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Benjamin F. Denman, M. D.
(Address) Shoshone Idaho

Ar Howard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110612

Registration District No. 100
SEP 12 1938
Primary Registration District No. 2178
Local Registrar's No. 41
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Parley Partington Evans

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charlotte Martin
6. DATE OF BIRTH (month, day, and year): April 1-1889
7. AGE — Years: 48 — Months: 8 — Days: 11 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 8/8
11. Total time (years) spent in this occupation: 25yrs.

12. BIRTHPLACE (city or town) (State or country): Logan Utah

FATHER
13. NAME: Morgan Phillip Evans
14. BIRTHPLACE (city or town) (State or country): Logan, Utah

MOTHER
15. MAIDEN NAME: Annie M. Partington
16. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah

17. INFORMANT (Address): Mrs Parley Evans Rexburg Idaho
18. BURIAL, CREMATION OR REMOVAL — Place: Sugar City — Date: 8/15 193 8
19. UNDERTAKER (Address): Russell Clawson Rexburg, Idaho
20. FILED 9-8, 1938 Mrs Haymond Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Aug 11 193 8
22 I HEREBY CERTIFY, That I attended deceased from Aug. 5, 193 8, to Aug 11, 193 8
I last saw him alive on Aug 8 193 8.: death is said to have occurred on the date stated above, at 8:50 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uro-Cystitis	1 Day
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Parley Nelson M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Archer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110613

SEP 12 1938

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 42

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

92 b

2. FULL NAME Alta Burns

(a) Residence No. Archer Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 18, 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1 Month
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Archer
(State or country) Idaho

FATHER

13. NAME Edward Linus Burns
14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER

15. MAIDEN NAME Mabel Harrington
16. BIRTHPLACE (city or town) Springville
(State or country) Utah

17. INFORMANT Edward Linus Burns
(Address) Archer Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Archer Date 8/11, 1938

19. UNDERTAKER Russel Adams
(Address) Rexburg, Idaho

20. FILED 9-8, 1938 Mrs. N. Cypung
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/11 1938

22 I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to August 10, 1938
I last saw h.er alive on 8/10 1938: death is said to have occurred on the date stated above, at 2 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Acute Cerebral Embolism	8/10/38 at 9:a.m.
2. Acute Rheumatic Heart fever	
3. Chronic Rheumatic Heart fever	

Other **contributory causes** of importance:

1. Exposure

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leldon Tall, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison.
City of Archer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110614

SEP 14 1938

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 43
(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Doratha Gottliebin Wieland.

(a) Residence No..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
(or) WIFE of Isreal Wieland.

6. DATE OF BIRTH (month, day, and year) 9-20-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 8-1930
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME George Hohan Klenk.
14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Muller.
16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT J. Ray Smith
(Address) Thornton, Ida. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Archer, Ida. Date 8-15, 1938

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 9-8, 1938 Mrs H E Young
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-11 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-7-, 1938, to 8-11, 1938
I last saw her alive on 8-7 1938: death is said to have occurred on the date stated above, at 4:42P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Heart Disease	
Broncho Pneumonia	
Senility	
Other **contributory causes** of importance:	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. F. Kingery, M. D.
(Address) Kenbury, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

RECEIVED SEP 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110615

Registration District No. 102

Primary Registration District No. 2178 Local Registrar's No. 44

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm F Summer

(a) Residence. No. Rxburg rda St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Nokleby

6. DATE OF BIRTH (month, day, and year) May 28 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chiropractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) N K North Dkota

FATHER

13. NAME N K

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Olive Ogate

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs Wm F Summer (Address) Rxburg Idaho

18. BURIAL, CREMATION OR REMOVAL Place Ogden Utah Date Aug 17, 1938

19. UNDERTAKER Jean A Keller (Address) Rxburg Idaho

20. FILED 9-8, 1938 Mrs Hepworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 12, 1938

I last saw him alive on Aug 12, 1938; death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrosarcoma	
Multiple	
Primary growth not determined	Jan 1, 38

Other contributory causes of importance:

Name of operation Operated at Mayo's Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) [illegible], M. D.

(Address) Rexburg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110616

SEP 12 1938 Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 46
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 b 4

2. FULL NAME Charles Peter Mickelsen

(a) Residence No. ..... St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Candace B. Brotherson

6. DATE OF BIRTH (month, day, and year) May 7 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	3	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mt. Pleasant
(State or country) Utah

FATHER
13. NAME Rasmas Mickelsen
14. BIRTHPLACE (city or town) Bjerager Aarhur
(State or country) Denmark

MOTHER
15. MAIDEN NAME Mary C. Petersen
16. BIRTHPLACE (city or town) Ranlow
(State or country) Denmark

17. INFORMANT Charles Mickelsen
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg, Date 8/20, 1938

19. UNDERTAKER Russell Hamm
(Address) Rexburg, Idaho

20. FILED 9-8, 1938 Mae Haysing
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 15 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1938, to Aug 18, 1938
I last saw him alive on Aug 18 1938: death is said to have occurred on the date stated above, at 1:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	

Other **contributory causes** of importance:

Pleurisy	7 Days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Parley Nelson M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Sugar City,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110617

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 47
(No. .....)

SEP 12 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

93a

2. FULL NAME Lois A. H. Vance

(a) Residence No. ..... St. Sugar City
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Vance

6. DATE OF BIRTH (month, day, and year) Mar. 1-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salt Lake City,
(State or country) Utah

FATHER
13. NAME Arza E. Hinckley
14. BIRTHPLACE (city or town) Bastard Leeds
(State or country) Canada

MOTHER
15. MAIDEN NAME Amelia Woodhouse
16. BIRTHPLACE (city or town) Bonherter York
(State or country) England

17. INFORMANT Silas Hinckley
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City, Date 8/29, 1938

19. UNDERTAKER Russel Flamm
(Address) Rexburg, Idaho

20. FILED 9-8, 1938 Mrs. H. Heyrung
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-27-1938

22 I HEREBY CERTIFY, That I attended deceased from 8-25, 1938, to 8-27, 1938
I last saw her alive on 8-27 1938: death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	?
Other **contributory causes** of importance:	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Rathbun M. D.
(Address) Rexburg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110618

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 48

SEP 12 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 940

2. FULL NAME John Hirst Hood

(a) Residence No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sula May Hood

6. DATE OF BIRTH (month, day, and year) Jan 11 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hellsville (State or country) Utah

FATHER
13. NAME George Hood
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Hirst
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary Hood (Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Los Angeles Date 9-9, 1938

19. UNDERTAKER Sherman Hood (Address) Idaho Falls Idaho

20. FILED 9-8, 1938 Mrs Heyoung Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-5 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-2-, 1938, to 9-5, 1938

I last saw him alive on 9-5 1938: death is said to have occurred on the date stated above, at 12:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9-2-38
Cerebral Thrombosis	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Sugar City

RECEIVED SEP 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110619

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 49
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Mildred (Kite) Howell

(a) Residence No. Sugar City, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of William Howell

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

FATHER

13. NAME George W. Kite
14. BIRTHPLACE (city or town) .....
(State or country) Utah

MOTHER

15. MAIDEN NAME Bertha Parks
16. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

17. INFORMANT Wm. Howell
Address Sugar City, Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 9/9, 1938

19. UNDERTAKER Russel Glanzmann
(Address) Rexburg, Idaho

20. FILED 9-9, 1938 Mrs. Heyrman
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-7 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-6-, 1938, to 9-7, 1938
I last saw her alive on 9-7 1938: death is said to have occurred on the date stated above, at 1:45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Heart Disease	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. J. Rigby, M. D.
(Address) Rexburg, Idaho.

K.

PLACE OF DEATH
County of Minidoka
City of Acequia

SEP 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110620

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 48
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

87b

2. FULL NAME Edna May Dunn

(a) Residence, No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Acequia Idaho

FATHER
13. NAME Harrison Edward Dunn
14. BIRTHPLACE (city or town) (State or country) Rupert Idaho

MOTHER
15. MAIDEN NAME Evelyn May Rivers
16. BIRTHPLACE (city or town) (State or country) Hillsborough Oregon

17. INFORMANT Harrison Edward Dunn
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 6-1, 1938

19. UNDERTAKER Rodney Goodman
(Address) Rupert Idaho.

20. FILED 9-3, 1938 Alice Moon
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5.29 1938

22 I HEREBY CERTIFY, That I attended deceased from June 3, 193 6 to 5-29, 193 8
I last saw h alive on 5-29 193 death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Spastic paralysis	
Spastic form of	
"Little's Disease"	

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) F. A. Finnegan, M. D.
(Address) Rupert, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110621

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 47

SEP 6 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Linus Charles Sanders

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 24, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Adahoma
(State or country) Idaho

FATHER

13. NAME Charles A. Sanders

14. BIRTHPLACE (city or town)
(State or country) Mexico

MOTHER

15. MAIDEN NAME Gladys Brown

16. BIRTHPLACE (city or town) Baldwin
(State or country) Wisconsin

17. INFORMANT Chas A Sanders
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 9-21, 1938

19. UNDERTAKER Rodney Bowdon
(Address) Rupert Idaho

20. FILED Aug. 11, 1938 E. M. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-19 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1938, to July 19, 1938.
I last saw him alive on 7-14-1938; death is said to have occurred on the date stated above, at 1 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis	
Other **contributory causes** of importance:	
Ruptured gastric ulcer.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. M. Elmore, M. D.
(Address) Rupert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110622

Registration District No. 19
Primary Registration District No. 2013 Local Registrar's No. 45
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oliver Claude McNeely

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eads, Colo
(State or country)

FATHER
13. NAME James P. McNeely
14. BIRTHPLACE (city or town) Lake City, Kan
(State or country)

MOTHER
15. MAIDEN NAME Iora Merritt
16. BIRTHPLACE (city or town) Polk Co.
(State or country) Ark.

17. INFORMANT Rupert, Idaho
(Address) Mrs J. P. McNeely

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 7-26, 1928

19. UNDERTAKER Rodney Goodman
(Address) Rupert Idaho

20. FILED 8-11, 1928 C. E. Shamo
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-23 1928

22 I HEREBY CERTIFY, That I attended deceased from — , 193 , to — , 193
I last saw h alive on 193 ; death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning	
Accidental	

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Irrigation Canal
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Alan Goodman M.D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110623

Registration District No. 19
Primary Registration District No. 2013
Local Registrar's No. 46
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Verda Mortensen

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Child
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct. 22 1934
7. AGE — Years: 3 | Months: 9 | Days: 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rupert Idaho

FATHER
13. NAME: Robert B Mortensen
14. BIRTHPLACE (city or town) (State or country): Grover Utah.

MOTHER
15. MAIDEN NAME: Arania M Kidd
16. BIRTHPLACE (city or town) (State or country): Upton Utah.

17. INFORMANT (Address): Robert B Mortensen Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert, Date: 8-1, 1938

19. UNDERTAKER (Address): Rupert Mortuary Rupert Idaho

20. FILED: Aug 11, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-26-1938

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1938, to July 28, 1938.
I last saw h.. alive on July 27 1938; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia.	
Bronchial Pneumonia.	
Measles Complicated.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Hockaday M. D.
(Address) Rupert Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

SEP 0 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110624

Registration District No. 19
Primary Registration District No. 2014 Local Registrar's No. 44
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melbourne David Chugg 19

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W.
5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Neoma Lovelle Chugg

6. DATE OF BIRTH (month, day, and year) Feb 20 1910

7. AGE — Years: 28 — Months: 5 — Days: 20 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER

13. NAME Moroni Chugg.
14. BIRTHPLACE (city or town)
(State or country) Utah.

MOTHER

15. MAIDEN NAME Ida Taylor.
16. BIRTHPLACE (city or town) ~~Farr West~~
(State or country) Utah.

17. INFORMANT Moroni Chugg.
(Address) Ogden Utah

18. BURIAL, CREMATION OR REMOVAL
Place Ogden Date 8-13, 1938

19. UNDERTAKER Rodney J. Boadman
(Address) Rupert Idaho.

20. FILED Aug 11, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 10 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 5:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Struck by lightning	
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, ~~or homicide~~? Date of injury 8-10, 1938
Where did injury occur? acequia Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Industry.
Manner of injury Lightning
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify while in field

(Signed) Alan Goodman M. D.
(Address Rupert Idaho Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110625

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 50

SEP 3 1930

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

193

2. FULL NAME John Henry Wendt.

(a) Residence No..... St. (Crawford Nebraska.)
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lois Sickut Wendt

6. DATE OF BIRTH (month, day, and year) Sept 20, 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Belmont.
(State or country) Nebraska

FATHER

13. NAME Ferdinand Wendt.
14. BIRTHPLACE (city or town) dont Know
(State or country)

MOTHER

15. MAIDEN NAME Jessie Hadin
16. BIRTHPLACE (city or town) dont Know
(State or country)

17. INFORMANT Mrs. Lois S. Wendt.
(Address) Muntah Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Crawford, Nebr. Date 9-2, 1930

19. UNDERTAKER Olen Goodman
(Address) Rupert Idaho

20. FILED 8-30, 1930 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-29 1930

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 5:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Electrocuted accidently	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~..... Date of injury 8-29-, 1930
Where did injury occur? Rupert Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Yes City Street.
Manner of injury Electricity
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify While working

(Signed) Olen Goodman Coroner M.D.
(Address) Rupert Ida.

Clerk

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110626

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 124

JUL 12 1938

(No. St Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Johnnie Bossman

(a) Residence No. 404 St. Clarkston Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17, 1938

7. AGE	Years	Months	Days	If LESS than 1 day 8 hrs. or 40 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho.

FATHER

13. NAME Arthur A Bossman
14. BIRTHPLACE (city or town) Iron River
(State or country) Wisconsin

MOTHER

15. MAIDEN NAME Vivian Gunefson
16. BIRTHPLACE (city or town) South St Paul
(State or country) Minnesota

17. INFORMANT Arthur Bossman
(Address) Clarkston, Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date June 18, 1938

19. UNDERTAKER Brower Mayer Co.
(Address) Lewiston Idaho.

20. FILED July 1, 1938 M. McCarty
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-17-1938

22 I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to June 17, 1938
I last saw him alive on June 17 1938: death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. T. Clark, M. D.
(Address Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce

City of Lewiston, Idaho

RECEIVED

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110627

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 140

(No. St Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

139

2. FULL NAME Dollie May Morris

(a) Residence No. St. Kamiah, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
f	w.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Morris

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1/10/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glenwood, Idaho
(State or country)

FATHER

13. NAME Jess. C. Mathews

14. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER

15. MAIDEN NAME Clara Peterson

16. BIRTHPLACE (city or town) Rushford
(State or country) Minnesota

17. INFORMANT Tom Morris
(Address) Kamiah, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah, Ida. Date 7/20, 1938

19. UNDERTAKER N. R. Merchant
(Address) Clearwater, Wn

20. FILED July 21, 1938 M. M. Cawley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/20 1938

22 I HEREBY CERTIFY, That I attended deceased from June 22d., 1938., to July 20., 1938.

I last saw him alive on July 18. 1938., death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pelvic inflammatory disease	June 1st 1937.
Endometritis	June 1st 1936.
Myocardial failure	July 20th 38.

Other **contributory causes of importance:**

Name of operation Supravaginal hysterectomy. Date of June 6th 38

What test confirmed diagnosis? Surgery Was there an autopsy? Surgery.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? Lewiston Hospital
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph G. Bucknell, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110628

SEP 12 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 150
(No. 333-3rd Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Mace Brower

(a) Residence No. 333-3rd Street St.
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs (If nonresident give city or town and state) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillian E. Brower

6. DATE OF BIRTH (month, day, and year) Dec. 28, 1884

7. AGE: Years 53 | Months 7 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mortician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Funeral parlor
10. Date deceased last worked at this occupation (mo. and yr.) 8-3-38
11. Total time (years) spent in this occupation 32 years

12. BIRTHPLACE (city or town) Pomo
(State or country) California

FATHER

13. NAME John \ Brower
14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER

15. MAIDEN NAME Mary ---------
16. BIRTHPLACE (city or town) Not on record
(State or country)

17. INFORMANT Lillian E. Brower
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Aug. 6, 1938

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED Aug. 12 1938 M. R. Caskey M.A.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-3 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938, to Aug 3, 1938
I last saw him alive on Aug 3 1938: death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occlusion of Coronary artery	Aug 3 1938
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. B. Brandon M. D.
(Address Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110629

SEP 12 1938

Registration District No. 1007
Primary Registration District No. 91 Local Registrar's No. 151

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry G. Lindberg

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Catharine Lindberg

6. DATE OF BIRTH (month, day, and year) Aug 16, 1892

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME N. A. Lindberg
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Karen Olsen
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Sarah C. Lindberg
(Address) Lapwai Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date Aug 7, 1938

19. UNDERTAKER Brauer Mann Co.
(Address) Lewiston, Ida.

20. FILED Aug 12, 1938 M. F. Carley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 5 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1937, to Aug 5, 1938
I last saw him alive on Aug 1 1938: death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance: Metastasis in intestines	

Name of operation Abdominal Date of 2-28-38
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) W O Clark M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110630

SEP 12 1938 Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 153
(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Simeon Louis Lemons
(a) Residence No. ..... St. Clarkston, Wn.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year) March, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	5	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waitsburg
(State or country) Washington

MOTHER FATHER
13. NAME John A. Lemons
14. BIRTHPLACE (city or town)
(State or country) Kentucky
15. MAIDEN NAME Sarah Jane Jumwalt
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Wallace Lemons
(Address) Clarkston, Wn.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Date Aug 9, 1938

19. UNDERTAKER Brower Undr. Co.
(Address) Lewiston Idaho

20. FILED Aug 10, 1938 M. W. Caskey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 5 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1938, to Aug 5, 1938
I last saw him alive on Aug 4 1938: death is said to have occurred on the date stated above, at 1.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerular Nephritis	Aug 1st 38
Other contributory causes of importance:	
Myocarditis acute	Aug 1st 38

Name of operation None Date of
What test confirmed diagnosis? Cardiac Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

SEP 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11C631

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 15-4

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar M. Simonson

(a) Residence No. St. Joseph's Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sadie Simonson

6. DATE OF BIRTH (month, day, and year) 12-28-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Troy
(State or country) Kansas

FATHER

13. NAME Alton Simonson

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME ------- Fields

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT St. Joseph's Hospital Records
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont, Ida. Date Aug. 10, 1938

19. UNDERTAKER C. E. Clovis
(Address) Craigmont, Ida.

20. FILED Aug 9, 1938 M. M. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-8 1938

22 I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to Aug 8, 1938.

I last saw h[illegible] alive on 8-5- 1938.: death is said to have occurred on the date stated above, at 2:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Autopsy

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. O. Clark M. D.

(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110632

Registration District No. 1009

SEP 12 19

Primary Registration District No. 96 Local Registrar's No. 11

(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

127 B

2. FULL NAME Lewis W. Dew

(a) Residence. No. 910 4th St., St. Clarkston, Wn

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Nancy Wagner Dew

6. DATE OF BIRTH (month, day and year) January 23, 1871

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	67	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME John Dew

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Louise Littlejohn

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Mrs. Lewis Dew Clarkston, Wn

18. BURIAL, CREMATION OR REMOVAL Place Vineland Clarkston Wn Date 8/11/38

19. UNDERTAKER (Address) H. R. Merchant Clarkston, Wn

20. FILED Aug. 31, 1938 M. A. Corkey M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-5-, 193.8, to 8-9-, 193.8.

I last saw him alive on 8-9-, 193.8 death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. M. McElwain, M. D.

(Address) Asotin Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110633

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 1535

SEP 12 1938

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1192

2. FULL NAME Everett Heffel

(a) Residence No. Juliaetta Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 24/37

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho.

FATHER

13. NAME Jesse Heffel

14. BIRTHPLACE (city or town) Juliaetta
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Gertrude Dageforde

16. BIRTHPLACE (city or town) Rockford
(State or country) Wash.

17. INFORMANT St Josaph's "ospital
(Address) Record's Lewiston, Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Cameron Ida Date 8/11/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Aug 11, 1938 M M Cooley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/9 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to Aug 9, 1938

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 10:45a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enterocolitis	
Other contributory causes of importance:	
Hemorrhage	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Coil, M. D.

(Address Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
SEP 12 1938

DO NOT WRITE IN THIS SPACE

State File No. 110634

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 15-6

(No. White Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1271

2. FULL NAME Steve Hepton

(a) Residence No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Mary Hepton

6. DATE OF BIRTH (month, day, and year) May 18, 1871

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	67	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Livestock

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hull,
(State or country) England

FATHER

13. NAME David Hepton

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME not obtainable

16. BIRTHPLACE (city or town)
(State or country) not obtainable

17. INFORMANT Mrs. Mary Hepton
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho 8/14, 1938

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED Aug 23, 1938 M M Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/11 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1938, to August 11, 1938

I last saw him alive on August 11 8: death is said to have occurred on the date stated above, at 11:25a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute infective Cholecystitis with obstruction of Common duct	Aug 8-38
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Cardinal Symp. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Ida

[redacted]

complicated by typhoid fever? If
so, kindly advise. Thanks

9-14-38

Dr. [redacted] said that he had "suspected
typhoid fever, but that he did not
think so now."

Bureau of Vital Statistics

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
SEP 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110635

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 157
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Mrs. Lucile Reinmuth

(a) Residence No. 1027-6th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Reinmuth

6. DATE OF BIRTH (month, day, and year) 3-16-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	4	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eau Claire
(State or country) Wisconsin

FATHER
13. NAME Michael McDonough
14. BIRTHPLACE (city or town)
(State or country) not known

MOTHER
15. MAIDEN NAME Mary Hill
16. BIRTHPLACE (city or town) Rice Lake.
(State or country) Wisconsin

17. INFORMANT Mr. John Reinmuth
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Spokane, Wash. Date August 13, 1938

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED Aug 13, 1938 M F Carkey M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/12/1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to August 12, 1938
I last saw her alive on 8/12 1938: death is said to have occurred on the date stated above, at 8:57 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	8-1-35
acute Hepatitis	8-1-38

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John E. Carrow M. D.
(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110636

SEP 12 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 158
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Kos

(a) Residence No. St. Orofino, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of not obtainable

6. DATE OF BIRTH (month, day, and year) August 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. railroad
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Yugo Slavia

FATHER
13. NAME not known
14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town)
(State or country) not known

17. INFORMANT Mike Bobell
(Address) Orofino, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho August 15 1938

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED Aug 23 1938 M. M. Cantay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/12 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to August 12, 1938
I last saw him alive on 8/12 1938: death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hematemesis	Aug 10th 38

Other contributory causes of importance:

Carcinoma of the Liver	4 Months
Pulmonary TB	4 years

Name of operation None Date of —
What test confirmed diagnosis? Physical Findings & Lab tests Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify
(Signed) O. C. Carson, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110637

REC'D SEP 12 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 159
(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 59

2. FULL NAME Mrs. Alma Bly

(a) Residence No. St. Rogersberg, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Bly

6. DATE OF BIRTH (month, day, and year) Feb 18 85

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	7	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Iowa

FATHER
13. NAME Sam Whitmore
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER
15. MAIDEN NAME not obtainable
16. BIRTHPLACE (city or town)
(State or country) not known

17. INFORMANT Joseph Bly
(Address) Rogersberg, Wash.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho 8/14, 193 8

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED Aug 23, 193 M. M. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/12 193 8

22 I HEREBY CERTIFY, That I attended deceased from Aug 1, 193 5, to August 12, 193 8
I last saw her alive on 8/12 193 8: death is said to have occurred on the date stated above, at 9:00a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	July 1935
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Mc Pat

DO NOT WRITE IN THIS SPACE
State File No. 110638

SEP 12 1938

Registration District No. 1009
Primary Registration District No. 196 Local Registrar's No. 160
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME Baby Fisher

(a) Residence No. (Usual place of abode) St. Lapwai, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 13-1938

7. AGE	Years	Months	Days	If LESS than 1 day 2 hrs. 15 min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

FATHER

13. NAME Carter Fisher

14. BIRTHPLACE (city or town) Nespelem (State or country) Washington

MOTHER

15. MAIDEN NAME Lucy Paul

16. BIRTHPLACE (city or town) Arrow Junction (State or country) Idaho

17. INFORMANT Carter Fisher
(Address) Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Arrow Junction Date Aug 15, 1938

19. UNDERTAKER Brower Mann Co
(Address) Lewiston Idaho

20. FILED Aug 16, 1938 M. R. Caskey M D
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-13 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-13, 1938, to 8-13, 1938
I last saw h— alive on 8-13 1938: death is said to have occurred on the date stated above, at 5:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
Five And one half	8-13-38
Month female	
Other **contributory causes** of importance:	
Surgical operation on	8-12-38
mother	

Name of operation None Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. McRae, M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110639

REC'D SEP 12 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 161

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar Ernest Zwicker

(a) Residence No. ... St. Lapwai, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, and year): Dec – 1872?
7. AGE: Years 66 | Months — | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kingston Tennessee

FATHER
13. NAME: August Zwicker
14. BIRTHPLACE (city or town) (State or country): Schaenberg Germany

MOTHER
15. MAIDEN NAME: Wilhelmina Marteen
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Charles R. Zwicker Lewiston Idaho.
18. BURIAL, CREMATION OR REMOVAL. Place Lewiston, Ida. Date Aug 17, 1938
19. UNDERTAKER (Address): Brower Mortuary Co. Lewiston Idaho.
20. FILED Aug 27 1938 M. H. Cackley, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-14 1938
22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1938, to 8-14, 1938
I last saw h. im alive on 8-14 1938: death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
asthma	1935
acute myocarditis with dilatation	8-13-38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Cardinal Symptoms. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110640

SEP 12 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 162
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Adelbert Fleming

(a) Residence No. 1808-10th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laure E. Fleming

6. DATE OF BIRTH (month, day, and year) Jan 1, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nashville,
(State or country) Tennessee

FATHER

13. NAME John Fleming
14. BIRTHPLACE (city or town)
(State or country) Tennessee

MOTHER

15. MAIDEN NAME Mary Mallory
16. BIRTHPLACE (city or town)
(State or country) Tennessee

17. INFORMANT John Fleming
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Aug 18, 1938

19. UNDERTAKER ~~Xxxxx~~ Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Aug 25, 1938 M. M. Cooley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-15 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 8-15-38, 193...

I last saw him alive on 8-15 193 8: death is said to have occurred on the date stated above, at 6:30p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus — Date of onset 10 yrs (1928)
Fibrous bronchopneumonia with septicemia and bilateral pyelonephritis and urinary obstruction — 6 wks (1938)

Other contributory causes of importance: Generalized Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. S. Douglas M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110641

AUG 29 1938
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME E. W. Wing

(a) Residence No. 1220 - 9th St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Lena C. Wing

6. DATE OF BIRTH (month, day, and year) 7-4-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brotherertown,
(State or country) Wisconsin

FATHER
13. NAME E. Wing
14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER
15. MAIDEN NAME Julia Pease
16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Mrs. Fred Brand
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date Aug. 19, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Aug 23, 1938 M. A. Canby M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/16/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 1:10p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arose through Auto Accident in which he and his wife both killed with no medical attention	

Other contributory causes of importance: Solely an Auto Accident

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following: Accident
Accident, suicide, or homicide? Accident Date of injury Aug. 16 1938
Where did injury occur? 1½ miles west of Agatha, Nez Perce Co
(Specify city or town, county, and state) Idaho
Specify whether injury occurred in industry, in home, or in public place On a public highway
Manner of injury Through Auto accident
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Justice of Peace acting Coroner
(Address) under Section 52-2305 Idaho Codes, Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED SEP 12 1938

DO NOT WRITE IN THIS SPACE
State File No. 110642

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 165
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 34

2. FULL NAME Lucy Paul Fisher
(a) Residence No. St. Lapwai Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carter Fisher

6. DATE OF BIRTH (month, day, and year) 8-24-1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arrow Junction
(State or country) Idaho

FATHER
13. NAME William Paul
14. BIRTHPLACE (city or town) Nespelem
(State or country) Wn.

MOTHER
15. MAIDEN NAME Carrie Eneas
16. BIRTHPLACE (city or town) Arrow Junction
(State or country) Idaho.

17. INFORMANT Mrs. Carrie Eneas McDonald
(Address) Lapwai Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Arrow Junction Date 8-22, 1938

19. UNDERTAKER Brauer Mann Co.
(Address) Lewiston Idaho

20. FILED Aug 22, 1938 M. R. Casteel M.S.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-19 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-9, 1938, to 8-19, 1938
I last saw her alive on 8-19 1938: death is said to have occurred on the date stated above, at 10:10 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	8-19-38
Other **contributory causes** of importance:	
Syphilis	Unknown
Miscarriage	8-12-38
Intestinal Obstruction	8-10-38

Name of operation Laparotomy Date of 8-12-38
What test confirmed diagnosis? Clinical & Surgical findings Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? - Date of injury -, 193..
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury -
Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110643

SEP 12 1938

Registration District No. 1009
Primary Registration District No. 9 Local Registrar's No. 166
(No. St Josephs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Millard Kite

(a) Residence No. ..... St. Juliaetta, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Essie Kite

6. DATE OF BIRTH (month, day, and year) 7-10-1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Johnson (State or country) Washington

FATHER
13. NAME George W. Kite
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Jennie M. Taylor
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Minnie E. Kite
(Address) Juliaetta, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Juliaetta, Ida. Date Aug 23, 1938

19. UNDERTAKER Brewer Mortuary Co.
(Address) Lewiston Idaho

20. FILED Aug 22 1938 M. H. Carey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-20 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938, to Aug 20, 1938
I last saw him alive on Aug 20 1938.: death is said to have occurred on the date stated above, at 2 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Empyema following	
Pleuro pneumonia	Aug 5th 38
Other **contributory causes** of importance:	

Name of operation R. Chest drainage Date of 8/19/38
What test confirmed diagnosis? Was there an autopsy? No operation

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. C. Carlson, M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110644

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 167

SEP 12 1938

(No. 1317 - 15th Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mena Lee Wagner
(a) Residence No. 1317 - 15th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Iva Wagner

6. DATE OF BIRTH (month, day, and year) Jan 4 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	7	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisa Co. (State or country) Iowa

FATHER
13. NAME William Henry Wagner
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Belle Stingle
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs Iva Wagner
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn Date Aug 23, 1938

19. UNDERTAKER Brauer Mortuary Co.
(Address) Lewiston Idaho

20. FILED Aug 22, 1938 W. H. Casey M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-21-1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 20, 1938
I last saw h[illegible] alive on Aug 20 1938: death is said to have occurred on the date stated above, at 1:00 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia L. Lung (Primary)	1936
Other **contributory causes** of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. G. Brandon, M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110645

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 168
SEP 12 1938
(No. 925 1st Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stella Bell Morris

(a) Residence. No. 925 - Lewis St Lewiston Ida St. Moscow Ida
(Usual place of abode) 3 mos. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Preston B Morris

6. DATE OF BIRTH (month, day, and year) June 12 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waitsburg (State or country) Washington

FATHER
13. NAME George Pickell
14. BIRTHPLACE (city or town) Penn. (State or country)

MOTHER
15. MAIDEN NAME Eliza Riggs
16. BIRTHPLACE (city or town) Ill. (State or country)

17. INFORMANT Lew E Morris (Address) Spokane, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida Date Aug 25, 1938

19. UNDERTAKER W. R. Short (Address) Moscow, Idaho

20. FILED Aug 27 1938 M. F. Casey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/23 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 193.7, to Aug 23, 1938 [last saw h[illegible] alive on 8/23, 1938: death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. myocarditis	
Other contributory causes of importance: arteriosclerosis	

Name of operation None Date of -
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury....., 193....
Where did injury occur? - (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? no If so, specify -

(Signed) Dana G Lamm, M. D.
(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110646

SEP 12 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 169

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Martin Britt

(a) Residence No. ..... St. Clarkston, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose T. Britt

6. DATE OF BIRTH (month, day, and year) 6/14/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fruit
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Clinton,
(State or country) Iowa

FATHER

13. NAME Martin Britt
14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER

15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mrs. Rose T. Britt
(Address) Clarkston, Washington

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date 8-26, 1938

19. UNDERTAKER Vassar-Rawls Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Aug 25, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/23/1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1938, to August 23, 1938
I last saw him alive on 8-23 1938: death is said to have occurred on the date stated above, at 4:05p/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous appendix	Aug 15
Other contributory causes of importance:	

Name of operation Appendectomy Date of Aug 17
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Robinson M. D.
(Address Lewiston Idaho

Scott

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110647

Registration District No. 1009
Primary Registration District No. 96 · Local Registrar's No. 170

DEC 14 1938

(No. St Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marmaduke R. Ling

(a) Residence No. 402-6th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Emily Ling

6. DATE OF BIRTH (month, day, and year) 5-24-1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumberman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weston Zoyland
(State or country) England

FATHER

13. NAME Richard M. Ling
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Anna Maria Ling
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs Bessie Kolb
(Address) 402-6th Ave, Lewiston Ida

18. BURIAL, CREMATION OR REMOVAL
Place Stanfield, Ore Date Aug 28, 1938

19. UNDERTAKER Brauer Mortuary Co.
(Address) Lewiston, Ida.

20. FILED Aug 27, 1938 M. H. Canby MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-26 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1938, to Aug 26, 1938
I last saw him alive on Aug 26 1938: death is said to have occurred on the date stated above, at 1:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Benign Hypertrophia of Prostate	1925
Uremia	
Other **contributory causes** of importance:	

Name of operation Cystotomy Date of 8-22-38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Scott, M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of NezPerce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110648

Registration District No. 1009
Primary Registration District No. 196
Local Registrar's No. 175

SEP 12 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No St. Joseph's Hospital)

2. FULL NAME Mrs. A. Portz

(a) Residence No. Union town, Wash. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/24/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Joseph
(State or country) Minnesota.

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. E.J. Thill
(Address) Uniontown, Wash

18. BURIAL, CREMATION OR REMOVAL
Place Uniontown, Wn. Date 8/31/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Sept., 193 8 M. K. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/29/38

22 I HEREBY CERTIFY, That I attended deceased from Aug 20, 193 8, to Aug 29, 193 8
I last saw h[illegible] alive on Aug. 29, 193 8: death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	Aug 13 '38

Other contributory causes of importance:

Peritonitis	

Name of operation Laparotomy Date of Aug 20
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. T. Scott, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110649

SEP 12 1938

Registration District No. 1009
Primary Registration District No. 46 Local Registrar's No. 172
(No. St Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William James Stewart

(a) Residence No. 2701 - Clearwater Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Effie A. Stewart

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1863

7. AGE: Years 75 | Months 7 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

FATHER
13. NAME Charles Stewart
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT Floyd Stewart (Address) Pierce, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston, Ida Date Aug 27, 1938

19. UNDERTAKER Brower Wamp Co (Address) Lewiston, Idaho

20. FILED Aug 31, 1938 M. A. Cankey Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-25 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-16, 1938, to 8-25, 1938

I last saw him alive on 8-25 1938: death is said to have occurred on the date stated above, at 3:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	8-16-38
due to Carcinoma of	
Splenic flexure of colon	1937

Other **contributory causes** of importance:

Name of operation Exploratory Laparotomy Date of 8-20-38
What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? - Date of injury -, 193..
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** -
Manner of injury -
Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Jas McRae, M. D.
(Address Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110650

Registration District No. 1009

SEP 12 1938

Primary Registration District No. 96

Local Registrar's No. 173

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93a

2. FULL NAME R.M. Hannaford

(a) Residence. No. ..... St. Stites, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laura Ewing

6. DATE OF BIRTH (month, day, and year)
January 27, 1864

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
74	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brownville, Nebr.

FATHER

13. NAME R.S. Hannaford

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Matilda Langhter

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT ..... Laura Ewing
(Address) Stites, Idaho

18. ~~BURIAL, CREMATION~~ REMOVAL
Place 8/29/38 Stites Date Idaho, 193..

19. UNDERTAKER ..... Geo. Tranary
(Address) Kooskia, Idaho

20. FILED Sept. 1, 193.8 M.K. Carley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/28 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 193.8 to Aug 28, 1938.

I last saw h. alive on Aug 28, 193.8; death is said to have occurred on the date stated above, at 10:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	8/28/38
Other **contributory causes** of importance:	
Thrombosis Prostate Hypertrophy	8/28/38

Name of operation. Cystotomy Physical Date of Aug 27-38

What test confirmed diagnosis? From Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O.C. Carsson, M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110651

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 22

SEP 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jedd Jones

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ann Daniels

6. DATE OF BIRTH (month, day, and year) Sept 17 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
82	II	I	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year) Aug 1938

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Brigham Utah

FATHER

13. NAME Benjamin Jones

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Rachel Evans

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Aug 21, 1938

19. UNDERTAKER (Address) Malad Idaho

20. FILED Aug 19, 1938 M. J. Terry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938, to Aug 18, 1938

I last saw him alive on Aug 18, 1938: death is said to have occurred on the date stated above, at 1:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 17, 1938

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Hypertension Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Marion J. Terry, M. D.

(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110652

PLACE OF DEATH

County of Oneida
City of Malad
Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 23

Sep 14 1938

(No.) On Road leading from Malad To Pocatello Valley
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Abbott

(a) Residence. No. Ridgedale Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2106

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Frew McLean

6. DATE OF BIRTH (month, day, and year) November 9 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Farm

10. Date deceased last worked at this occupation (month and year) Aug 1938

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Paradise Utah

FATHER

13. NAME Jacob D Abbott

14. BIRTHPLACE (city or town) (State or country) Paradise Utah

MOTHER

15. MAIDEN NAME Elenor Grace Oldham

16. BIRTHPLACE (city or town) (State or country) Paradise Utah

17. INFORMENT (Address) Mrs Henry Abbott Ridgedale Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Tremonton Utah Date Aug 24, 1938 Burial

19. UNDERTAKER (Address) J. Ben Hansen Malad Idaho

20. FILED Aug 22, 1938 M J Terry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 21 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1938, to 1938

I last saw h... alive on ..... 1938: death is said to have occurred on the date stated above, at 5:30AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed under Overturned Truck, Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 21, 1938

Where did injury occur? Public Road Kelly Highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public road

Manner of injury Crushed under Truck

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Truck driving farm

(Signed) Jos R Harris Coroner

(Address) Malad, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110653

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 24

SEP 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Weber Anderson

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth W Young

6. DATE OF BIRTH (month, day, year) April 7 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockgrower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)

10. Date deceased last worked at this occupation (month and year) Nov 1919

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) Wanship
(State or country) Utah

FATHER

13. NAME Archibald King Anderson

14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Hannah Acomb

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT
(Address) J. Sam Anderson Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Malad Idaho Date Sept 1 1938

19. UNDERTAKER J. Sam Remsen
(Address) Malad Idaho

20. FILED Aug 31, 1938 M J Tenney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to August 29, 1938

I last saw him alive on August 29, 1938; death is said to have occurred on the date stated above, at 10:20 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Aug 21, 38

Other contributory causes of importance:

Heart attack

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) O. H. Malan M. D.

(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110654

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 25

SEP 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Jane Williams Lewis

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nephi Lewis

6. DATE OF BIRTH (month, day, and year) March 21 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (city or town) (State or country) Brigham City Utah

FATHER

13. NAME John J Williams

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Jane Merrifield

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Sarah W. Lewis Malad Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Rt. Date Burial Sept. 3, 1938

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED Aug 31, 1938 M. D. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 31 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193 , to Aug 31, 193 8
I last saw her alive on Aug 30, 193 8; death is said to have occurred on the date stated above, at 11:40AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach and liver.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. B. Randall M. D.
(Address) Malad Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110655

SEP 10 1938

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 128
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christiana Frederick Gaphe

(a) Residence No. Simms Hot Springs, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-6-67

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop of Simms
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hot Springs
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Germany

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Ezra Simms
(Address) Hot Springs, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Simms Springs Date 8-25 193 8

19. UNDERTAKER F. P. Robinson
(Address) Wayne Idaho

20. FILED Sept-2, 193 8 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-23 1938

22 I HEREBY CERTIFY, That I attended deceased from May 12, 193 8, to Aug 23, 193 8
I last saw h~~im~~ alive on June 10 193 8: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Nephritis	

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A. Swayne, M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of PAYETTE.
City of PAYETTE.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110656

Registration District No. 4.
Primary Registration District No. 1008. Local Registrar's No. 51

SEP 0 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

132 Ir

2. FULL NAME Mary E. Farmer.

(a) Residence No. Payette Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: David W. Farmer.

6. DATE OF BIRTH (month, day, and year): 11-20-1861

7. AGE: Years 76 | Months 8 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ol- home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): DeKalb Co. Ill.

FATHER
13. NAME: Richard M. Armstead
14. BIRTHPLACE (city or town) (State or country): Franklin Co. Ohio.

MOTHER
15. MAIDEN NAME: Eliza Jane Russell
16. BIRTHPLACE (city or town) (State or country): Hughsan Co West Canada

17. INFORMANT (Address): Edith Farmer Sanders Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Fairview Cem. 8-24, 1938

19. UNDERTAKER (Address): Edith Sanders.

20. FILED 8/20/38, 193... J. O. Woodward M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/19 1938

22 I HEREBY CERTIFY, That I attended deceased from July 28, 1938, 193..., to August 19, 1938

I last saw her alive on Aug. 19 1938: death is said to have occurred on the date stated above, at 2.55 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uraemia	7/28/38

Other **contributory causes** of importance:

Anuria.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. Woodward, M. D.
(Address) Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110657

AUG 8 - 1938

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 14
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Joseph Worthington
(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 30 38

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
0	0	0	2 hrs.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mullan
(State or country) Idaho

FATHER
13. NAME Richard Worthington
14. BIRTHPLACE (city or town) Mullard
(State or country) Eng

MOTHER
15. MAIDEN NAME Naomi Scott
16. BIRTHPLACE (city or town) Baxter Springs
(State or country) Kansas

17. INFORMANT Richard Worthington
(Address) Mullan Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida. Date Aug 2, 1938

19. UNDERTAKER J A Bever (Wards)
(Address) Wallace Ida

20. FILED July 31, 1938 John Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 30 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30 a.m., 1938, to July 30 p.m., 1938.
I last saw him alive on July 30 1938: death is said to have occurred on the date stated above, at 1:3 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature. Labor 5 + 6 mos.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H W Kahn, M. D.
(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110658

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 15

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stephan Worthington

(a) Residence No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 30-38

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day 21 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mullan Ida.

FATHER

13. NAME: Richard Worthington
14. BIRTHPLACE (city or town) (State or country): Mullan Ida

MOTHER

15. MAIDEN NAME: Nancy Scott
16. BIRTHPLACE (city or town) (State or country): Bartlesville Calpacka

17. INFORMANT (Address): Richard Worthington Mullan Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Wallace Ida Date: Aug 2, 1938

19. UNDERTAKER (Address): J.A. Bever (Wards) Wallace Ida

20. FILED: July 31, 1938 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 30 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to July 30, 1938.
I last saw him alive on July 30 1938: death is said to have occurred on the date stated above, at 3 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth between 5 + 6 Mo	
Other contributory causes of importance:	

Name of operation ~~~~ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R.W. Ralfs, M. D.
(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED SEP 12 1938

DO NOT WRITE IN THIS SPACE
State File No. 110659

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 18
(No. Wallace Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl C Todd.

(a) Residence No. Same Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White.
5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Feb 17 1936
7. AGE Years 2 Months 5 Days 17 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME George A Todd
14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER
15. MAIDEN NAME Mary Neil.
16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT Mrs E Todd
(Address) Same Ida.
18. BURIAL, CREMATION OR REMOVAL Place Woodlawn Mo. Date Aug 8, 1938
19. UNDERTAKER J C Bowers (Assist)
(Address) Wallace Ida.
20. FILED Aug 7, 1938 John A Bower Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 4 1938
22 I HEREBY CERTIFY, That I attended deceased from Aug 4, 193 8, to Aug 4, 193 8
I last saw him alive on Aug 4 1938; death is said to have occurred on the date stated above, at 1:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive crushing injury of chest	8-4-38
Shock	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Hecla Mine, Burke Idaho
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm T Smith M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

RECEIVED SEP 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110660

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 19

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederic Manske 930

(a) Residence No. Haugan Mont St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 54 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.) Cook.

9. Industry or business in which work was done, as mill, mine, saw mill, bank, etc. Steam Boat Camp.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

13. NAME Dot Known

FATHER

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Hospital Records.
(Address) Wallace Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Ida. Date Aug 10, 1938

19. UNDERTAKER O A Bever Wallace
(Address)

20. FILED Aug 8, 1938 O A Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~Mch~~ July, 193.., to Aug 7, 1938

I last saw him alive on Aug 7, 193.. death is said to have occurred on the date stated above, at 2300 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Chronic Nephritis	7 days
Uremia	
Other contributory causes of importance:	
Arteriosclerosis	several
Chronic Colitis	years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No Necessary

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O A Bever M. D.

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone,
City of County Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110661

SEP 12 1938

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 20
(No. 68 Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura Bex

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ted Bex

6. DATE OF BIRTH (month, day, and year) June 19, 1905

7. AGE: Years 33 | Months 1 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Walter Frisbie
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Margaret Essers
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT Ted Bex
(Address) Wardner, Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane Date Aug 9, 1938

19. UNDERTAKER P. F. Thorpe
(Address) Kellogg, Ida

20. FILED Aug 11, 1938 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1938, to ....., 193..
I last saw her alive on Aug 7 1938; death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110662

REC SEP 12 1938

Registration District No. 133

Primary Registration District No. 2206 Local Registrar's No. 29

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Mae Ferris

(a) Residence No. Wardner Hosp

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 24 1923

7. AGE Years 14 Months Days If less than 1 day 1½ hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

Total time spent in this occupation Years Months Days

OCCUPATION

12. BIRTHPLACE (city or town) Kellogg

(State or country) Idaho

MOTHER FATHER

13. NAME Carl Mathews

14. BIRTHPLACE (city or town) Alberta

(State or country) Canada

15. MAIDEN NAME Ethel Ludsteen

16. BIRTHPLACE (city or town) Spokane

(State or country) Wash

17. INFORMANT Carl Mathews

(Address) Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL

Place Kellogg Idaho Date Sept. 10 1938

19. UNDERTAKER O. F. Thornhill

(Address) Kellogg Idaho

20. FILED Sept 9 1938 Mrs. Helen McBride

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1938 to Sept 8 1938

I last saw h (?) alive on Sept 7 1938 death is said to have occurred on the date stated above, at 2 1924 m.

The principal cause of death and related causes, of importance were as follows:

Date of onset

EXAMPLE 1

The PRINCIPAL CAUSE OF DEATH—Cause of disease, injury or complication which directly caused death, not the mode of dying, as heart failure, asphyxia, etc. As related causes name earlier morbid conditions, if any, related to the principal cause, giving approximate date of onset. Under other significant conditions contributory causes of importance but not related to principal cause, as syphilis, tuberculosis, etc. As principal cause name the disease, injury or complication which caused death, not the mode of dying, as heart failure, asphyxia, etc. As related causes name earlier morbid conditions, if any, related to the principal cause, giving approximate date of onset. Under other significant conditions contributory causes of importance but not related to principal cause, as syphilis, tuberculosis, etc.

EXAMPLE 1

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? O Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury May 1 1933

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Tredoway, M. D.

(Address Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of WALLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110663

Registration District No. 70
Primary Registration District No. 101
Local Registrar's No. 21
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1210

2. FULL NAME Dorothy Mae Dunsmore

(a) Residence No. Osborne Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 13 1931

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Idaho

FATHER

13. NAME Raymond Dunsmore
14. BIRTHPLACE (city or town) (State or country) Butt Montana

MOTHER

15. MAIDEN NAME Virginia Tilly Grenfell
16. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

17. INFORMANT Raymond Dunsmore
(Address) Osborne Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date Aug 11, 1938

19. UNDERTAKER R. L. Stark
(Address) Kellogg Ida

20. FILED July 6, 1938 Phyllis Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 25 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 193.., to July 25, 193..
I last saw h.. alive on July 9 193.. death is said to have occurred on the date stated above, at 6:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	July 25 1938

Other contributory causes of importance: Pneumonia July 20 1938
Tuberculosis Pulmonary July 20 1938

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110664

SEP 16 1938

Registration District No. 70
Primary Registration District No. 7011
Local Registrar's No. 22

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME George R. Trask,
(a) Residence No. 210 Cedar St., St. Wallace, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Estelle Trask,

6. DATE OF BIRTH (month, day, and year) 8/14/54

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Mining Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mass.
(State or country)

FATHER
13. NAME not known
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs. Estelle Trask,
(Address) Wallace, Idaho.

18. ~~BURIAL~~, CREMATION OR ~~REMOVAL~~
Place Spokane, Wn. Date Aug. 13, 1938.

19. UNDERTAKER Bruce S Marshall
(Address) Wallace, Idaho.

20. FILED Aug 12, 1938 John A Beer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/10 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw h~~im~~ alive on Aug 10 1938: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound	about 30 min
Heart & Lungs	

Other contributory causes of importance:

Old Kidney trouble

Name of operation ——— Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury 8/10 1938
Where did injury occur? In Wallace Park
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Park Wallace
Manner of injury Gunshot Wound
Nature of injury Heart Chest mouth

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] Coroner
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
AUG 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110665

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 16
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2108

2. FULL NAME Janet Isabelle Becker

(a) Residence No. 518 Reid St. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 1/19/1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ***
11. Total time (years) spent in this occupation ****

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country)

FATHER
13. NAME Lester J. Becker
14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER
15. MAIDEN NAME Naomi Amstutz
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Lester J. Becker
(Address) Coeur d'Alene, Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Coeur d'Alene Date Aug. 13, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene

20. FILED Aug 15, 1938 John A Bwor
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 12 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1938, to Aug 12, 1938
I last saw h[illegible] alive on Aug 12 1938: death is said to have occurred on the date stated above, at 6.25 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Automobile Accident	
Fell out of the car	
and struck on her head	
Fractured the Skull and	
such.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury Aug 12/38 1938
Where did injury occur? Public highway
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** about 25 miles east of Mullan Ida.
Manner of injury See above
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. W Rolfs M. D.
(Address Mullan Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

SEP 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110666

Registration District No. 70
Primary Registration District No. 101 Local Registrar's No. 23
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2321

2. FULL NAME Alexander Kuuru
(a) Residence No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 23 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tallin
(State or country) Estonia

FATHER
13. NAME Otto Kuuru
14. BIRTHPLACE (city or town)
(State or country) Estonia

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town)
(State or country) Estonia

17. INFORMANT Iver Olava
(Address) Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date Aug 17, 1938

19. UNDERTAKER J A Bower (words)
(Address) Wallace Ida

20. FILED Aug 13, 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 12 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Aug 11, 1938
I last saw h..... alive on ..... 193..: death is said to have occurred on the date stated above, at 12 15 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	8-11-38
due Silicis tuberculosis	unknown
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Paul Weddle M. D.
(Address Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of R. Kellogg
SEP 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110667

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 52
(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Reed 124C

(a) Residence No. Kellogg Idaho St.?
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth?.....yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Anna

6. DATE OF BIRTH (month, day, and year) Oct 2/61

7. AGE: Years 66 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smelterman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

FATHER
13. NAME Steve Reed
14. BIRTHPLACE (city or town) Wisconsin
(State or country)

MOTHER
15. MAIDEN NAME Katherine Hanell
16. BIRTHPLACE (city or town) No Dak
(State or country)

17. INFORMANT Anna Reed
(Address) Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date 8-20, 1938

19. UNDERTAKER P. F. Thornhill
(Address) Kellogg Idaho

20. FILED Sept 9, 1938 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 14th 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-19, 1934, to Aug 14 1938
I last saw him alive on Aug 14 1938; death is said to have occurred on the date stated above, at 10:55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1 month
Other contributory causes of importance:	
Cirrhosis of Liver	1934

Name of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Harold Tauderson, M. D.
(Address Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110668

SEP 15 1938

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 24
(No. Wallace Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number) 48

2. FULL NAME Mary Carroll

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed
6. DATE OF BIRTH (month, day, and year): 11-8-1882
7. AGE: Years 57 | Months 11 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: Terrance McDonald
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Mary McGinnis
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Maggie Carroll Boise Ida

18. BURIAL, CREMATION, or REMOVAL Place: Wallace Date: Aug 16, 1938

19. UNDERTAKER (Address): Jas Berry Wards Wallace Ida

20. FILED Aug 16, 1938 John A Bird Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Sept 14 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1938, to Sept 14, 1938
I last saw her alive on Sept 14 1938: death is said to have occurred on the date stated above, at 5:25 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
& Extensive Metastases	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Noel J. Smith M.D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110669

Registration District No. 70
Primary Registration District No. 10 K
Local Registrar's No. 25
(No County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 1 [illegible]

2. FULL NAME Horace Basna

(a) Residence No. East Canyon Ave. St. Wallace Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

230

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND OF~~ or WIFE of Florence Basna

6. DATE OF BIRTH (month, day, and year) Sept 15 1867

7. AGE: Years 70 | Months 11 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burnside
(State or country) Mich.

FATHER
13. NAME not Known
14. BIRTHPLACE (city or town)
(State or country) Michigan

MOTHER
15. MAIDEN NAME not Known
16. BIRTHPLACE (city or town)
(State or country) Michigan

17. INFORMANT Florence Basna
(Address) Wallace Ida

18. ~~BURIAL~~, CREMATION OR ~~REMOVAL~~
Place Coeur d'Alene Date Aug 18 1938

19. UNDERTAKER Bruce L. Wardell
(Address) Wallace Ida

20. FILED Aug 17, 1938 John A Bruce
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/16 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 4th, 1938, to Aug 16, 1938
I last saw h~~im~~ alive on Aug 16 1938: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
&	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Lemon M. D.
(Address) Kellogg Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110670

Registration District No. 70
Primary Registration District No. 701 Local Registrar's No. 27
(No. Wallace Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 4

2. FULL NAME Selma Louise Anderson

(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female | 4. Color or Race: White. | 5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): Jan 8-1872

7. AGE: Years 66 | Months 7 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Henry Grills.
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Hannah Peterson.
16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMANT: Mr. John Anderson
(Address): Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Mullan Ida Date: Aug 23, 1938

19. UNDERTAKER: J. A Bower (Wards)
(Address): Wallace Ida

20. FILED: Aug 22, 1938 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 20 1938

22 I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to Aug 20, 1938
I last saw h[illegible] alive on Aug 20 1938: death is said to have occurred on the date stated above, at 9:45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration.	
Other contributory causes of importance: Toxic adenoma of Thyroid.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Walter Jones M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110671

Registration District No. 12 3
Primary Registration District No. 2201 Local Registrar's No. 50

AUG 26 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alan Arthur Lohofer

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15, 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME G. A. Lohofer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Lina Bella Delaney
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Dave Lohofer (Address) Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Idaho Date Aug 27 1938

19. UNDERTAKER S. F. Thornhill (Address) Kellogg, Idaho

20. FILED Aug 23, 1938 Mrs. Hans M. Bruce Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 21 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Frac. Skull Comp	Aug 21 1938

Other contributory causes of importance: Shock & Accidentally

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Aug 21, 193.....
Where did injury occur? Kellogg Idaho
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Auto Accident
Nature of injury Frac. Skull Comp
24 Was disease or injury in any way related to occupation of deceased? No If so, (specify)

(Signed) Dr. Morgan Coroner
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Gem

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110672

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar Raymond Clifford Gilseth

(a) Residence No. Gem Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~: Esther Gilseth

6. DATE OF BIRTH (month, day, and year): July 7 1896

7. AGE: Years 42 | Months 1 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hecla Mng Co.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
13. NAME: Petra Gilseth.
14. BIRTHPLACE (city or town) (State or country): Norway
15. MAIDEN NAME: Bertha Evensdatter

FATHER
16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMANT (Address): Esther Gilseth Gem Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Ida. Date: Aug 2, 1938

19. UNDERTAKER (Address): J. A. Beer (Wards) Wallace Ida.

20. FILED Aug 2, 1938 John Beer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): July 29 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden
Contributory causes of importance:	
Hardening of the arteries	
Edema of lungs	
Bed sore on Shoulder Neck	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 8/29 193.....
Where did injury occur? Hecla Mill Gem Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home or in public place: Raised at Hecla Mill
Manner of injury: Fell over Cable
Nature of injury: Broke Neck

24 Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) Clifford Gilseth M.D.
(Address) Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Teton

City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110673

Registration District No. 77

Primary Registration District No. 2176 Local Registrar's No. 3

(No. SEE)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis George Ellis.

(a) Residence. No. Driggs Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leonora E Ellis.

6. DATE OF BIRTH (month, day, and year) Jan 15. 1880

7. AGE: Years 58 | Months 7 | Days 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Alexander Ellis
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Maria Ellsmore
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Leonora E. Ellis Driggs Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Driggs Idaho Date Aug 23 1938

19. UNDERTAKER (Address) Wm. G. Hauge St Anthony Ida

20. FILED Aug 29 1938 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 20 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1938, to, 8/20, 1938
I last saw him alive on 8/20, 1938.: death is said to have occurred on the date stated above, at 1.00 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
+ Coronary Occlusion	Sudden
Other **contributory causes** of importance:	
General Arteriosclerosis	several years

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? —. Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) R. E. Peden M. D.
(Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110674

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No. 50
(No. ....)

Sep 9 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sophie Henrietta Jagels

(a) Residence No. Clover District St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND ~~of~~
(or) WIFE of Walter Jagels

6. DATE OF BIRTH (month, day, and year) July 9 1891

7. AGE: Years 47 | Months 6 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) July 31 1938
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Friedensau
(State or country) Nebraska

FATHER
13. NAME Carl Elting

14. BIRTHPLACE (city or town) ?
(State or country) Indiana

MOTHER
15. MAIDEN NAME ? Scharet

16. BIRTHPLACE (city or town) ?
(State or country) Wisconsin

17. INFORMANT Walter Jagels
(Address) Buhl, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Ida. Date Aug 6, 1938

19. UNDERTAKER B. J. Gilbertson
(Address) Buhl, Idaho

20. FILED 8/4, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-3 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to Aug 3, 1938
I last saw her alive on 8-2 1938: death is said to have occurred on the date stated above, at 2:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1936
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. A. Drake, M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Buhl

R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110675

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flora DeNeal

124C

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A.P.DeNeal

6. DATE OF BIRTH (month, day, and year) March, 9th. 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grants Lake, Ky.

FATHER

13. NAME Dr.Hodge,

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Sarah Hawkins

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT (Address) A.P.DeNeal Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Buhl, Ida Date 8/4/ 1938

19. UNDERTAKER (Address) Evans & Johnson, Buhl, Ida.

20. FILED 8/3 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/3 1938

22. I HEREBY CERTIFY, That I attended deceased from June 28th, 1938, to July 17, 1938

I last saw her alive on July 17, 1938; death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	Indefinite
Other contributory causes of importance:	
Hypothyroidism, Arteriosclerosis & Senility	Unknown

Name of operation ~ Date of ~

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
Accident, suicide, or homicide? ~ Date of injury ~, 1938

Where did injury occur? ~
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ~

(Signed) H. T. Jackman, M. D.

(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Buhl,

SEP 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110676

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie Jeanette Baxter,

(a) Residence. No. Buhl 14th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Baxter

6. DATE OF BIRTH (month, day, and year) Jan. 1st 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Neosha Falls, Kan.

FATHER

13. NAME Thomas Dix

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Joseph Baxter Buhl, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Buhl, Ida. Date 8/9/ 1938

19. UNDERTAKER (Address) Evans & Johnson Buhl, Ida. Johnson

20. FILED 8/8 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/6 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/4 1938, to 8/6 1938
I last saw ~~her~~ alive on 8/6 1938: death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	8/6/38

Other contributory causes of importance:

Cardiovascular Disease (Hypertension)	1926

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John W Wunder, M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE... MARGIN RESERVED FOR ...nformation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110677

SEP 13 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 154

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

46c

2. FULL NAME Mrs Alice Wiseman Gillilan

(a) Residence No. .... St. Filer
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femail	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rev J D Gillilan

6. DATE OF BIRTH (month, day, and year) Oct 22 1861

7. AGE	Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
	77	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Jackson Ohio
(State or country)

FATHER
13. NAME AG Wiseman
14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER
15. MAIDEN NAME Samantha Rice
16. BIRTHPLACE (city or town) ....
(State or country) Virginia

17. INFORMANT Clara Gillilan
(Address) Filerm

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Aug 12/38, 193...

19. UNDERTAKER F e Drake
(Address)

20. FILED 9-13-, 193 8 Twin Falls

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 9 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 2nd 193 8, to August 9th 193 8
I last saw h... alive on Aug 7 193 8: death is said to have occurred on the date stated above, at 11:58 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Obstruction bowel, probably malignancy	

Other **contributory causes** of importance:

Senility & degenerative changes	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) James W. Creed, M. D.
(Address) Box 102, Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Registration District No. 2085
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 110678

Local Registrar's No. 153

SEP 13 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (Not Twin Falls Gen. Hospital) 159

2. FULL NAME Allen Jones

(a) Residence No. , St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 8-8-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Kenneth Jones
14. BIRTHPLACE (city or town) Kansas City
(State or country) Missouri

MOTHER

15. MAIDEN NAME Helen Carrel
16. BIRTHPLACE (city or town) Kimberly
(State or country) Idaho

17. INFORMANT Kenneth Jones
(Address) Kimberly, Ida R.F.D. 1

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida. Date 8-10, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED Aug. 10, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-9 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-8-, 1938, to 8-9-, 1938

I last saw him alive on 8-9 1938: death is said to have occurred on the date stated above, at 9:30A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	
Placenta Previa -	8-8-38
Prematurity & 8 months	
forceps delivery	8-8-38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature] M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 155

DO NOT WRITE IN THIS SPACE
State File No. 110679

(No. Twin Falls Co. Gen'l Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

890

2. FULL NAME Clara Martindale

(a) Residence. No. 1120 - North Albion St. Burley, Idaho
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert Idaho

FATHER
13. NAME John C. Martindale
14. BIRTHPLACE (city or town) (State or country) Grantsville Utah

MOTHER
15. MAIDEN NAME Ida Louise Gee
16. BIRTHPLACE (city or town) (State or country) Bateaville Utah

17. INFORMENT (Address) Mrs. Ida Martindale Burley Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place ~~Burial~~ Burley, Idaho Date 8-15-, 1938

19. UNDERTAKER S. C. Pullins
(Address) Twin Falls Ida.

20. FILED 8-15-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

#

21. DATE OF DEATH (month, day, and year) 8/15/38 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 193 8, to Aug 15, 193 8
I last saw her alive on Aug 15, 193 8; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	8/6/38
Meningitis - non Con-	8/10/38
tageous (otitis)	

Other contributory causes of importance:

Mastoiditis Rt with	about July 30th
Lateral Sinus Thrombosis	1938

Name of operation Lateral Sinus Mastoidectomy Date of 8/6/38
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify
(Signed) Lloyd E Oaks M. D.
(Address) Twin Falls Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer

SEP 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 110680
Local Registrar's No. 156

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Charles E. Grout

(a) Residence No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Grout

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bridgeport
(State or country) Ill.

FATHER

13. NAME Elon Grout
14. BIRTHPLACE (city or town) Ill.
(State or country)

MOTHER

15. MAIDEN NAME Mary Olden
16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMANT Mrs Laurence Small
(Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Ida. Date Aug. 18, 1938

19. UNDERTAKER Fred E Drake
(Address) Twin Falls, Idaho

20. FILED 8/18/38 193 [illegible]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 16 1938

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to Aug 16, 1938
I last saw him alive on Aug 1938: death is said to have occurred on the date stated above, at 3:00 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Valvular Heart disease	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James W. Creed, M. D.
(Address) Box 102, Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Buhl,
R.F.D.

SEP 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110681

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

163

2. FULL NAME Nora Millie Fairchilds,

(a) Residence—No. R.F.D. 3½ Mi. North of Buhl St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Fairchilds

6. DATE OF BIRTH (month, day, and year) June--30th. 1904

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	34	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Concordia, Kan.

FATHER

13. NAME Willis E.Hibner,

14. BIRTHPLACE (city or town) (State or country) Payson, Ill

MOTHER

15. MAIDEN NAME Mary Dwyer,

16. BIRTHPLACE (city or town) (State or country) Osborn, Kan.

17. INFORMANT Willis E.Hibner,
(Address) Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Ida. Date 8/22 1938

19. UNDERTAKER Evans & Johnson,
(Address) Buhl, Ida.

20. FILED 8/22 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/19 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938, to Aug 19, 1938
I last saw h[illegible] alive on Aug. 19, 1938; death is said to have occurred on the date stated above, at 2:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoning from Lysol (Lysol taken about 2:45 P.M. Aug 19, 1938, appr. 2 hrs).	Aug. 19, 1938

Other contributory causes of importance:
none

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Aug 19, 1938
Where did injury occur? Buhl, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home or in public place. In home
Manner of injury Self-administered Lysol
Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Vern H. Anderson, M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Buhl,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110682

REC'D SEP 9 - 1938

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No. 48)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carlie Ina Shadduck

(a) Residence. No. 204 -9th. Ave. So. St.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C.A.Shadduck

6. DATE OF BIRTH (month, day and year) April 29-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Durand,
(State or country) Mich.

MOTHER FATHER

13. NAME Wm.Cole
14. BIRTHPLACE (city or town) England.
(State or country)
15. MAIDEN NAME Sarah Rathbun,
16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT C A Shadduck
(Address) Buhl, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl Date 8/26, 1938

19. UNDERTAKER Evans & Johnson,
(Address) Buhl,

20. FILED 8/26, 1938 Arlutesa Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/23 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15 1938, 1938, to Aug 29, 1938
I last saw h e alive on Aug 23, 1938: death is said to have occurred on the date stated above, at 4:50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	5 yrs ago
" of Kerby	
Metastasis to cranium	
& occiput, many skin	
lesions, also in right lung.	
Other contributory causes of importance	
Chronic Myocarditis	

Name of operation none Date of
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Vernet Underscope, M. D.
(Address) Buhl, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110683

REGISTERED
SEP 9 - 1938

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Alva Armstrong
(a) Residence No. McCulloch Add. St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Charlotte Armstrong
6. DATE OF BIRTH (month, day, and year): May 13, 1873
7. AGE: Years 65 | Months 3 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (mo. and yr.): 1937
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Irvington Ill.

FATHER
13. NAME: Garrett Armstrong
14. BIRTHPLACE (city or town) (State or country): Unknown "

MOTHER
15. MAIDEN NAME: Martha ?
16. BIRTHPLACE (city or town) (State or country): Unknown "

17. INFORMANT (Address): Mrs. Charlotte Armstrong Buhl, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Buhl, Ida. Date: Aug 31, 1938
19. UNDERTAKER (Address): B. F. Albertson Buhl, Idaho
20. FILED 8/31, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8/28 1938
22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to August 28, 1938
I last saw h~~im~~ alive on Aug 28, 1938: death is said to have occurred on the date stated above, at 5 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1937

Other contributory causes of importance: Generalized Arteriosclerosis

Name of operation Resection Urethral Prostate Date of June 1938
What test confirmed diagnosis Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury .....
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Edward F. McGrath, M. D.
(Address) Buhl Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110684

SEP 13 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 159

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

48

2. FULL NAME Earla Mae Skinner

(a) Residence No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Leroy Skinner

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1892

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nemha
(State or country) Nebraska

FATHER
13. NAME Pemple
14. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER
15. MAIDEN NAME Pracht
16. BIRTHPLACE (city or town) Nebraska
(State or country)

17. INFORMANT Howard Leroy Skinner
(Address) Filer, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin, Ida. Date Aug. 31, 1938

19. UNDERTAKER Fred E. Drake
(Address) Twin Falls, Idaho

20. FILED Sept. 20, 1938. [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/29/1938

22 I HEREBY CERTIFY, That I attended deceased from Deceased was brought to hospital dead, 193.. to ....., 193..
I last saw her alive on 8/29, 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma - probably primary in uterus	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. A. Boston, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 110685

Local Registrar's No. 161

SEP 1 1938

(No.) Twin Falls General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

163

2. FULL NAME John E. Doss

(a) Residence No. Twin Falls Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Mrs. Lillian Doss

6. DATE OF BIRTH (month, day, and year) 11-5-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Roanoke
(State or country) Virginia

FATHER

13. NAME Robert Doss
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Farry Lewis
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. W.L. Doss, Sr.
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 9-2, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-7-, 1938 [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-30 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193.....
I last saw him not alive on 8/30 1938: death is said to have occurred on the date stated above, at 6:50P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide	8/30/1938
Took the contents of a 3-oz. bottle labeled, CHLOROFORM	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 8/30.38
1938
Where did injury occur? Twin Falls, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public place
Manner of injury suicide
Nature of injury poison - (Chloroform)

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M.D.
(Address) Twin Falls, Idaho.
Acting Coroner Twin Falls County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 38
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 110686

Local Registrar's No. 162

Sep 13 1938

(No.) 460

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Elizabeth Murphy,

(a) Residence No. Twin Falls, Idaho. R.F.D. 2, St.
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ —
(or) WIFE of George Murphy, (deceased)

6. DATE OF BIRTH (month, day, and year) 4-22-1864

7. AGE — Years: 74 — Months: 4 — Days: 12 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City,
(State or country) New York

FATHER

13. NAME Henry Graver
14. BIRTHPLACE (city or town) Hanover,
(State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Mesa,
16. BIRTHPLACE (city or town) Hanover
(State or country) Germany

17. INFORMANT Teresa Murphy,
(Address) R.R.2, Twin Falls, Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Neola, Iowa Date 9-4-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED Sep 3, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-3 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1938, to 9-3-, 1938
I last saw h~~im~~er alive on 9-3 1938: death is said to have occurred on the date stated above, at 9:50 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aortic Aneurism	unknown
Other **contributory causes** of importance:	
Senoid - Carcinoma	1936

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Seymer, M. D.
(Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Valley

City of Cascade Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110687

Registration District No. 13

Primary Registration District No. ____ Local Registrar's No. 3

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 6 - 1938

2. FULL NAME Beatrice Gallegos

(a) Residence No. ____ St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: M

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9th, 1925

7. AGE: Years 13 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pea picker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alpaso Tex.

FATHER

13. NAME Francisco Gallegos

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Elisa Mier

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT Frank Gallegos
(Address) Donnely Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fresno Cal / Date ____, 193__

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED Aug 2, 193 8 Mayette Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/1 1938

22 I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to Aug. 1st, 1938

I last saw h[illegible] alive on Aug 1 1938: death is said to have occurred on the date stated above, at 2.30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchitis	7/21/38
Other **contributory causes** of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Roscoe G. Kapp, M. D.

(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Norwood)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110688

SEP 6 - 1938

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 4
(No. ____)
(If death occurred in a hospital or institution give its name instead of street and number)

159

2. FULL NAME Baby Lofteir

(a) Residence No. ____ St. Norwood. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norwood, Idaho
(State or country)

FATHER
13. NAME Wm Hershel Lofteir
14. BIRTHPLACE (city or town) Pond Fork Mo
(State or country)

MOTHER
15. MAIDEN NAME Lorene Ruth Scheleine
16. BIRTHPLACE (city or town) Norwood Idaho
(State or country)

17. INFORMANT Wm Hershel Lofteir
(Address) Norwood. Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meyers Cemetery Date 8-7, 1938
Mccall. Idaho

19. UNDERTAKER
(Address)

20. FILED Aug 7, 1938 Myrtle M. Gunderson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938, to Aug 7, 1938
I last saw him alive on Aug 6 1938: death is said to have occurred on the date stated above, at 7:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
7 months.	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Roscoe C Carol, M. D.
(Address Cascade. Idaho

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110689

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 2
(If death occurred in a hospital or institution, give its name instead of street and number) Little 7 Corner Hospital

SEP 12 1938

2. FULL NAME (Harold) [redacted] Walcott

(a) Residence No. Weiser Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M | 4. Color or Race Wht | 5. Single, Married, Widowed or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years about 41 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyoming

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Friends
(Address) Weiser, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 9-2-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED 9/8, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-31-1938

22 I HEREBY CERTIFY, That I attended deceased from 7-29, 1938, to 7-31, 1938
I last saw him alive on 7-30 1938: death is said to have occurred on the date stated above, at 4 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Acute Pancreatitis	7-29-38
Local Peritonitis	7-29-38

Other **contributory causes** of importance:

Chronic Appendicitis	?
Chronic Cholecystitis	?

Name of operation Exploratory Date of 7-29-38
What test confirmed diagnosis? Post mortem Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F. A. Schmitt, M. D.
(Address Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Washington)

AFFIDAVITS FOR CORRECTION OF A RECORD

_____ of _____

Being first duly sworn, deposes and says that she is a niece
(if related, specify degree,

_____ of Harold Walcott
if friend or otherwise, so state)

who died in the city of Weiser, , County of Washington
(was born, died)

on the 31, day of July ,19 38, as stated in a certificate of death
~~birth~~ or

_____ filed by F.A.Schmitz M.D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Weiser, , County of Washington

Idaho, on the _____ day of _____ 19___.

That the following facts set forth in said certificate are not correctly stated therein, to wit: _____

_____

_____

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, _____

Correct name was Harold Walcott instead of Glen Walcott

(SEAL)

Affiant Mrs. Joe Mendenhall

Address Weiser, Idaho

Subscribed and sworn to before me this 5" day of November 1940

C. A. Taylor
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Washington)

_____ of _____

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Mrs Joe Mendenhall

Address Weiser Idaho

SEP 14 1953

Subscribed and sworn to before me this 5 day of November 1940

C. A. Taylor
Notary Public

(Seal)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110690

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 5

Sept 12 1938

(No. Weiser General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Almeda May Bodkin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1936

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12 34.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4.	4.	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indian Valley Idaho

FATHER

13. NAME Ramond Bodkins

14. BIRTHPLACE (city or town) (State or country) Indian Valley Idaho.

MOTHER

15. MAIDEN NAME Zelma Byers

16. BIRTHPLACE (city or town) (State or country) Indian Valley Idaho

17. INFORMANT (Address) Raymond Bodkins Indian Valley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Indian Valley Date Sept 1 1938

19. UNDERTAKER (Address) J. A. Hudelson Cambridge Ida

20. FILED Sept 8, 1938 Marie Hutchens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 7/26, 1938, to 7/27, 1938

I last saw h[illegible] alive on 7/30/38, 1938: death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis - diffuse -	7/26/38
Other contributory causes of importance:	
Peritonitis general Local - Ruptured [illegible] small bowel about 75 cm from pylorus	7/26/38

Name of operation Laparotomy Date of 7/26/38

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7/27 1938
Where did injury occur? Indian Valley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell off of load and sled - hit across abdomen
Nature of injury on a small piece of wood about 2" in ground

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alvin S Thurston M.D., M. D.
(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser
RECEIVED
SEP 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 1910 Local Registrar's No. 4
(No. Weiser General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 110691

2. FULL NAME Donald Orsyn Allan
(a) Residence No. 830 - E Court St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29. 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME James Allan
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Agnes Forker
16. BIRTHPLACE (city or town) (State or country) Nebr.

17. INFORMANT Mrs. James Allan
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 8-4-, 193 8

19. UNDERTAKER L. A. Northam
(Address) Weiser Idaho

20. FILED 9/8, 193 8 Marie Hawkins
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-2-1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 193 8, to Aug 2, 193 8
I last saw him alive on Aug 2, 193 8: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Generalized Convulsions	July 30-38
Other **contributory causes** of importance:	
Ruptured Homogenous Appendicitis	?

Name of operation Appendectomy Date of July 31-38
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Hayden Hawkins, M. D.
(Address) Weiser - Idaho

Schulz

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110692

Registration District No. 86
Primary Registration District No. 1212 Local Registrar's No. 5

SEP 16 1938

(No. County Poor Farm (If death occurred in a hospital or institution, give its name instead of street and number)) 162

2. FULL NAME George W. Bolo

(a) Residence No. Mcdonell St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Rachel Bolo

6. DATE OF BIRTH (month, day, and year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Threaher.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) Peoria
(State or country) Illinois

MOTHER FATHER

13. NAME Dont Know
14. BIRTHPLACE (city or town) Dont Know
(State or country)
15. MAIDEN NAME Bettie Butterskeel
16. BIRTHPLACE (city or town)
(State or country) Ky

17. INFORMANT Mrs C. E. Craig
(Address) Midvale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 8-11-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Sept-8, 1938 Marie Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-10 1938

22 I HEREBY CERTIFY, That I attended deceased from April 1-, 1938, to 8-10-, 1938
I last saw him alive on 7-5-, 1938; death is said to have occurred on the date stated above, at 2-9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. A. Schmidt, M. D.
(Address Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Schulz

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110693

SEP 16 1938

Registration District No. 86
Primary Registration District No. 1012 Local Registrar's No. 6
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Madison Francis Trueax 158

(a) Residence No. Harper Oregon St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	wh	sing

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 7 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

FATHER
13. NAME Ernest Trueax
14. BIRTHPLACE (city or town) .....
(State or country) Nebr

MOTHER
15. MAIDEN NAME Mervelle Jones
16. BIRTHPLACE (city or town) .....
(State or country) Idaho

17. INFORMANT Ernest Trueax
(Address) Harper, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Harper Ore. Date 8-11- 1938

19. UNDERTAKER L. C. Northern
(Address) Weiser Idaho

20. FILED 9/8, 1938 Mario Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-10-1938

22 I HEREBY CERTIFY, That I attended deceased from 8-7-, 1938, to 8-10-, 1938

I last saw her alive on 8-10 1938; death is said to have occurred on the date stated above, at 8-0 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxemia of Pregnancy	8-7-38
& Mother	
& Fathers	
Other **contributory causes** of importance:	
Nurse & of Mother.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. A. Johnson M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

15

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110694

Registration District No. 86
Primary Registration District No. 1210 Local Registrar's No. 7
(No. Weiser Funeral Home Patsel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margarette Lee Crouch 16
(a) Residence No. Crystal Dist. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ~~yrs. mos.~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Nov. 9-1935
7. AGE: Years 2 | Months 9 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: E. M. Crouch
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Bertha Lee Taylor
16. BIRTHPLACE (city or town) (State or country): Idaho.

17. INFORMANT: E. M. Crouch
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Ida. Date 8-30-, 1938

19. UNDERTAKER: L. B. Northam
(Address) Weiser Idaho

20. FILED 9/8, 1938 Marie Faulkner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 8-29-1938

22 I HEREBY CERTIFY, That I attended deceased from 8/27, 1938, to 8-29, 1938
I last saw her alive on 8-29, 1938: death is said to have occurred on the date stated above, at 12:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bulbar Type of Anterior Poliomyelitis	8-27-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Horton Kunda, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

110703

State File No. [redacted]

Registration District No. 61

Primary Registration District No. 2 1

Local Registrar's No. 363

(No. Inland Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME Jack LeFavour

14. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

MOTHER

15. MAIDEN NAME Neva Cartwell

16. BIRTHPLACE (city or town) Rogerson
(State or country) Idaho

17. INFORMANT Jack Le Favour
(Address) Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 7/12, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 7-13, 1938 Thomas Emberson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/12 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to July 12, 1938

I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 10 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abruptio Placentae	July 12 '38

Other **contributory causes** of importance:

Hemorrhage	July 12 '38
Prematurity - Exp Date	July 27 '38

Name of operation Accouchement Date of July 12

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. O. Magee, M. D.

(Address) Moscow

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED SEP 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10724

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 102

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

23

2. FULL NAME Robert V. Goan

(a) Residence No. ..... St. Grangeville, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1888

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	49	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME William A. Goan

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Catherine I. Fogle

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville, Ida. Date Sept. 19, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Idaho

20. FILED 9-20, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-18-1938

22 I HEREBY CERTIFY, That I attended deceased from September 2, 1938, to September 18, 1938

I last saw him alive on Sept. 18 1938: death is said to have occurred on the date stated above, at 6:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary,	
chronic	Unknown
Other **contributory causes** of importance:	
Atelectasis, left lung partial	Unknown
Emphysema, bilateral, chronic	Unknown

Name of operation None Date of -

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. McCLELLAN, M. D.

(Address) V.A., Boise, Idaho

1107 25

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Buhl
R.F.D.

SEP 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110725

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Louise Winegar, 131

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Winegar

6. DATE OF BIRTH (month, day, and year) March 31, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	5 ~~14~~	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marshall, Ill.
(State or country)

FATHER

13. NAME F.C.Meinecke,

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Julia A Koppler

16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMANT James Winegar
(Address) Buhl, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl -- Ida. Date Sept 16 1938

19. UNDERTAKER Evans & Johnson,
(Address) Buhl, Ida.

20. FILED 9/15, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/14/1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937, to 9/14, 1938
I last saw h~~er~~ alive on 9/12, 1938; death is said to have occurred on the date stated above, at 6:45 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anaemia Nephritis	1933

Other contributory causes of importance:

Uremia	aug 25/1938

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John C Evans, M. D.
(Address) Buhl, Idaho

110726

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110726

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 128

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

SEP 24 1938

2. FULL NAME Ray H. Beamer

167

(a) Residence No. 818 Hastings St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Iris

6. DATE OF BIRTH (month, day, and year) 1/31/1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Forestry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road Maintanance

10. Date deceased last worked at this occupation (mo. and yr.) 9/1938

11. Total time (years) spent in this occupation 2years

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country)

FATHER

13. NAME Fred Beamer

14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Florence Bridgewater

16. BIRTHPLACE (city or town) Alabama
(State or country)

17. INFORMANT Mrs. Ruby Iverson
(Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL
CDA Place Forest Cem. Date 9/10, 1938

19. UNDERTAKER ThemMooney Mortuary
(Address) Coeur d'Alene

20. FILED 9/9, 1938 H. L. Gustafson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-8-1938, to 9-8-1938
I last saw him alive on 9-8 1938: death is said to have occurred on the date stated above, at 1:00A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by shooting — Rt temple region with 22 calibre rifle	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9-8-1938
Where did injury occur? Coeur d'Alene Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Street Corner 8th & Hastings
Manner of injury Gun shot
Nature of injury Gun shot wound

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) Coroner E. H. Teed M. D.
(Address Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110727

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110727

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 106

SEP 27 1938

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number) 71a

2. FULL NAME Benjamin B. Shelley

(a) Residence No. ..... St. Mountain Home, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Josephine Shelley

6. DATE OF BIRTH (month, day, and year) June 10, 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	3	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Eldridge Shelley
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Ruby Brewer
16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date Sept. 26, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9-26 1938 R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-22-1938

22 I HEREBY CERTIFY, That I attended deceased from August 26, 1938 to September 22, 1938
I last saw him alive on Sept. 22, 1938: death is said to have occurred on the date stated above, at 6:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Addison's Disease	Unknown
Other **contributory causes** of importance:	
None	

Name of operation ---- Date of ---
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. McCLELLAN, M. D.
(Address) V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

110728

PLACE OF DEATH
County of Canyon
City of Caldwell

RECEIVED
SEP 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110728

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 101
(No. Deaconess Park Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

135a

2. FULL NAME Ezra Lee Thomas Wilkerson

(a) Residence. No. Caldwell St. 716 Fillmore
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances McPherson

6. DATE OF BIRTH (month, day, and year) 7/2/1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Sept 38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boyce
(State or country) Idaho

FATHER
13. NAME K. B. Wilkerson
14. BIRTHPLACE (city or town) Broadhead
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Amanda Shaver
16. BIRTHPLACE (city or town) Perry Co
(State or country) Mississippi

17. INFORMANT Mrs. Ezra Wilkerson
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem Date 9-22 1938

19. UNDERTAKER C. Peck Thomas
(Address) Caldwell Idaho

20. FILED 9-26, 1938 Mont Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/20 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/13, 1938 to 9/20, 1938
I last saw him alive on 9/20, 1938: death is said to have occurred on the date stated above, at 12:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Poisoning due to ruptured ulcer of bladder	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. A. Newberry M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110729

PLACE OF DEATH

County of Twin Falls

City of Hollister
Twin Falls

SEP 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110729

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 165

(No. Twin Falls Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95F

2. FULL NAME William Alexander Ferdinand Klusmeyer

(a) Residence No. Hollister St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josie Christensen

6. DATE OF BIRTH (month, day, and year) March 6, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lombard
(State or country) Illinois

FATHER

13. NAME Heinrich Klusmeyer

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Ellen Vomdleydon

16. BIRTHPLACE (city or town) France
(State or country)

17. INFORMANT Mrs Klusmeyer
(Address) Hollister, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Sept. 7, 1938

19. UNDERTAKER Fred E Drake
(Address) Twin Falls, Idaho

20. FILED 9-10, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-4 1938

22. I HEREBY CERTIFY, That I attended deceased from July 19th, 1938 to Sept 11th, 1938
I last saw him alive on Sept 4 1938: death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio myocalor renal disease	
Other contributory causes of importance:	
Age	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Lamb M. D.
(Address) Twin Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

TELEPHONE 103-W

FUNERAL DIRECTORS

Drake and Reynolds Funeral Home

TWIN FALLS, IDAHO

Oct. 20, 1938

OCT 2 1938

Deptartment of Public Welfare

110727

Bureau of vital Statistics

Boise, Idaho

Dear Sir :

Please send me another certified copy of the death certificate of William Alexander - Ferdinand Klusmeyer. Please correct the mistake made on the city of birth. The corrrct spelling is Lombard, Ill. and please write on it that he died at the Twin Falls Hospital.

Very truly yours,

Drake and Reynolds Funeral Home

Fred E Drake

Dr. McCaffree — 110730

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED
OCT 1 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110730

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph John Ugrin Ugrin 93c

(a) Residence No. 524 Main St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hermena Ugrin

6. DATE OF BIRTH (month, day, and year) Sept 6 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41		15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bribir Austria

FATHER
13. NAME Michael Udrin
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Joseph Ugrin
(Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date Sept. 24, 1938

19. UNDERTAKER Foss L. Stout
(Address) Kellogg Idaho

20. FILED Sept 29, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 19 1938
Arteriosclerosis	Long
Duodenal Ulcer	Long
Diabetes Mellitus	Long
Other contributory causes of importance:	
Hypertrophy of Prostate	Long
Cellulitis Right Arm	Sept 19 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? Home Kellogg
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Wm. Lowell McCaffree M.D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Stout's Funeral Home

Incorporated

"Conscientious Service, Always"

Kellogg, Idaho

Phone 188

Oct. 3, 1938

RECEIVED
OCT 7 - 1938

Bureau of Vital
Statistics,
Boise Idaho

Dear Sirs:-

The death certificate of Joseph John U G R I N , and city of BriBir Austria. The printing you have misunderstood, kindly print to correspond.

Joseph John Ugrin is correct
Bribir, Austria.

instead of Udvin, and Brivir, as printed, I'm sorry about this error but is perhaps my fault.

Thanking you kindly,

Sincerely,
STOUT'S FUNERAL HOME
By Mary M. Stout

110731

PLACE OF DEATH

County of Kootenai

City of Coeur D' Alene

RECEIVED

SEP 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110731

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. Lakeside Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

180

2. FULL NAME Howard E. McEuen

(a) Residence No. 802 5½ Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mildred
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/19/94

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. S. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 9/22/38

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Seth H. Mceuen

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Hattie Leaver

16. BIRTHPLACE (city or town) (State or country) Wisc

17. INFORMANT Mrs. Margeret McEuen
(Address) C. D' A. Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Forest Date 9/26/38, 193

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Ida.

20. FILED Sept 27, 1938 H. L. Kroeker M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-23 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-22, 193 8, to 9-23, 193 8

I last saw h- alive on 9-23 193 8: death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia from burns	9-22-38
※ 180	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-22, 193 8

Where did injury occur? His home -- Cda
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Home -

Manner of injury Pouring gasoline into Car.

Nature of injury Burns of upper body.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Ellington M. D.

(Address) Cda Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

110 12 Y

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110732

OCT 2 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 176

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

169

2. FULL NAME Mary Ellen Walters

(a) Residence No. 312 8 Ave. East St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Walters

6. DATE OF BIRTH (month, day, and year) Jan 11, 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	78	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Umatilla, Oregon
(State or country)

FATHER
13. NAME Daniel Mitchel Hogan
14. BIRTHPLACE (city or town) Unkown
(State or country)

MOTHER
15. MAIDEN NAME Kurchberger
16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Harry Walters
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Okland, Calif Date Sept 22, 193 8

19. UNDERTAKER Ferd E Drake
(Address) Twin Falls, Idaho

20. FILED 9-22-, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/21 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw her ~~alive~~ on 9/21 193 8: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple fractures of bones due to fall	9/21/38
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9/21 193 8
Where did injury occur? Snake River Canyon (Specify city or town, county, and state) Twin Falls County Ida
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Jumped from Bridge
Nature of injury Fracture of skull & long bones

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo C Hally, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110733

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110733

UC12 1538

Registration District No. 73
Primary Registration District No. 210 Local Registrar's No. 212
(No. River Road.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Peter Klemme

(a) Residence. No. Idaho Falls Idaho St. 202 h
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Klemme.

6. DATE OF BIRTH (month, day, and year) 8/8/1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9/23/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kennedy Neb.

FATHER
13. NAME Fred Klemme.
14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER
15. MAIDEN NAME Katherine Wendt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Ella Klemme Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date 9/26, 1938

19. UNDERTAKER (Address) V. F. McFarland Idaho Falls Ida

20. FILED 9/26, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 23 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw ~~him~~ alive on ....., 193.....: death is said to have occurred on the date stated above, at 5.30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Electrocution	
by Hay Derrick	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193..
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. on Ranch
Manner of injury Electrocution
Nature of injury Entire body

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Fred Klemme (Coroner)
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

110734

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110734

Registration District No. 13

Primary Registration District No. 21-0

Local Registrar's No. 201

(No. 207e)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andie W. Hileman

(a) Residence. No. 124 S. 9th St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luella Hileman

6. DATE OF BIRTH (month, day, and year) June 24, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P. R.R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockford Ohio

FATHER

13. NAME Isac Hileman

14. BIRTHPLACE (city or town) (State or country) Van Wert Co. Ohio.

MOTHER

15. MAIDEN NAME Barbara Watt

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Mrs. Luella Hileman Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL Place Pocatello Ida. Date Sept 5, 193 8

19. UNDERTAKER Dennard (Address) Pocatello Idaho

20. FILED Sept 6, 193 8 E. Gustafson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 5 193 8

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Body severed by rail road train	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~?..... Date of injury Sept 5, 193 8

Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Accidently fell under

Nature of injury body severed by train

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Making up

(Signed) John A. Rees Cor., M.D.

(Address) Idaho Falls

135

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
RECEIVED
SEP 26 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110735

Registration District No. 7-3
Primary Registration District No. 21-0 Local Registrar's No. 207
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George M. Wright 93C

(a) Residence No. 335 May St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year): May 23, 1858
7. AGE: Years 80 | Months 1 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Land
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (mo. and yr.) 1915
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) Henry County
(State or country) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Jim Caldwell
(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls, Ida. Date Sept. 18, 1938

19. UNDERTAKER A. Peck
(Address) Idaho Falls, Ida.

20. FILED Sept 19, 1938 Guy Turnbull
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 15 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1937, to Sept. 15, 1938
I last saw h— alive on Sept. 14 1938: death is said to have occurred on the date stated above, at 10:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	Sept 1, 1938
Chronic myocarditis	

Other **contributory causes** of importance:

Hypertension	D.K.
Senility	

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. C. Erickson, M. D.
(Address Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 231
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME CLYDE EDWARD FISHEL

(a) Residence No. MACKAY St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: MALE
4. Color or Race: WHITE
5. Single, Married, Widowed or Divorced (write the word): MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of FANNY

6. DATE OF BIRTH (month, day, and year) 9/8/1885

7. AGE: Years 53 | Months 0 | Days 20
If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State highway Dept.
10. Date deceased last worked at this occupation (mo. and yr.) 9/28/38
11. Total time (years) spent in this occupation 8yrs

12. BIRTHPLACE (city or town) Fairplay
(State or country) Colo.

FATHER
13. NAME Charles W.
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Blanche Kennedy
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Fanny Fishel
(Address) Mackay, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mackay Date Oct. 2, 1938

19. UNDERTAKER John M Lee
(Address)

20. FILED ....., 193.. John M Lee Registrar.
Dep

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/28 1938

22 I HEREBY CERTIFY, That I attended deceased from 9/28/38, 193.., to 9/28/38, 193..
I last saw him alive on 9/28/38 193..: death is said to have occurred on the date stated above, at 10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	9/28/38

Other **contributory causes** of importance:

Cardiac Dilatation	Indefinate
Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Sym. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. P. Richards, M. D.
(Address) Mackay Idaho

110736

PLACE OF DEATH
County of CUSTER
City of MACKAY

RECEIVED
OCT 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110736

Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 231
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME CLYDE EDWARD FISHEL

(a) Residence No. MACKAY, IDA. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of Fanny
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 8 1885

7. AGE — Years: 53 — Months: -- — Days: 20 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State highway
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) Fairplay
(State or country) Colo.

FATHER

13. NAME Charles W.
14. BIRTHPLACE (city or town) Iowa.
(State or country)

MOTHER

15. MAIDEN NAME Blanche Kennedy
16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMANT Fanny Fishel
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mackay Date Oct 2, 1938

19. UNDERTAKER John N Lee
(Address) Mackay Ida

20. FILED Oct 5, 1938 John N Lee
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/28 1938

22 I HEREBY CERTIFY, That I attended deceased from 1/10, 1936, to 9/28, 1938
I last saw him alive on 9/28 1938: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	9/28/38
Other contributory causes of importance:	
Cardiac Dilatation	
(Myocarditis)	Several years

Name of operation — Date of —
What test confirmed diagnosis? Clin Symp. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place In home
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. P. Richards, M. D.
(Address) Mackay Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110737

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 109

Oct 6 - 1938 (No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Everett E. Boyatt

(a) Residence No. 139 So. 11th Street St. Pocatello, Idaho 108
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) Dolly Boyatt

6. DATE OF BIRTH (month, day, and year) June 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME William L. Boyatt

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Lizzie Vawter

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date October 3, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-4, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-30 1938

22 I HEREBY CERTIFY, That I attended deceased from January 7, 1938, to September 30 1938
I last saw him alive on Sept. 30 1938: death is said to have occurred on the date stated above, at 1:35 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9-30-38
Other **contributory causes** of importance:	
Pneumonia, lobar	2 weeks duration

Name of operation ----- Date of ---
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No Specify

(Signed) J. H. McCLELLAN, M. D.
(Address V.A., Boise, Idaho

RED.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110738

OCT 6 - 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 110

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

34

2. FULL NAME George Kreiner

(a) Residence No. St. Roseburg, Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) June 16, 1890

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	48	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Minnesota

FATHER
13. NAME Frank Kreiner
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Angeline Talles
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Morris Hill Date Oct. 5, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-5, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-29-1938

22 I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to September 29, 1938.
I last saw him alive on Sept. 29 1938: death is said to have occurred on the date stated above, at 8:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Luetic Aortitis (With closure of both coronary orifices)	Unknown
Other **contributory causes** of importance:	

Name of operation ---- Date of ---
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following: No
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. McCLELLAN, M. D.
(Address) V.A., Boise, Idaho

110739

[redacted] OF DEATH

County of Bonneville

City of Swan Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110739

Registration District No. 73
Primary Registration District No. 2172 Local Registrar's No. 210
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Merrill 163

(a) Residence No. 162 - 5th St St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of Bessie Merrill
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/11-1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dep. Sheriff.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Enforcement.
10. Date deceased last worked at this occupation (mo. and yr.) 6/1938
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) SMITHFIELD
(State or country) UTAH

FATHER

13. NAME RALPH - T - MERRILL
14. BIRTHPLACE (city or town) UNKNOWN
(State or country) UTAH

MOTHER

15. MAIDEN NAME MARIE PLOWMAN
16. BIRTHPLACE (city or town) UNKNOWN
(State or country) UTAH

17. INFORMANT BESSIE MERRILL
(Address) Idaho Falls - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rose Hill Cemetary Date Sept. 21, 193 8

19. UNDERTAKER G. E. Hayes
(Address) Idaho Falls, Idaho

20. FILED Sept 26, 193 8 J. H. Furman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/16 1938

22 I HEREBY CERTIFY, That I attended deceased from [redacted], 193

I last saw him alive on dead 9/21 193 8: death is said to have occurred on the date stated above, at 1:15P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning.	6/16/38

Other contributory causes of importance:

Died in line of duty as Deputy Sheriff of Bonneville County.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, [redacted]? Date of injury 6/16, 1938
Where did injury occur? Swan Valley, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Snake River.
Manner of injury Drowning
Nature of injury Drowning

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Dep. Sheriff.
(Signed) Morons Jacobson Coroner
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110 741

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110741

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 107

OCT 7 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

184

2. FULL NAME Ellis Walker Meador

(a) Residence. No. Caldwell Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/13/1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Armstrong Missouri

FATHER

13. NAME J. M. Meador

14. BIRTHPLACE (city or town) (State or country) Barnard Missouri

MOTHER

15. MAIDEN NAME Jessie Walker

16. BIRTHPLACE (city or town) (State or country) Trimble Missouri

17. INFORMANT (Address) J. M. Meador, Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 9/21 1938

19. UNDERTAKER C. V. Pickhaver
(Address) Caldwell Ida

20. FILED 9-20 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-17 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193..... ; death is said to have occurred on the date stated above, at about 10 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Shot while Rabbit Hunting Shot Gun.	
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury 9-17 1938

Where did injury occur? Home.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury as Above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. O. Talley M. D. Coroner

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110742

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of ~~Bonneville~~ Teton
City of Tetonia, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110742

OCT 10 1938

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert B. Young

(a) Residence No. St. Driggs, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie Bunnell

6. DATE OF BIRTH (month, day, and year) June 6, 1904

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	34	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Deer Trail
(State or country) Utah

FATHER
13. NAME Robert D. Young
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Victoria Rapelye
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Robert Young
(Address) Driggs, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Castle Dale Date Oct 9/28, 1938

19. UNDERTAKER Russel Flamm
(Address) Rexburg, Idaho

20. FILED 10-2-, 1938 Alice M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938, to Sept 25, 1938
I last saw h— alive on ——— 193—: death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull and other injuries from Grain Harvester	
Head when & saw him	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 9/25, 1938
Where did injury occur? Teton County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Parley Nelson M. D.
(Address) Rexburg Idaho

110743

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED OCT -4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110743

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 283

(No. 909 North 22nd Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Alice E. Grantvedt

(a) Residence No. Piedmont, California St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Norman E. Grantvedt

6. DATE OF BIRTH (month, day, and year) 9-13-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minneapolis
(State or country) Minn.

FATHER

13. NAME Coleman Roberts

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Harriet E. Whipple

16. BIRTHPLACE (city or town)
(State or country) New York

17. INFORMANT Mrs. J. C. Armstrong
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakland, Calif. Date 10-4-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10-4, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-2 193 8

22 I HEREBY CERTIFY, That I attended deceased from ——, 193..., to Oct 2, 193 8

I last saw her alive on Oct 2 193 8; death is said to have occurred on the date stated above, at 8:10 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/2/38
Hypertension,	?
Other **contributory causes** of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193...

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Boundy, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110744

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110744

Registration District No. 2004
Primary Registration District No. 2004 Local Registrar's No. 98
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

4 C

2. FULL NAME Leslie Leland Long.

(a) Residence No. Ivy Wild in South Boise, R.D. #5.
(Usual place of abode)

Length of residence in city or town where death occurred 28 years. (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White/	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ora Howard Long.

6. DATE OF BIRTH (month, day, and year) June. 19, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	2	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr, Dun &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bradstreet Co.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerstown
(State or country) Md.

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mrs. Ora Howard Long.
(Address) R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Memorial Park. Date Sep. 9, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 9-8, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 7, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Aug-24, 1938, to Aug-31, 1938
I last saw him alive on Aug 31 1938: death is said to have occurred on the date stated above, at 2. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
malignent Tumor	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) JE Wyly D.C., M. D.
(over) (Address Boise, 244 Bonna Blk

110745

PLACE OF DEATH

County of Franklin

City of Preston

OCT 14 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110745

Registration District No. 27

Primary Registration District No. 2719 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2149

2. FULL NAME Garth Porter Woodward

(a) Residence No. Franklin Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara C Woodward

6. DATE OF BIRTH (month, day, and year) Apr 3 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and air student

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Franklin Idaho
(State or country)

FATHER

13. NAME Garnet Woodward

14. BIRTHPLACE (city or town) Franklin
(State or country) Idaho

MOTHER

15. MAIDEN NAME Alice Porter

16. BIRTHPLACE (city or town) Escalantie
(State or country) Utah

17. INFORMANT Garnet Woodward
(Address) Franklin Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Franklin Id Date Oct 1, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Oct 4, 1938 G. W. Stoker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9 29 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
accidental death caused by plane nose-diving into earth at low altitude	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~?..... Date of injury 9-29-38

Where did injury occur? Preston Franklin Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Near Public Hi-Way

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. W. Hendricks, M. D.

(Address) Conda

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110 746

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110746

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 115

OCT 14 1938

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

121

2. FULL NAME George Simon

(a) Residence No. ____ St. No permanent address

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) Sept. 5, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Edward Simon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Edith ------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Crow Agency, Mont. Date Oct. 13, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-13, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-10 1938

22 I HEREBY CERTIFY, That I attended deceased from June 25, 1938, to October 10, 1938

I last saw him alive on Oct. 10 1938.: death is said to have occurred on the date stated above, at 9:52 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Appendicitis with generalized peritonitis	10-1-38
Other **contributory causes** of importance:	
Suppurative Parotitis	10-6-38

Exploratory laparotomy

Name of operation Appendectomy Date of 10-3-38

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. McClellan, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110747

RECEIVED OCT 14 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 116

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Jeremiah H. Sweet

(a) Residence No. 608 - 2d Street South St. Rupert, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) Oct. 6, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50		4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mapleton
(State or country) Idaho

FATHER
13. NAME Charles H. Sweet
14. BIRTHPLACE (city or town)
(State or country) Massachusetts

MOTHER
15. MAIDEN NAME Olive M. Nicholls
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date Oct. 13, 1938
Morris Hill

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-13, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-10-38

22 I HEREBY CERTIFY, That I attended deceased from October 3, 1938, to October 10, 1938
I last saw him alive on Oct. 10 1938: death is said to have occurred on the date stated above, at 11:15a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Laryngeal Obstruction, from history, cause undetermined	unknown
Other **contributory causes** of importance:	
Tracheotomy with necrosis of trachea	6 Weeks
Pneumonia, lobular, bilateral	10-3-38

Name of operation ---- Date of ---
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. H. McCLELLAN, M. D.
(Address) V.A., Boise, Idaho

110748 White

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110748

OCT 14 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131 D

2. FULL NAME Herman Kohkonen Hermanson

(a) Residence No. St. Orofino, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 25 years yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hermanson

6. DATE OF BIRTH (month, day, and year) Dec. 17, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Herman Kohkonen
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Josephine Korpi
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Mrs. Mary Hermanson
(Address) Orofino Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Oct. 20, 1938

19. UNDERTAKER Brewer Mortuary Co
(Address) Lewiston Idaho

20. FILED Oct 13, 1938 M. Caskey MS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-7-1938

22 I HEREBY CERTIFY, That I attended deceased from 10-1, 1938, to 10-7, 1938

I last saw him alive on 10-7 1938: death is said to have occurred on the date stated above, at 1:05 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	about 2 yrs
Uraemic Coma	Oct 1 - 38
Other **contributory causes** of importance: Chronic Alcoholism	Years ?

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Cardinal Symptoms

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.
(Address Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

110749

PLACE OF DEATH
County of Ada
City of ####

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
110749
State File No.

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 117

OCT 1 1938

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph. L. Wheeler.

(a) Residence No. 904. Fort Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 years yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 23. 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90.	11.	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Saleman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois.
(State or country)

FATHER

13. NAME E. Wheeler.
14. BIRTHPLACE (city or town) Conn.
(State or country)

MOTHER

15. MAIDEN NAME Ann. E. Shephard.
16. BIRTHPLACE (city or town) Conn.
(State or country)

17. INFORMANT Mrs. A.E. Pelton.
(Address) 904. Fort Street.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Mem Park Date Oct. 17, 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 10/17, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/14/1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1938, to Oct 14, 1938
I last saw him alive on Oct 14 1938: death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	10/12/38
Chronic Arteriosclerosis	1934
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Ralph R Jones, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

110750

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110750

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Pearl B. Lyon

(a) Residence No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Esta Lyon

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Local Bakery
10. Date deceased last worked at this occupation (mo. and yr.) 1938
11. Total time (years) spent in this occupation ~~not obt.~~

12. BIRTHPLACE (city or town) Pleasantville (State or country) Iowa

FATHER
13. NAME L. N. Lyon
14. BIRTHPLACE (city or town) Wheeling (State or country) Iowa

MOTHER
15. MAIDEN NAME Mary Margaret Wilkie
16. BIRTHPLACE (city or town) Wheeling (State or country) Iowa

17. INFORMANT Wife Mrs Esta Lyon (Address) Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL Place Grangeville Ida Date Oct 11, 1938

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville Ida.

20. FILED Oct 15, 1938 W B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 9 1938

22 I HEREBY CERTIFY, That I attended deceased from ..., 193.., to Oct 9, 1938.
I last saw him alive on Oct 8 1938.: death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other **contributory causes** of importance:	
Dilitation of heart.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W B Chapman, M. D.
(Address) Grangeville

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OCT 10 1938

DO NOT WRITE IN THIS SPACE

State File No. 110751

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 266

(No. Eastman Building)

(If death occurred in a hospital or institution, give its name instead of street and number)

946

2. FULL NAME Frank Willis Almond

(a) Residence No. 1800 Harrison Blvd. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thelma Louise Almond

6. DATE OF BIRTH (month, day, and year) 7-17-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surgeon

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aspen.
(State or country) Colorado

FATHER

13. NAME Francis William Almond

14. BIRTHPLACE (city or town) London,
(State or country) England

MOTHER

15. MAIDEN NAME Julia Upfield

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. Thelma L. Almond
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8-29-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 9-16, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-26 1938

22 I HEREBY CERTIFY, That I attended deceased from 8/26, 1938, to 8/26, 1938

I last saw him alive on 8/26 1938: death is said to have occurred on the date stated above, at 1.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Terrell, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Jones

PLACE OF DEATH
County of Ada
City of

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110752

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 94

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Clara E. Lytton Flake.

(a) Residence No. R.D. # 1. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 years. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William. J. Flake.

6. DATE OF BIRTH (month, day, and year) Jan. 6. 1860.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jasper Ohio.
(State or country)

FATHER

13. NAME John Lytton.
14. BIRTHPLACE (city or town) North Caroline.
(State or country)

MOTHER

15. MAIDEN NAME Lucy Gleason.
16. BIRTHPLACE (city or town) Conn.
(State or country)

17. INFORMANT Mrs. Mary Etta Stalker.
(Address) Felt, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 9-2, 1938

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 9-2, 1938 R S Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/30 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1938, to Aug 30, 1938
I last saw her alive on Aug 29, 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Gangrene	1937
Phlebitis Decompensation	1938

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Dirig M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

Ud, 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110753

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 257

(No. St Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Josel James Hyde

(a) Residence No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 29, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian Ida

FATHER

13. NAME Josel Hyde

14. BIRTHPLACE (city or town) (State or country) Paw Hot Springs Idaho

MOTHER

15. MAIDEN NAME Alta Copeland

16. BIRTHPLACE (city or town) (State or country) Chesterfield Ida

17. INFORMANT Josel Hyde

(Address) Meridian Ida R2

18. BURIAL, CREMATION OR REMOVAL

Meridian Idaho Date 9-4, 1938

19. UNDERTAKER W. R. Robison

(Address) Meridian Ida

20. FILED 9-2, 1938 R. L. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1938, to 9-1, 1938

I last saw him alive on 9-1, 1938; death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	9-1-38
Carcinoma	

Other contributory causes of importance:

Asphyxia from Pulmonary Involvement	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 193...

Where did injury occur? Home Meridian.

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Pneumonia Congestion

Nature of injury Pneumonia

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. Wm. Thomas M. D.

(Address) Meridian Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110754

RECEIVED OCT 10 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 258

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 107a

2. FULL NAME Juanita Goldie Ciarsolo

(a) Residence No. St. Emmett Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/30/1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER

13. NAME Domingo Ciarsolo

14. BIRTHPLACE (city or town)
(State or country) Spain

MOTHER

15. MAIDEN NAME Felipa Dolores Onederra

16. BIRTHPLACE (city or town) Boise
(State or country) Idaho

17. INFORMANT Mrs D. Onederra
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 9-1-, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Idaho

20. FILED 9-2-, 1938 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1938, to Sept 1, 1938.

I last saw h[illegible] alive on Aug 31, 1938: death is said to have occurred on the date stated above, at 2.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Aug 26 38

Other contributory causes of importance:

Malnutrition	

Name of operation None Date of
What test confirmed diagnosis? Hist Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harmon Irwin M. D.

(Address Boise Idaho

Dr. Braxton

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110755

OCT 10 1938

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 16

(No. Route 2 Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Emma E. Renner

(a) Residence No. Route 2 Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year) 12-19- 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bentonville, Arkansas

FATHER

13. NAME Henry Renner

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Marian Barnes

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT C. E. Claiborne
(Address) Rt. 2, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9-3- 193 8

19. UNDERTAKER Wm. Mc Bratney
(Address) Boise, Idaho

20. FILED 9-6, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/1 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Sept 1, 1938

I last saw her alive on Sept 1 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	About June

Other contributory causes of importance:

Intestinal Obstruction & Toxaemia	aug 25 1938

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. M. Braxton, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110756

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 261
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME George Franklin Heath

(a) Residence No. Route # 2 St.
(Usual place of abode) 37 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Belle Heath

6. DATE OF BIRTH (month, day, and year) Mar. 14. 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME Robert W. Heath
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Belle Heath
(Address) Route # 2. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date Sept. 5., 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-8, 1938 C. A. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 2 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Sept 2, 1938
I last saw h.i.m. alive on Sept 2 1938: death is said to have occurred on the date stated above, at 4 15 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Enlargement of Prostate	
Other contributory causes of importance:	
Bronchs - pneumonia	

Name of operation Cystotomy Date of 8/13/38
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. B Jeppesen, M. D.
(Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110757

RECEIVED OCT 10 1938

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 95

(No. 1835 Boise Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number) 952

2. FULL NAME John Fulland

(a) Residence No. Grims Pass, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT D.A. Walton.
(Address) Salt Lake City, Utah.

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho. Date Sep. 5., 1938.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 9-6., 1938. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH. Sept.

21. DATE OF DEATH (month, day and year) 3 1938

22 I HEREBY CERTIFY, That I attended deceased from June 25, 1938, to Sept. 3, 1938

I last saw h~~im~~ alive on July 28 1938: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	June 1938
Senility	
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

~~23.~~ If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard M. Chaloupka

(Address) 411 Eastman Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110758

OCT 10 1938

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 99
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME William C. Smith

(a) Residence No. Ada Co: Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1861

7. AGE: About 77 (Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min.)

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook. and Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Illionis

FATHER
13. NAME: Dont Know
14. BIRTHPLACE (city or town) (State or country): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Records of Ada Co: Hospital Boise Idaho

18. BURIAL, CREMATION OR REMOVAL. Place Morris Hill Date 9/9, 1938

19. UNDERTAKER: Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-12, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 1: P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy Cerebral Hem.	1936.
Anemia	1938
Nephritis	1936
Uremia	1938

Other contributory causes of importance:

Name of operation None Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.
(Address) .....

PLACE OF DEATH

County of Ada

City of Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110759

Registration District No. 2

Primary Registration District No. 1024 Local Registrar's No. 259

(No. 1503 E. Franklin)

(If death occurred in a hospital or institution, give its name instead of street and number)

1572

2. FULL NAME Ellen May Bennett

(a) Residence. No. 1003 East Franklin St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William Bennett

6. DATE OF BIRTH (month, day, and year) Sept 5, 1856

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
81	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife Widow 17 years.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fremont Ohio

MOTHER FATHER

13. NAME Nathan Jarrett

14. BIRTHPLACE (city or town) (State or country) Reading Penn

15. MAIDEN NAME Alice May Redeport

16. BIRTHPLACE (city or town) (State or country) Fremont Ohio

17. INFORMANT (Address) Mrs Ethel Spratlen Boise Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Meridian Ida Date 9/6, 1938

19. UNDERTAKER C. W. Robinson (Address) Meridian Ida

20. FILED 9-7, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 4" 1938, to Sept 4" 1938

I last saw h~~im~~r alive on Sept 4" 1938; death is said to have occurred on the date stated above, at 830 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Senility —	

Name of operation none Date of

What test confirmed diagnosis? Clinical evidence Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. M. Taylor, M. D.

(Address) Boise Idaho

TION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110760

OCT 10 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 101

(No. Ada Co: Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Wilkinson Perrott

(a) Residence No. 622 State St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida M. Perrott

6. DATE OF BIRTH (month, day, and year) 1/13/1894

7. AGE: Years 44 | Months 7 | Days 24 | If LESS than 1 day .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Northport
(State or country) Wash:

FATHER

13. NAME Fred Perrott
14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Ida M. Perrott
(Address) 622 State St. Boise

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 9/10, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-12-, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/7 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug, 1938, to Sept, 1938
I last saw h— alive on 9/6 1938: death is said to have occurred on the date stated above, at .... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1938
Other contributory causes of importance:	

Name of operation Exploration Date of Aug 1938
What test confirmed diagnosis? Op. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 1938.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. B. Jones, M. D.
(Address) Boise, Idaho

Dr Smith.

PLACE OF DEATH
County of Ada
City of Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110761

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 263
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 108

2. FULL NAME Lilburn T. Steenburgen

(a) Residence No. 2601 Stewart Ave. St.
(Usual place of abode) 17 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Steenburgen

6. DATE OF BIRTH (month, day, and year) May. 22. 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Monterey
(State or country) Tennessee

FATHER
13. NAME Sam A. Steenburgen
14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Virginia Ellis
16. BIRTHPLACE (city or town)
(State or country) Tennessee

17. INFORMANT Sam A. Steenburgen
(Address) 2601 Stewart Ave. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Sept. 13, 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-13, 1938 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 11 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-18, 193 8, to 9-11, 193 8
I last saw him alive on 9-11 193 8: death is said to have occurred on the date stated above, at 8:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	10 days
Lobar pneumonia	4 days
acute pericarditis	4 days

Other contributory causes of importance:

Chronic tonsilitis	years

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert L Smith M. D.
(Address 1st National Bank Bldg Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110762

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 264
(No. Whittier School)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion Ernest Thompson 199

(a) Residence No. 2920 West Jefferson St. St.
(Usual place of abode) 4 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ora Thompson

6. DATE OF BIRTH (month, day, and year) 4/8/1901

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	37	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

FATHER
13. NAME William S. Thompson
14. BIRTHPLACE (city or town) Spanish Fork
(State or country) Utah

MOTHER
15. MAIDEN NAME Sarah L. Thompson
16. BIRTHPLACE (city or town) Ogden
(State or country) Utah

17. INFORMANT Mary Ellwenger
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Victor Ida. Date 9/16, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-15, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/13, 1938

22 I HEREBY CERTIFY, That I attended deceased from Dead to ....., 193..
I last saw him alive on 9/13 1938: death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown. But Natural Died Suddenly While Employed In A W.P.A. Office	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. McCann Coroner
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110763

Registration District No. 24

Primary Registration District No. 1004

Local Registrar's No. 265

(No. 9563)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles C. Wood

(a) Residence No. 1301 North 13th Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary F. Wood

6. DATE OF BIRTH (month, day, and year) 12-4-1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marysville,
(State or country) Missouri

FATHER

13. NAME George H. Wood

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Abigale C. Holmes

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mary F. Wood
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 9-16-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 9-16, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-14 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936, to Sep 14, 1938

I last saw him alive on Sep 13, 1938: death is said to have occurred on the date stated above, at 5:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	
Senile Dementia	
Hypertension	
Paralysis of Left Arm and Speech	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Bourn M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110764

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 267

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME Sam A. Alloway

(a) Residence No. Route # 2 Boise, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel G. Alloway

6. DATE OF BIRTH (month, day, and year) Mar. 4. 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Umatilla Co.
(State or country) Oregon

FATHER

13. NAME Smith Alloway

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Georgiana Matthews

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mrs Ethel G. Alloway
(Address) Route # 2. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Cloverdale Date 9-17, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-17, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Sept 15, 1938

I last saw him alive on Sept 15, 1938.: death is said to have occurred on the date stated above, at 9¼a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. W. Bond M. D.

(Address) Boise Ida

Pettingell

PLACE OF DEATH
County of Ada
City of Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110765

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 268
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 463

2. FULL NAME Oscar Shattuck

(a) Residence No. Yellow Pine, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Nellie Shattuck

6. DATE OF BIRTH (month, day, and year) 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	#	##	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT A. D. Robb.
(Address) Cascade, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cascade, Ida Date Sept. 20 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-19, 1938 R. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 16 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw ~~him~~ alive on 9/16 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism.	

Other contributory causes of importance:
Arteriosclerotic Heart Disease
Name of operation Renal Cyst Removal Date of 9/12/38
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Summers M.D.
(Address Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Annenton

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110766

OCT 10 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 270

(No. St. St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number) 124c

2. FULL NAME Elmer Elsworth Zimmerman

(a) Residence No. Owyhee Hotel St.
(Usual place of abode) 25 years (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 4 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Savanah
(State or country) Missouri

FATHER

13. NAME J. W. Zimmerman
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT James H. Zimmerman
(Address) Santa Rosa, California

18. BURIAL, CREMATION OR REMOVAL
Place Savanah, Mo Date Sept. 24, 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-20, 193 8 R. S. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 17 193 8

22 I HEREBY CERTIFY, That I attended deceased from 11-15, 1936, to 9-17, 1938

I last saw h. alive on 9-17 193 8: death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic M. Liver	1936
Myocardial Failure	1938
Acute	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. H. Annenton M. D.
(Address Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of 6½ Mi. E. of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110767

OCT 10 1938

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 104

(No.) Drowned in Boise River 6½ Mi. E. of Boise

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma May Loveland

2100

(a) Residence No. Boise Rt: 5 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/1/1914

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baker
(State or country) Oregon

FATHER

13. NAME Asher Hanks

14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER

15. MAIDEN NAME Martha Isabelle Winchester

16. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

17. INFORMANT Isabelle Hunter
(Address) Rt.5 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/21, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-20 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-18 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-15, 1938, to Death, 193..

I last saw her alive on Aug 26 1938: death is said to have occurred on the date stated above, at 2:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation in water (Drowning)	9-18-38

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-18-38 193..

Where did injury occur? Near Boise - Boise River
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Car ran off road

Nature of injury Drowning - no external wds

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. West, M. D.

(Address) Boise Idaho.

Stewart

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110768

OCT 10 1938

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 269
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amalia Schneider Halverson

(a) Residence No. 1001 N. 19th St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard M. Halverson

6. DATE OF BIRTH (month, day, and year) 10-6-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Peoria
(State or country) Illinois

FATHER
13. NAME Jacob Schneider
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Wilhelmina Koenig
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Dr. H. M. Halverson
(Address) 1001 N. 19th St.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Sept. 21, 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise Idaho

20. FILED 9-20, 193 8 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 18 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Sept 18, 193 8
I last saw her alive on Sept 18 193 8: death is said to have occurred on the date stated above, at 7:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diaphragmatic Hernia (Stomach left side) Hiatus Esophageal	2 or 3 wks

Other **contributory causes** of importance:

Chronic myocarditis	

Abd. section - Release of stomach 9/12/38
Name of operation ..... Date of
What test confirmed diagnosis? Dr. Gudmundsen Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193...
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Harlan L. Stewart M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Near Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110769

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 103

(No. 10 Mile Check N.Y Canal

(If death occurred in a hospital or institution, give its name instead of street and number)

166

2. FULL NAME Susie A. Robertson

(a) Residence No. ..... St. Somerset, Colo.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. S. Robertson

6. DATE OF BIRTH (month, day, and year) 2/7/1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home - wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Agra
(State or country) Kansas

FATHER

13. NAME J. W. Lamont

14. BIRTHPLACE (city or town) Chicago
(State or country) Ill.

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Merlin S. Frost
(Address) Boise Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 9/21, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-20 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....

I last saw her alive on 9/19 1938. Dead About death is said to have occurred on the date stated above, at 9:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning In New York Canal. Near Whitney Bridge.	
Suicide	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. McCann Coroner, M. D.

(Address Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110770

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 185

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number) 115

2. FULL NAME Lois Louise Strohmenger

(a) Residence No. 4th and Garden St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of T. M. Strohmenger

6. DATE OF BIRTH (month, day, and year) 4-23-1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

FATHER

13. NAME Algie Weese

14. BIRTHPLACE (city or town) Fairbury,
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Tessie Sacks

16. BIRTHPLACE (city or town) Antigo,
(State or country) Wis.

17. INFORMANT T. M. Strohmenger
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9-21-1938, 193.....

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 9-21, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-19 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan', 1936, to Sept 19, 1938

I last saw her alive on Sept 19 1938: death is said to have occurred on the date stated above, at 5 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asthma	5 yrs.

Other **contributory causes** of importance:

Acute cardiac dilatation	Sept 19 1938.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Koelsch, M. D.

(Address .....

PLACE OF DEATH

County of Ada

City of Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110771

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 273

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

4 P C

2. FULL NAME Mrs. Ruth Elizabeth Webb

(a) Residence No. St Lukes Hospital St. Bruneau Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Quintus L. Webb

6. DATE OF BIRTH (month, day, and year) April 25, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) Oreana
(State or country) Idaho

FATHER

13. NAME David B. Hyde

14. BIRTHPLACE (city or town) Rome
(State or country) New York

MOTHER

15. MAIDEN NAME Amanda Odema Crocheron

16. BIRTHPLACE (city or town)
(State or country) Oregon

17. INFORMANT Mr. Wilson
(Address) Bruneau Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bruneau Date Sept. 20 1938

19. UNDERTAKER Bacher-Bay Funeral Home
(Address) Mountain Home Ida

20. FILED 9-23, 1938 R. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-20 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-18, 1938, to 9-20, 1938

I last saw her alive on 9-20 1938; death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage multiple hemorrhages	9-17-38
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) W. D. Spangler M. D.

(Address) Bard Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110772

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 271
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Magdalena Dollmaier Bayer
(a) Residence No. 618 Franklin St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of Louis Bayer
6. DATE OF BIRTH (month, day, and year) Jan. 1 1868
7. AGE: Years 70 | Months 5 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) Deggendorf (State or country) Germany

FATHER
13. NAME Cajetan Dollmaier
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna Zwickl
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosa Bayer
(Address) 618 Franklin

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Pioneer Cem. Date 9/23, 1938

19. UNDERTAKER A. Schiecker & L. McCann
(Address)

20. FILED 9-22-1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/21 1938

22 I HEREBY CERTIFY, That I attended deceased from 9/16, 1938, to 9/21, 1938
I last saw h.r alive on 9/21 1938: death is said to have occurred on the date stated above, at 4:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	

Other **contributory causes** of importance:

Senility	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. H. Clarke, M. D.
(Address) Boise Idaho

Dr. Springer

PLACE OF DEATH

County of Ada

City of Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110773

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 107

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hilding A. V. Anderson 46

(a) Residence No. Route #3 St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maxine Anderson

6. DATE OF BIRTH (month, day, and year) 3-20-1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kane,
(State or country) Pennsylvania

FATHER

13. NAME Charles Anderson

14. BIRTHPLACE (city or town) .....
(State or country) Sweden

MOTHER

15. MAIDEN NAME Alma Johnson

16. BIRTHPLACE (city or town) .....
(State or country) Sweden

17. INFORMANT Mrs. Maxine Anderson
(Address) Rt. #3, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9-24-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 9-24, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-22 193 8

22. I HEREBY CERTIFY, That I attended deceased from 8-11-38, 193, to 9-21-38 193

I last saw h[im] alive on 9-14 193 8: death is said to have occurred on the date stated above, at 12:55 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other **contributory causes** of importance:

Anemia	6-1938

Name of operation Exploratory Date of 6-19-38

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. D. Spencer, M. D.

(Address Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110774

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 274

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number) 73

2. FULL NAME Dr. John Dawson Adams

(a) Residence No. 909 North 15th Street St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gladys Adams

6. DATE OF BIRTH (month, day, and year) 9-4, 1873

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
65	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Hancock County,
(State or country) Illinois

FATHER

13. NAME Thomas E. Adams

14. BIRTHPLACE (city or town) ~~Madisonville~~
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary E. Massie

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT Mrs. J. D. Adams
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Portland, Ore. Date 9-25-1938 193....

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 9-24, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/23 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938 to 9/23, 1938

I last saw him alive on 9/23, 1938: death is said to have occurred on the date stated above, at 11:50 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Splenic Anaemia	1935
Other **contributory causes** of importance:	

Name of operation None Date of ....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193....

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ....

(Signed) Bruce C. Budge M.D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110775

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 275
(No. Died at 1314 Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Echevarria
(a) Residence No. 1314 Main St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/24/1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	4	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Esteban Ecevarria
14. BIRTHPLACE (city or town) Acorda
(State or country) Spain

MOTHER
15. MAIDEN NAME Juanita Badiola
16. BIRTHPLACE (city or town) Lequito
(State or country) Spain

17. INFORMANT Tom Echevarria
(Address) 1314 Main St Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 9/27, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-26 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/24 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-1, 1935, to 9-24, 1938
I last saw him alive on 9-24 1938: death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Edema —	9-24-38
Pulmonary	9-24-38
Myocardial failure	" " "

Other contributory causes of importance:

Manic Depressive insanity.	1930

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. D. Swanton, M. D.
(Address) Boise Ida

A. B. Book

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

OCT 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110776

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 276

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roseanna Dick 82a

(a) Residence No. Route #5. Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Peter S. Dick

6. DATE OF BIRTH (month, day, and year) 11-16-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fayette County
(State or country) Pennsylvania

FATHER

13. NAME Jacob M. Seneff

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT Mr. Judson S. Dick
(Address) Rt. #5, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9-26-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 9-27, 1938 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-24 1938

22 I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to 9-24, 1938
I last saw h[illegible] alive on 9-24 1938: death is said to have occurred on the date stated above, at 1:05 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 27-38

Other **contributory causes** of importance:

Cirrhosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Boise Ida

Koelch

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110777

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 108

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Margaret Barbara Hampshire

(a) Residence No. Route #3, Boise St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Henry Hampshire

6. DATE OF BIRTH (month, day, and year) 2-8-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rock Island
(State or country) Illinois

FATHER

13. NAME Christ Schlegel

14. BIRTHPLACE (city or town) Switzerland
(State or country)

MOTHER

15. MAIDEN NAME Ursula Saxer

16. BIRTHPLACE (city or town) Switzerland
(State or country)

17. INFORMANT Mrs. Harold Smith
(Address) Boise, Route #3

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9-27-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 9-26, 1938 R. L. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-24 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Sept 24, 1938

I last saw her alive on Sept 22 1938: death is said to have occurred on the date stated above, at 9:45 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Other **contributory causes** of importance:	
Acute pleurisy	Aug 1938

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Koelsch, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Burke

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110778

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 277

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Alice Potter

(a) Residence No. Route #1, Eagle St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James M. Potter

6. DATE OF BIRTH (month, day, and year) 3-2-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

FATHER

13. NAME David Clemmens

14. BIRTHPLACE (city or town) Centerville,
(State or country) Iowa

MOTHER

15. MAIDEN NAME Sarah Wilkerson

16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT Elwood M. Potter
(Address) Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star Cemetery Date 9-29-1938, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 9-28, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-26 193 8

22 I HEREBY CERTIFY, That I attended deceased from 4/18, 193 6, to 9/26, 193 8

I last saw her alive on 9/26 193 8: death is said to have occurred on the date stated above, at 6:20 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/23/38

Other **contributory causes** of importance:

Arteriosclerosis	1930
Hypertensive Heart Disease	1932

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Bruce L. Bridgford M. D.

(Address) Boise

Braxton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OCT 10 1938

DO NOT WRITE IN THIS SPACE

State File No. 110779

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 279

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 418

2. FULL NAME Margaret Luella McGrath

(a) Residence No. Route #1, Eagle St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John McGrath

6. DATE OF BIRTH (month, day, and year) 8-19-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Porte. (State or country) Iowa

FATHER

13. NAME ---------- Hollingshead

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Catherine Gipe

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT John McGrath

(Address) Rt. #1, Eagle

18. BURIAL, CREMATION OR REMOVAL

Place Star Cemetery Date 9-30-, 1938

19. UNDERTAKER William McBratney

(Address) Boise, Idaho

20. FILED 9-30, 1938 R. E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-27 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 13, 1937, to Sep 27, 1938

I last saw her alive on Sep 27 1938: death is said to have occurred on the date stated above, at 10:23 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Corpus Uteri	about Mar 31 1936

Other contributory causes of importance: Ureteral stricture through left peritoneal cavity and Intestinal Obstruction

Name of operation Hysterectomy Date of Mar 15, 1937

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes Surgery by Dr J. L. Stewart

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Braxton M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110780

Registration District No. 24

Primary Registration District No. 1004

Local Registrar's No. 278

(No. 2206 North 14th Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

82 a

2. FULL NAME Thelma Evangline Stewart

(a) Residence No. 2206 North 14th Street St.

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Ralph W. Stewart

6. DATE OF BIRTH (month, day, and year) Sept. 13. 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER

13. NAME Charles Clawson

14. BIRTHPLACE (city or town)
(State or country) California

MOTHER

15. MAIDEN NAME Edith Perry

16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Ralph W. Stewart
(Address) 2206 N. 14th Street, Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Oct. 1. 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-29, 193 8 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 29 193 8

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ last
Consciously 1/31 and only, 193
I last saw h[illegible] alive on 9-12 193 8: death is said
to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage Left.	9-12-38.
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Symp. Findings. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.

(Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Council

RECEIVED OCT 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110781

Registration District No. 71

Primary Registration District No. ____ Local Registrar's No. I92

(No. Adams County Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Howard Sprague

(a) Residence. No. ____ St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. | mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Sprague

6. DATE OF BIRTH (month, day, and year) Sept. I2, I849

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
88	II	30	4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Iowa City Iowa

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) UnKnown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Orrill Lewis

(Address) Council Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Riggins Ida. Date 9/I2/38, 193

19. UNDERTAKER ____

(Address) Family

20. FILED OCT 5 1938 DR. ALVIN S. THURSTON

COUNCIL, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/II/38 193

22. I HEREBY CERTIFY, That I attended deceased from Aug I5, 1938, to 9/II/38, 193

I last saw him alive on 9/II/38, 193: death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Acute Prostatitis	8/I5/38

Name of operation none Date of 0

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? 0 Date of injury 0, 193

Where did injury occur? 0 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify ____

(Signed) Alvin S. Thurston M.D., M. D.

(Address) Council, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams.

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110782

Registration District No. 7I

Primary Registration District No. ..... Local Registrar's No. I93

(No. Kesler Nursing Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Conner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5, I855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Agusta Georgia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Orrill Lewis
(Address) Council Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New Meadows Date 9/29/38, 193..

19. UNDERTAKER Blake Hancock
(Address) New Meadows

20. FILED Oct 5, 1938 DR. ALVIN S. THURSTON
COUNCIL, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/28/38 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.4, to 9/28/38, 193.. I last saw him alive on 9/28/38, 193..: death is said to have occurred on the date stated above, at 9:10P.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancarditis	I930
Other contributory causes of importance:	
Senility	I934

Name of operation None Date of 0

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 193..
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify .....

(Signed) Alvin S. Thurston M.D., M. D.

(Address) Council, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110783

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 194
(No. ____ If death occurred in a hospital or institution, give its name instead of street and number) 1310

2. FULL NAME Martha Frances Newton Harvey

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	

5a. If married, widowed, or divorced (or) WIFE of ELZA HARVEY

6. DATE OF BIRTH (month, day, and year) July 21 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) West Irving, Iowa

FATHER
13. NAME Stephen Newton
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Esther Aldrich
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Emma Hahn (daughter)
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burial Bear Pt Date 10-5 ..., 1938

19. UNDERTAKER J A Hudelson Cemetery
(Address)

20. FILED OCT 5 1938, 193... DR. ALVIN S. THURSTON
COUNCIL, IDAHO
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-2- 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 193..., to Oct-2, 193...
I last saw h... alive on 10-2-, 193...: death is said to have occurred on the date stated above, at 11:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary Occlusion	10-1-38
2 Hypostatic Congestion	2 Days
3 Cardiac Hypertension Nephritis	Unknown

Other contributory causes of importance: Senility

Name of operation 0 Date of 0
What test confirmed diagnosis Clinical? Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ....., 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____
(Signed) Alvin S Thurston M.D., M. D.
(Address) Council Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110784

OCT 5 - 1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 183
(No. Pocatello General Hospital) 108
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Don Reed Carlson
(a) Residence No. R. F. D. #3 Blackfoot, St. Blackfoot, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
one day

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17, 1938.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot,
(State or country) Idaho.

FATHER

13. NAME Robert A. Carlson
14. BIRTHPLACE (city or town) Ogden,
(State or country) Utah.

MOTHER

15. MAIDEN NAME Anna Davis
16. BIRTHPLACE (city or town) St. Johns,
(State or country) Arizona.

17. INFORMANT Robert A. Carlson
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idaho Date Sept. 3, 1938.

19. UNDERTAKER Sandberg Funeral Home
(Address) Blackfoot, Idaho

20. FILED Sept. 1, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 1, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Sept 1930, 1938, to Sept 1, 1938
I last saw h.. alive on Sept 1, 1938: death is said to have occurred on the date stated above, at 6:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	48 hours

Other **contributory causes** of importance:

Congenital Heart disease	

Name of operation None Date of
What test confirmed diagnosis? Sus Was there an autopsy? Sus

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury None
Nature of injury No

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. C. McDougall, M. D.
(Address) Pocatello, Idaho.

PLACE OF DEATH

County of Bannock

City of Pocatello (Reg. Dist.)

OCT 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 38

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 110785

Local Registrar's No. 182

(No. ..... 1617)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elaine Floyd

(a) Residence No. 1153 S. 2nd St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug. 31 1938

7. AGE: Years ..... Months ..... Days 4 If LESS than 1 day ..... hrs or ..... min

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

MOTHER FATHER

13. NAME: Thomas Floyd

14. BIRTHPLACE (city or town) (State or country): Arkansas

15. MAIDEN NAME: Gayle Whitlake

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Thomas Floyd Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: Sept. 193 8

19. UNDERTAKER (Address): McKeen Pocatello Ida

20. FILED 9-6, 1938 E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 3, 193 8

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 193 8, to Sept 3, 193 8

I last saw h[illegible] alive on Sept 3, 193 8; death is said to have occurred on the date stated above, at 5:30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth.	

Other contributory causes of importance:

Atelectasis Pneumonia
Heart Gone.
Baby Floyd Premature

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OCT 5 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 110786

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 184

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 956½

2. FULL NAME Henry Reed

(a) Residence No. 325 East Gould St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. unknown mos. ds. How long in U. S., if of foreign birth? yrs. unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. McClendon
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Sept. 11, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Sept. 10, 1938. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 6, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1937, to Sept. 6, 1938.
I last saw him alive on Sept. 6 1938.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-nephritic	Unknown
Other **contributory causes** of importance:	
Senility	Gradual

Name of operation ——— Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 1938.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. F. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello
OCT 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110787

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 185
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

120 b

2. FULL NAME Annie Barbour
(a) Residence. No. 755 N. 7th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Apr. 9, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER
13. NAME Thomas J. Barbour
14. BIRTHPLACE (city or town) (State or country) Helena Mont.

MOTHER
15. MAIDEN NAME Mary Owen
16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMANT Mrs. T. J. Barbour
(Address) 755 N. 7th

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Sept. 14, 1938

19. UNDERTAKER Leonard Funeral Home
(Address) Pocatello Idaho

20. FILED 9-13, 1938 D. Craig
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1938, to Sept. 11, 1938.
I last saw her alive on Sept. 11, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis	Sept 6, 1938
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. N. Hemingway M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

OCT 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
110788
State File No.

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 187

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 97

2. FULL NAME Charles Henry Renfro

(a) Residence. No. 1135 N. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Laura J

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired U.P.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roadmaster
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walt Co.
(State or country) Missouri

MOTHER FATHER

13. NAME A. R. Renfro
14. BIRTHPLACE (city or town) Boon Co.
(State or country) Mo.

MOTHER

15. MAIDEN NAME Rhoda Joseph
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Mrs. Laura J. Renfro
(Address) 1135 N. Garfield

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Sept. 16, 1938

19. UNDERTAKER Dodson & Edwards Funeral Home
(Address) Pocatello Idaho

20. FILED 9-15, 1938 D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Sept 13, 1938
I last saw h[illegible] alive on Sept 13, 1938: death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1937
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? E.K.G. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Brown M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110789

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 24

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

9562

2. FULL NAME Irvin U. Hager

(a) Residence No. Reed Cabin Camp St. Lava Hot Springs, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Divorced Husband of Lena Hager

6. DATE OF BIRTH (month, day and year) November 14, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of service for twenty years
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Utica,
(State or country) Illinois.

FATHER

13. NAME Stephen J. Hager
14. BIRTHPLACE (city or town) .....
(State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Fannie Hoyt
16. BIRTHPLACE (city or town) .....
(State or country) Illinois.

17. INFORMANT Fredrick G. Hager
(Address) Lava Hot Springs, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date Sept. 21, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Sept. 21, 1938. Mrs. G. G. Fitz
Oct 4 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) September 19, 1938.

22 I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to Sept 19, 1938
I last saw h— alive on Sept 19, 1938 death is said to have occurred on the date stated above, at 10:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis, Cardtis and arthritis	1930

Other **contributory causes of importance:**

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) W. L. Frazier, M. D.
(Address) Lava Hot Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110790

OCT 5 - 1938

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 25

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

536

2. FULL NAME Annie Margaret Rasmussen Kenner

(a) Residence No. Fish Creek 4½ Miles east of Lava. St. Lava Hot Springs, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred seven yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Robert Kenner

6. DATE OF BIRTH (month, day, year): February 4, 1868.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Pleasant, (State or country) Utah.

FATHER

13. NAME Martin Rasmussen

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Karen Marie Christensen.

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Robert Kenner
(Address) Lava Hot Springs, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idaho. Date Sept. 25, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Sept. 27, 1938. Mrs. J. J. Fitz Registrar.
Rt 4

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, year): September 21, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Sept 21, 1938
I last saw her alive on Sept 20 1938: death is said to have occurred on the date stated above, at 9:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of brain	
Carcinoma	

Other **contributory causes** of importance:

Senility	

Name of operation Removal of carcinom Date of Unknown about 18 mo ago
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C A Buck, M. D.
(Address) Lava Hot Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello
OCT 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
110791
State File No.

Registration District No. 28
Primary Registration District No. 7161
Local Registrar's No. 188

(No. 519 E. Bridger)
(If death occurred in a hospital or institution, give its name instead of street and number)
1190

2. FULL NAME Virginia Medina

(a) Residence. No. 519 E. Bridger St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Anacleto Medina

14. BIRTHPLACE (city or town)
(State or country) Mexico

MOTHER

15. MAIDEN NAME Victoria Rodriguez

16. BIRTHPLACE (city or town)
(State or country) Mexico

17. INFORMANT Father
(Address) 519 E. Bridger

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Sept. 23 1938

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED 9-23, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1938 to Sept. 22, 1938
I last saw her alive on Sept. 21, 1938: death is said to have occurred on the date stated above, at 4:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal diarrhea	Sept-9

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ~~ext'l causes (violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. C. Ray, M. D.
(Address) Pocatello - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

OCT 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110792

Registration District No.
Primary Registration District No. Local Registrar's No. 189
(No. St. Anthony Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Jahnsgard 159 159
(a) Residence. No. 1390 N Grant St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. /ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept. 23, 1938

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
0	0	1	15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello (State or country) Idaho

FATHER
13. NAME Ronald N. Johnson
14. BIRTHPLACE (city or town) Logan (State or country) Utah

MOTHER
15. MAIDEN NAME Irene Grossman
16. BIRTHPLACE (city or town) Pocatello (State or country) Idaho

17. INFORMANT Mrs. N. O. Johnson
(Address) 336 S. 4th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain View Date Sept. 24 1938

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello Idaho

20. FILED 9-26, 1938 D. O'Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1938, to Sept. 25, 1938
I last saw him alive on Sept. 24, 1938; death is said to have occurred on the date stated above, at 8:45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance: Premature - Four months Gestation	

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No; if so, specify
(Signed) R. E. Hartman M. D.
(Address) Pocatello, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Downey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110793

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 8

OC 1938

(No. 465)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Cordelia Merrill Coffin

(a) Residence. No. Downey Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hunt Coffin

6. DATE OF BIRTH (month, day, and year) December 15 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) Smithfield
(State or country) Utah

FATHER

13. NAME Austin Taylor Merrill

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Mary Jane Hatton

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT W. A. Coffin Downey Idaho
(Address)

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Downey Idaho Rt Date Sept 27 1938

19. UNDERTAKER J. Guy Kenan
(Address) Malad Idaho

20. FILED Sept 27, 1938 Mary C. Coffin
Registrar.
(by Ada L. Coffin)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 24 1938

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937, to Sept 24, 1938
I last saw her alive on Sept 23, 1938; death is said to have occurred on the date stated above, at 9:15 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Stroke	9-23-38

Other contributory causes of importance: Chronic hypertension undetermined

Name of operation — Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Lawadney Davis, M.D.
(Address) Downey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

OC 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110794

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 191

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number) 956

2. FULL NAME Eliza R. Crump

(a) Residence No. Robin, Idaho. St. Robin, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month) November 23, 1871.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meadowville,
(State or country) Utah.

FATHER

13. NAME Henry Crump
14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME Emma Adams
16. BIRTHPLACE (city or town)
(State or country) England.

17. INFORMANT Charles Capell
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Robin, Idaho Date Sept. 29, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Sept. 28, 1938. D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) September 26, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 26, 1938
I last saw her alive on Sept 1, 1938: death is said to have occurred on the date stated above, at 1¼ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease.	1918
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Overlay M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock.
City of Fort Hall Reservation

OCT 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110795

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 192

(No. 46)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Holmes.

(a) Residence No. Fort Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: Sho.Ind.4/4
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Johnnie Holmes

6. DATE OF BIRTH (month, day, and year): July 1, 1862

7. AGE — Years: 66 | Months: 2 | Days: 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (mo. and yr.): — —
11. Total time (years) spent in this occupation: — — —

12. BIRTHPLACE (city or town) (State or country): Fort Hall Idaho

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Hospital Records
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall Ida Date Sept 29, 1938

19. UNDERTAKER: Relatives
(Address) Fort Hall Idaho

20. FILED Oct. 4, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Sept. 26 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1938, to Sept. 26, 1938

I last saw her alive on Sept. 9 1938: death is said to have occurred on the date stated above, at unknown m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach.	
Other **contributory causes** of importance:	
Senility.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Herman H. Schweizer M. D.
(Address) Fort Hall, Idaho.

(Copy for Record)

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

County of Bannock.

City of Fort Hall Reservation

Registration District No. 28

Primary Registration District No. 28161 Local Registrar's No. 192

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Holmes.

(a) Residence No. Fort Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho Ind 4/4	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johnnie Holmes

6. DATE OF BIRTH (month, day, and year) July 25 1862

7. AGE	Years	Months	Days
	66	2	25

1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.) - -

11. Total time (years) spent in this occupation - - -

12. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION OR REMOVAL Place Fort Hall Ida. Date Sept 29, 193 8

19. UNDERTAKER (Address) Relatives Fort Hall Idaho

20. FILED Oct. 4, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 26 193 8

22 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 193 8, to Sept. 26, 193 8

I last saw her alive on Sept. 9, 193 8; death is said to have occurred on the date stated above, at unknown m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach.	
Other contributory causes of importance:	
Senility.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herman W. Schweizer, M. D.

(Address Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

SEP 30 1938

DO NOT WRITE IN THIS SPACE
State File No. 110797

Registration District No. .....
Primary Registration District No. 180 Local Registrar's No. .....
(No. 102 .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rusbaldo Gomez

(a) Residence No. ..... St. Fuller Ave
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Mexican
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): ——— 1909
7. AGE: Years 28 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rouse, Colorado

FATHER
13. NAME Benerito Gomez
14. BIRTHPLACE (city or town) (State or country) Questa New Mexico

MOTHER
15. MAIDEN NAME Paublita Garcia
16. BIRTHPLACE (city or town) (State or country) Questa New Mexico

17. INFORMANT Fred Gomez
(Address) Questa New Mexico
18. BURIAL, CREMATION OR REMOVAL
Place Questa Cem. Date July 14 193 8
19. UNDERTAKER J. W. Williams
(Address) Montpelier Idaho
20. FILED July 13, 193 8 H. A. Young Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/12 1938
22. I HEREBY CERTIFY, That I attended deceased from July 6, 193 8 to July 12, 193 8
I last saw h/M alive on July 12 193 8: death is said to have occurred on the date stated above, at 5:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 11 1938
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Reed Budge M. D.
(Address) Montpelier Ida.

SH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

SEP 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 58
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 110798

Local Registrar's No. 117 c1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Roberts

(a) Residence No. St. Sharon, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Amy Sorensen

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years: 56 | Months: 1 | Days: 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Smithfield Utah

FATHER
13. NAME: John Roberts
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Jennie Evans
16. BIRTHPLACE (city or town) (State or country): U S

17. INFORMANT: Mrs Ben Roberts (Address) Sharon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Sharon Idaho Date: July 18, 1938

19. UNDERTAKER: Dan McCulloch (Address) Montpelier Idaho

20. FILED 7-18-38 193 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 14 1938

22 I HEREBY CERTIFY, That I attended deceased from June 24, 1938 to July 14, 1938
I last saw him alive on July 14, 1938. death is said to have occurred on the date stated above, at 11:08 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	July 13 1938
Other contributory causes of importance: Ulcer of the Stomach	

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy? Vomiting of blood.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Spencer H Cook M. D.
(Address) Garns Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of St Charles

RECEIVED
SEP 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110799

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 4

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

157c

2. FULL NAME Maurice Keith Linford

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): July 24 1938
7. AGE: Years ____ Months ____ Days 2 If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): St Charles Idaho

FATHER
13. NAME: Frank B. Linford
14. BIRTHPLACE (city or town) (State or country): Lebo ville Idaho

MOTHER
15. MAIDEN NAME: Lavina Keetch
16. BIRTHPLACE (city or town) (State or country): St Charles Idaho

17. INFORMANT: Frank B. Linford
(Address) St Charles, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: St Charles Date: July 27, 1938

19. UNDERTAKER: None
(Address) ____

20. FILED Sept 26, 1938 Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 26 1938

22 I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to July 26, 1938
I last saw him alive on July 26, 1938; death is said to have occurred on the date stated above, at 5:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	July 24 1938
Other contributory causes of importance:	
Unknown.	

Operation: None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Spencer A. Eccles, M. D.
(Address) Paris Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110800

PLACE OF DEATH
County of Bear Lake July 30 1938
City of Ovid
Registration District No. 52
Primary Registration District No. 2136
(No.) Local Registrar's No. 1576
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Neil Johnson Ovid Idaho

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE — Years | Months | Days: 2 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ovid Ida

PARENTS
10 NAME OF FATHER: George William Johnson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ovid Ida
12 MAIDEN NAME OF MOTHER: Eva DeVries
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Illinois

14 Informant: George Willard Johnson
(Address): Ovid Idaho

15 Filed July 30th 1938 W. W. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 29 (Day) 1938 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to July 29, 1938, that I last saw h. alive on July 29, 1938, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:
Dorsal Spina Bifida
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) F. P. Gardner M. D.
8-1 1938 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Ovid, Idaho	8-30-38
20. Undertaker: Oliver Peterson	Address: Ovid, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

County of Bear Lake — DEPARTM... BUREA... CERTIFI... ...FARE ...TICS DEATH

City of Montpelier

DO NOT WRITE IN THIS SPACE

State File No. 110801

SEP 30 1538

Registration Dist... J. 2136

Primary Registration District No. ... Local Registrar's No. 132

(No. ...)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Hansen

(a) Residence No. ... Montpelier Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Christina Sorensen

6. DATE OF BIRTH (month, day, and year): Jan 6 1851

7. AGE — Years: 87 — Months: 6 — Days: 29 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm (Retired)

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER

13. NAME: Hans Nelson

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Elizabeth Petersdaughter

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Mrs Peter Hansen Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Montpelier Idaho Date: Aug 7, 1938

19. UNDERTAKER (Address): F. D. Gilligan Montpelier Idaho

20. FILED: Aug 7, 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): July 4 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to July 4, 1938. I last saw h[illegible] alive on June 3, 1938: death is said to have occurred on the date stated above, at 5:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	Unknown

Other **contributory causes** of importance: Uremia — July 29/38

Name of operation None Date of

What test confirmed diagnosis? Cause Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .....,

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Neil Finch M. D.

(Address) Montpelier Idaho

MARGIN RESERVED FOR BINDING

...LY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information ...e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Insert

PLACE OF DEATH
County of Bear Lake
City of Fish Haven

SEP 30 1938

DEPARTM... OF IDAHO
BUREAU ... PUBLIC WELFARE
...AL STATISTICS

CERTIFICA... OF DEATH

52

Registration District No.
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 110802

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Edwin Howell

(a) Residence No. Fish Haven, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Susan Ada Gardiner

6. DATE OF BIRTH (month, day, and year): Oct 1 1863

7. AGE: Years 74 | Months 10 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER
13. NAME: Henry Howell
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Francis Goble
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Ernest Howell
(Address) Fish Haven Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Fish Haven Idaho Date: Aug 10, 1938

19. UNDERTAKER: F. M. McKean
(Address) Montpelier Idaho

20. FILED Aug., 193...
Aug. 10th 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 193..., to Aug 7, 1938
I last saw h... alive on Aug 1 1938: death is said to have occurred on the date stated above, at 6:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Lung	Sept-37
Other **contributory causes** of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. F. Fairbourn, M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier,
SEP 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110803

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 224

2. FULL NAME Emma Gene Seeright
(a) Residence No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Frank E Seeright

6. DATE OF BIRTH (month, day, and year) Nov 5 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Springs Wyo

FATHER
13. NAME Henry George
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Shelton
16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Frank E Seeright
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Aug 21, 193 8

19. UNDERTAKER
(Address) Montpelier Idaho

20. FILED Aug 31, 193 8
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 17 193 8

22 I HEREBY CERTIFY, That I attended deceased from July 15, 193 7, to Aug 17, 193 8
I last saw her alive on Aug 17 193 8: death is said to have occurred on the date stated above, at 9:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocardial dilatation	8-17-38
Other contributory causes of importance:	
Endocarditis	7-30-20
Myocardial hypertrophy	"

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W B Lindsay, M. D.
(Address) Montpelier, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110804

OCT 7 - 1938

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lloyd George Bischoff

(a) Residence No. St. Geneva Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 24 1920
7. AGE: Years 18 | Months 6 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: Lifetime

12. BIRTHPLACE (city or town) (State or country): Geneva Idaho

FATHER
13. NAME: David Bischoff
14. BIRTHPLACE (city or town) (State or country): Geneva Idaho

MOTHER
15. MAIDEN NAME: Jennie Eastbrook
16. BIRTHPLACE (city or town) (State or country): Geneva Idaho

17. INFORMANT: David Bischoff
(Address): Geneva Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Geneva Idaho Date: Aug 28, 1938

19. UNDERTAKER: F. D. Gibbons
(Address): Montpelier Idaho

20. FILED Oct 5th 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Aug 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1938, to Aug 25, 1938
I last saw h. alive on Aug 25 1938: death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of the skull	Aug 25 th

Other contributory causes of importance:
Auto Casualty knocked down by auto mobile

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-25-38 193
Where did injury occur? Near Geneva Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Struck by Car
Manner of injury On Highway
Nature of injury Fractured Skull

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. D. Gibbons M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

SEP 30 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
110805
State File No.

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No. 184 ... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Gilland

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Gilland

6. DATE OF BIRTH (month, day, and year): June 7 1866

7. AGE: Years: 72 | Months: 2 | Days: 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Belgium

FATHER
13. NAME: Joseph Gilland
14. BIRTHPLACE (city or town) (State or country): Belgium

MOTHER
15. MAIDEN NAME: Mary Gilland
16. BIRTHPLACE (city or town) (State or country): Belgium

17. INFORMANT: Mrs. John Gilland
(Address): Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Montpelier Cemetery Date: Aug 28, 1930

19. UNDERTAKER: Thos. Clark Estate
(Address): Montpelier Idaho

20. FILED: 9-27, 1930 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 27 1930

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 12-15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot through heart with 30-30 Rifle ball by Suicide, can't be determined	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) Montpelier Idaho

- #2 -

110855

[redacted]

Special Agent,
Boise, Idaho.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

RECEIVED
OCT 2 - 1938

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Joseph Gilliard
Who died at Montpelier on August 25, 1938
Residence: No. Montpelier St.
(If nonresident, city or town)
Length of residence in city or town where death occurred: Years Unstated Months Days
Sex Male Color or race W Single, married, widowed or divorced: Married

Date of birth June 7, 1866 Age: Years 72 Months 2 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unstated

Date deceased last worked at this occupation: Month ? Year ?
Birthplace (State or country) Leige, Belgium
Birthplace of father (State or country) Leige, Belgium
Birthplace of mother (State or country) ? Belgium
Principal cause of death: Shot through heart with 30-30 rifle either accidentally or suicide, can't be determined.

Other contributory causes of importance
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Not Known Date of injury Aug 25, 1938
Where did injury occur? His home - Montpelier Idaho
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.
In home.
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased?
If so, specify
Name of physician CORONER F. M. Williams
Address of physician CORONER Montpelier, Idaho

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

W. L. McMorris, M.D.
Special Agent.

The above certificate signed by Coroner He did not hold an inquest.
Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Paris

OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 3

DO NOT WRITE IN THIS SPACE
State File No. 110806

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

956 W

2. FULL NAME Christiania Shepherd Preece

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Robert Preece

6. DATE OF BIRTH (month, day, and year) Nov 6, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Shepherd

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Tracey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) D. S. Preece Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paris Date Sept 12, 1938

19. UNDERTAKER G. L. Lundquist
(Address) Logan Utah

20. FILED Sept 30 1938 Beulah Hess
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to Sept 7, 1938
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 4a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	

Other contributory causes of importance:

Senility	

Name of operation Surgical Date of ...
What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles O Moore M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110807

OCT 13 1938

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 16

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Henry Guyon Fallon

(a) Residence. No. St. Maries Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 8 1913

7. AGE: Years 25 | Months 2 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Hireling, Engineer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Pole yard
10. Date deceased last worked at this occupation (mo. and yr.): 9-7-38
11. Total time (years) spent in this occupation: 4 Mo.

12. BIRTHPLACE (city or town) (State or country): Colville Wn.

MOTHER FATHER

13. NAME: Dan Fallon
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Bertha Duquis
16. BIRTHPLACE (city or town) (State or country): Ontario Canada

17. INFORMANT (Address): Wilbur Fallon Colville Wn

18. BURIAL, CREMATION, OR REMOVAL
Place: Colville Wn. Date: 9-13, 1938

19. UNDERTAKER (Address): Coeur d'Alene Funeral Home Coeur d'Alene Idaho

20. FILED: Oct. 8, 1938 Walter Doberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/7, 1938, to 9-9, 1938

I last saw her alive on 9-8, 1938; death is said to have occurred on the date stated above, at 12-a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, bilateral (lower lobes)	
Influenza	9/5/38
Other **contributory causes** of importance: Recent influenza followed by exposure while working	8/15/38

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? Montgomery
(Specify city or town, county and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased? If so, specify Sawdust dust

(Signed) C A Robins M. D.
(Address) St Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Plummer

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
110808
State File No.

Local Registrar's No. 13

(No. 162)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo Wilsel

(a) Residence. No. St. Plummer Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5 Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma C. Wilsel

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Dr. H. E. Patton
(Address) St. Maries Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Tekoa Wn. Date Sept. 16 193 8

19. UNDERTAKER STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED Oct. 8, 193 8 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-13 193 8

22. I HEREBY CERTIFY, That I attended deceased from Oct., 193 6., to July 15, 193 8.

I last saw him alive on July 15, 1938.; death is said to have occurred on the date stated above, at 10. a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Senility	
Other **contributory causes** of importance:	

Name of operation none. Date of

What test confirmed diagnosis? clinical. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury .., 193.
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. E. Patton M. D.
(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah

City of De Smet.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110809

Registration District No. 2

Primary Registration District No. 31

Local Registrar's No.

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~Mrs~~ Agnes Sam

(a) Residence. No. De Smet, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 73 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Indian

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louie Sam

6. DATE OF BIRTH (month, day, and year): April 5, 1865

7. AGE — Years: 73 | Months: 5 | Days: 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home

10. Date deceased last worked at this occupation (mo. and yr.): Aug/1938

11. Total time (years) spent in this occupation: 55 Yrs.

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER

13. NAME: George Polotkin

14. BIRTHPLACE (city or town) (State or country): Idaho.

MOTHER

15. MAIDEN NAME: Julia

16. BIRTHPLACE (city or town) (State or country): Idaho.

17. INFORMANT (Address): Louie Sam, De Smet, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: De Smet, Idaho. Date: Sept/28 193 8

19. UNDERTAKER (Address): Kimball Funeral Home, Tekoa, Washington.

20. FILED: Sept/27 193 8 John Kost Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept/26/38 193

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.... to ..... 193....

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 1. A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastro-Enteritis	
No Doctor	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. A. Nelson, M. D.

(Address) Tekoa, Washington.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110810

OCT 5 - 1938

Registration District No. 121
Primary Registration District No. 2491 Local Registrar's No. 122
(No. Hat Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number)

1452

2. FULL NAME Alecia A. Oglesby
(a) Residence No. Rt 2 Box 8 St. Idaho Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest Abe Oglesby

6. DATE OF BIRTH (month, day, and year) May 2 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gandy Nebraska
(State or country)

FATHER
13. NAME George Franklin Lewis
14. BIRTHPLACE (city or town) Clayonda, Iowa
(State or country)

MOTHER
15. MAIDEN NAME Lavena Marks
16. BIRTHPLACE (city or town) Broken Bow Nebraska
(State or country)

17. INFORMANT Ernest Abe Oglesby
(Address) Rt 2 Box 8 Idaho Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Ida. Date Oct 5, 1938

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot Idaho

20. FILED Sept 5, 1938 Wm Nalen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) Sept (day) 5 (year) 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1938, to Sept 5, 1938
I last saw her alive on Sept 5 1938; death is said to have occurred on the date stated above, at 7:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
# Puerperal Sepsis	about Aug 16
acute septic endometritis	
due to streptococcus.	
Puerperal Sepsis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Thompson, M. D.
(Address) Blackfoot, Ida.

E - woman delivered by mid. pr.
in der Lane. Developed
fever & delirium. Died in
a week. Had a previous
fit. Mental symptoms more
& more. Delirium. Death
death Puerperal fever 26.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110811

OCT 5 1938

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 135

(No. Fort Hall Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Leonard Edmo, Jr.

(a) Residence No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Sho.-Ban. 7/8	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, and year) Jan. 10, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME Leonard Edmo, Sr.

14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME Faye Tindore

16. BIRTHPLACE (city or town) Fort Hall Ida.
(State or country)

17. INFORMANT Hospital Records
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Fort Hall Idaho Date 9-8, 1938

19. UNDERTAKER Relatives
(Address) Fort Hall Idaho

20. FILED Oct. 2, 1938, 193 Mrs Nadine Eldridge
Registrar.

MEDICAL CERTIFICATE OF DEATH. Sept.

21. DATE OF DEATH (month, day and year) 9-6 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1938, to Sept. 6, 1938
I last saw him alive on Sept. 6 1938: death is said to have occurred on the date stated above, at 10:35P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia,- Lobar	Sept. 4, 38
Other **contributory causes** of importance:	
None	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Herman B. Schwiegert, M. D.
(Address) Fort Hall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
110812
State File No.

OCT 5 - 1938

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 129

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 9569

2. FULL NAME Norman William Dial

(a) Residence. No. Shelley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza Dial

6. DATE OF BIRTH (month, day, and year) Sept 6, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Osborn
(State or country) Kansas

FATHER
13. NAME Norman Dial
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Philomena Vernette
16. BIRTHPLACE (city or town) Pittsburgh
(State or country) Penn.

17. INFORMANT T. H. Brighton
(Address) Heath Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Firth, Idaho Date 9-9-, 1938

19. UNDERTAKER Thornton
(Address) Shelley Idaho

20. FILED 9-8, 1938 Mrs Violet E. Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9 - 7 1938

22. I HEREBY CERTIFY, That I attended deceased from 9 - 3, 1938, to 9 - 7, 1938
I last saw h... alive on 9 - 6, 1938; death is said to have occurred on the date stated above, at 6:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	5 yrs

Other contributory causes of importance:
Impaction in colon
Partial intestinal obstruction

Name of operation Colostomy Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. D. Humphrey M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110815

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 124

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

46 b

2. FULL NAME Thomas Jones

(a) Residence No. R.F.D. #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Williams Jones

6. DATE OF BIRTH (month, day, and year): Nov. 11, 1868

7. AGE: Years 70 | Months 6 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired switchman & yard man.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.P. Rail Road.
10. Date deceased last worked at this occupation (mo. and yr.): 1934
11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country): England.

FATHER

13. NAME: ? Jones
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Catherine ?
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs. Louise W. Jones
(Address) Rt. 2 Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Thomas-Durrant Date Sept. 11, 1938

19. UNDERTAKER: John C. Langley
(Address) Blackfoot, Idaho

20. FILED Sept. 9, 1938 W. Mahlen Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): Sept. 8 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-25, 1938, to 9-8, 1938
I last saw him alive on 9-7 1938: death is said to have occurred on the date stated above, at 6:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 mos

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Sturgeon, M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

OCT 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110814

Local Registrar's No. 125

93c

2. FULL NAME James James

(a) Residence No. ..... St. Bancroft, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie James

6. DATE OF BIRTH (month, day, and year) 4/28/53

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cedar City
(State or country) Utah

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) No data
(State or country)

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) No data
(State or country)

17. INFORMANT Records, State Hospital South
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Removal
Place Sunset Cem Date Sep 14, 1938

19. UNDERTAKER E T Perkins
(Address) Blackfoot Idaho

20. FILED Sept 13, 1938 Wm Hayes C F Cemetery
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/12 1938

22 I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to Sept. 12, 1938

I last saw him alive on Sept. 12 1938: death is said to have occurred on the date stated above, at 11:30 am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic with decompensation	Indefinite
Other **contributory causes** of importance:	
Pulmonary congestion, passive	Sept. 9

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938.....

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** none

Manner of injury .....

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Hammond, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

OCT 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110815

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 126

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number)

84

2. FULL NAME Philip Bostrom

(a) Residence No. ____ St. Gooding, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

006

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Bostrom

6. DATE OF BIRTH (month, day, and year) --/--/88

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	50	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) No data
(State or country) No data

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) No data
(State or country)

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) No data
(State or country)

17. INFORMANT Records, State Hospital So.
(Address)

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Gooding Cem. Date Sept. 14 1938

19. UNDERTAKER E T Peck
(Address) Blackfoot, Ida.

20. FILED Sept. 12 1938 Mrs. Walter E. Ratell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/12/1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1938, to Sept. 12, 1938

I last saw him alive on Sept. 12 1938: death is said to have occurred on the date stated above, at 9:31 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
manic psychosis	Sept. 1st
Multiple fetchyal & petechial gross hemorrhages into Kidneys	Sept 6th 9

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 1938

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) J. Oberanwell, M. D.

(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho. Oct 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110816

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 196

(No. 200)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minerva Punkin.

(a) Residence No. Fort Hall, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone Ind.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 16, 1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER

13. NAME Andrew Punkin.

14. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Ellen Lewis.

16. BIRTHPLACE (city or town) Ft. Hall, Idaho
(State or country)

17. INFORMANT Andrew Punkin. (Father)
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ross Fork, Ida. Date Sept. 16, 1938

19. UNDERTAKER Agency Carpenter
(Address)

20. FILED Oct. 2, 1938, 193 Mrs. Nellie Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 13, 1938

22 I HEREBY CERTIFY, That I attended deceased from No attended, 193..., to ..., 193...

I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at 9-10 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown.	
No attending Physician.	
Other **contributory causes** of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herman H. Schweizer M. D.

(Address Fort Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110817

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 127

OCT 5 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) SIC

2. FULL NAME DOMETREAS GEORGE HARDEN

(a) Residence No. WEST CENTER St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MINNIE M HARDEN

6. DATE OF BIRTH (month, day, and year) JAN. 26, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) PENNSYLVANIA

FATHER

13. NAME JACOB HARDEN

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT DONALD G. HARDEN
(Address) SHERIDAN, WYOMING

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Idaho Date Sept 30 193 8

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Sept. 19 193 8 M. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-16-193 8

22 I HEREBY CERTIFY, That I attended deceased from 3-1, 193 8, to 9-15, 193 8

I last saw h alive on 9-15 193 8; death is said to have occurred on the date stated above, at 7:10 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma prostate gland	6 mo
Other contributory causes of importance Chronic nephritis	15 mo

Name of operation V Date of V

What test confirmed diagnosis? V Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? V Date of injury V, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Humphreys M. D.

(Address) Blackfoot Idaho

PLACE OF DEATH

County of Bingham

City of Blackfoot

State Hospital South

UCI 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 110818

Local Registrar's No. 128

946

2. FULL NAME Alfred K. Hansen

(a) Residence No. Shelley, Idaho ~~Bonneville~~, ~~County~~, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Alfred Hansen (Helena)

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1862

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agri. Field Farming Utah Idaho Sugar Co.

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denmark (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME ~~Denmark~~ Unknown

16. BIRTHPLACE (city or town) ~~Denmark~~ (State or country) Denmark

17. INFORMANT Helena Hansen Ida Falls (Address) State Hosp. Commitment record.

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Sept. 20, 1938

19. UNDERTAKER McHanna (Address) Ida. Falls Idaho

20. FILED Sept. 18, 1938 Mrs. Helen E. Adams Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/18/1938

22 I HEREBY CERTIFY, That I attended deceased from 8/1/38, 193..., to 9/18/38, 193...

I last saw him alive on 9/18/38 193...: death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	indefinite
myocardial decompensation, with fibrillation.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Thornwell, M. D.

(Address) Blackfoot

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Fort Hall Idaho

38, 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110813

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 137

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number) 93d

2. FULL NAME Samson Miller

(a) Residence No. Fort Hall Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone 4/4	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Teecheep Miller

6. DATE OF BIRTH (month, day, and year) July 1, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	I	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (mo. and yr.) - -

11. Total time (years) spent in this occupation - -

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Hospital Records
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall Idaho Date - - -, 193..

19. UNDERTAKER Relatives.
(Address)

20. FILED Oct. 2, 1938 193.. M M Nelson Estate
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-21 193 8

22 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1938, to Aug. 21, 1938

I last saw him alive on Aug. 20 193 8: death is said to have occurred on the date stated above, at Unknown m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac disease, cardorenal,-	
vascular.	Unknown
Cardiac disease, myocarditis,	"
Senility.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Herman W. Schwinger, M.D.

(Address Fort Hall Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

U.C.D. 938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110820

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 129.

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number) 946

2. FULL NAME Lorraine Burns Johns

(a) Residence No. R.F.D. #2 St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) 2/2/90

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Milton Burns

14. BIRTHPLACE (city or town) Joplin
(State or country) Missouri

MOTHER

15. MAIDEN NAME Ann Moots

16. BIRTHPLACE (city or town) Kirksville
(State or country) Missouri

17. INFORMANT Records, State Hospital So.
(Address)

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Burial Dly. Date Sept. 23, 1938

19. UNDERTAKER E. T. Funk
(Address) Sept. 23 Blackfoot Idaho

20. FILED Sept. 23, 1938 Mrs. Malin E. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/22 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1938, to Sept. 22, 1938

I last saw h.. alive on Sept. 22 1938.: death is said to have occurred on the date stated above, at 5:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion.	Sept. 22 38

Other **contributory causes** of importance:

Emotion. Cyberntion Psychosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Ohmmwell, M. D.

(Address) State Hosp. South

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

OCT 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110821

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 130.

(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Ellen Stubbs

(a) Residence No. St. Malad, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) 8/9/50

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hillman

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records, State Hospital South (Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Malad, Ida. Date Sept. 24, 1938

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot, Idaho

20. FILED Sept. 24, 1938 Wm. Hales Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/24 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Sept. 24, 1938

I last saw her alive on Sept. 24 1938: death is said to have occurred on the date stated above, at 1:15 pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
myocarditis, chronic	vague
senile.	

Other contributory causes of importance:

senile dementia	last 5 yrs,
arteriosclerosis	vague.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury none

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. O. Brownell, M. D.

(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot Rt. 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110822

OCT 5 1938

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 131

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 119

2. FULL NAME Dorine Lilija

(a) Residence No. Blackfoot Idaho Rt 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX girl baby | 4. Color or Race white | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 23rd July 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2 months	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Ida Rt #1

FATHER
13. NAME Freeman Lilija
14. BIRTHPLACE (city or town) (State or country) Winterwood Utah

MOTHER
15. MAIDEN NAME June Anita Anderson
16. BIRTHPLACE (city or town) (State or country) Trenton Utah

17. INFORMANT Mrs R. C. Romrell
(Address) Blackfoot Idaho Rt 2.

18. BURIAL, CREMATION OR REMOVAL
Place Thomas-Riverside Date Sept 26, 1938.

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Sept 26 1938 Mary Hales Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 25 1938.

22 I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to Sept 25, 1938
I last saw her alive on Sept 24 1938: death is said to have occurred on the date stated above, at 10 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cholera Infantum	Sept 23, 1938
Other **contributory causes** of importance:	
Bronchial Infant	

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. F. Beck M. D.
(Address Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

OCT 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110823

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 132

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number) 8x

2. FULL NAME Leona Ida Gamble

(a) Residence No. Route 1 St. Weston, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. -- mos. -- ds. 8 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
~~Female~~ Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry S. Gamble

6. DATE OF BIRTH (month, day, and year) Jan. 19, 1900

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston (State or country) Idaho

FATHER

13. NAME P. P. Stokes

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Ida Hollingsworth

16. BIRTHPLACE (city or town) Preston (State or country) Idaho

17. INFORMANT Records, State Hospital South (Address) Blackfoot

18. BURIAL, CREMATION OR REMOVAL Place Weston Idaho Date Sept. --, 1938

19. UNDERTAKER O. S. Webb (Address) Preston, Idaho

20. FILED Sept. 27, 1938 Wm. Nolan Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/26 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1938, to Sept. 26, 1938

I last saw her alive on Sept. 26 1938: death is said to have occurred on the date stated above, at 10:45 pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxic Psychosis	Indefinite

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** None

Manner of injury

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [illegible], M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

DEC 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110824

Registration District No. 121

Primary Registration District No. 2191

Local Registrar's No. 193.

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number) 1946

2. FULL NAME John Albano

(a) Residence No. ..... St. Roswell, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 1 yrs. 3 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Laura Albano
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/13/62

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) (State or country) No data

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Records, State Hospital South
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Date Sept 29, 1938

19. UNDERTAKER E. J. Pyke
(Address) Blackfoot Idaho

20. FILED Sept 27 1938 Wm. Yates Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/26 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Sept. 26, 1938

I last saw him alive on Sept. 26 1938: death is said to have occurred on the date stated above, at 7:45 Pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cellulitis	Sept. 19
Decubitis ulcer	Sept. 14
Other **contributory causes** of importance:	
Fracture, right femur intertrochanteric	July 31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** none

Manner of injury .....

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F. Romuald, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110825

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 134

(No. Beck Hospital) 1606

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert William Hampton

(a) Residence No. R. F. D. #1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 26, 1938.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

FATHER

13. NAME William Oscar Hampton

14. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

MOTHER

15. MAIDEN NAME Evelyn Wilson

16. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

17. INFORMANT Mrs. V. V. Hampton
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Ida. Date Sept. 30, 1938

19. UNDERTAKER E T Funk
(Address) Blackfoot, Idaho.

20. FILED Sept 29 1938 Mrs. Hales Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-28 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-26, 1938, to 9-28, 1938

I last saw h— alive on 9-27 1938; death is said to have occurred on the date stated above, at 3.30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-26-38
from Premature delivery	

Other **contributory causes** of importance:

Name of operation ✓ Date ✓

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) J. O. Humphreys M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110826

PLACE OF DEATH
County of Blaine
City of Bellevue

OCT 6

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Peter Brown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Goodwin 97

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) Nov. 29 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Blacksmith

10. Date deceased last worked at this occupation (month and year) 5 yrs

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Diamond Utah

FATHER

13. NAME Peter Brown

14. BIRTHPLACE (city or town) (State or country) Eskonofica Mich

MOTHER

15. MAIDEN NAME Mary E Hall.

16. BIRTHPLACE (city or town) (State or country) Rome Ga.

17. INFORMENT (Address) Mrs Geo. H. Libbie Emmett, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Ida Date 8-31-, 1938

19. UNDERTAKER (Address) Ray McGaldrick Hailey Idaho

20. FILED 10-1, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-28-1938

22. I HEREBY CERTIFY, That I attended deceased from 2 never saw this man alive, 193 , to , 193

I last saw h alive on , 193 ; death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	

Other contributory causes of importance:

Senility	

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Ralph A. Goodwin, M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey
OCT 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 110827

Local Registrar's No. 43

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

For Goodwin 956

2. FULL NAME Margaret Sutherland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) March 8 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Benton Wisconsin

FATHER

13. NAME Thomas Walker

14. BIRTHPLACE (city or town) (State or country) Manchester England

MOTHER

15. MAIDEN NAME Mary Gavin

16. BIRTHPLACE (city or town) (State or country) Manchester England

17. INFORMENT (Address) Julia N. Sutherland Hailey Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Masonic Plot Date Sept 4, 1938

19. UNDERTAKER Ray MacGoldrick
(Address) Hailey Ida

20. FILED 10 – 1, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1938, to Sept. 2, 1938.

I last saw her alive on Sept. 1, 1938: death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria sclerotic	
Cardio-vascular	✓
disease	

Other contributory causes of importance:

Senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193 .

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph A. Goodwin, M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10828

PLACE OF DEATH
County of Blaine
City of Pocatello

1938

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 44

(No. 200)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alvina Irene Ingersoll

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles A. Ingersoll

6. DATE OF BIRTH (month, day, and year) May 29-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) June 1938

11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (city or town) (State or country) Clear Lake - Idaho

FATHER

13. NAME L. F. P. Briggs

14. BIRTHPLACE (city or town) (State or country) Bangor - Maine

MOTHER

15. MAIDEN NAME Mary E. Harris

16. BIRTHPLACE (city or town) (State or country) Orange Co. - Missouri

17. INFORMENT (Address) Charles V. Ingersoll

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Sept 22 1938

19. UNDERTAKER L. J. Harms (Address) Payette Idaho

20. FILED 10-1, 1938 Robert F. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 20 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to....., 193...
I last saw h.... alive on....., 193...: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
.....	
.....	
.....	
.....	
.....	

Other contributory causes of importance:

.....	
.....	
.....	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) ....., M. D.
(Address) .....

This person refused Medical Aid on account of religion (Followers of Christ) No Doctor in attendance.

Robert H. Wright - Local Reg -

OCT 6 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of Idaho City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110829

Registration District No.
Primary Registration District No. 12 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Billy Joe Egell 157C

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months | Days | If LESS than ~~1 day~~ 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho City
(State or country)

FATHER

13. NAME Lonnie R. Egell
14. BIRTHPLACE (city or town) Pals Arkansas
(State or country)

MOTHER

15. MAIDEN NAME Dorothy Mae Reames
16. BIRTHPLACE (city or town) Magazine Arkansas
(State or country)

17. INFORMANT Lonnie Egell
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho City Date 9/21, 193 8

19. UNDERTAKER
(Address)

20. FILED 10/12, 193 8 Jesse E. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/20 193 8

22 I HEREBY CERTIFY, That I attended deceased from Sept 20 193 8, to about 2 hrs 9/20 193 8

I last saw h... alive on ..... 193..: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Weak heart	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. M. Reynolds, M. D.
(Address) Centerville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of Horseshoe Bend

RECEIVED
OCT 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110830

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Died At Home. Horseshoe Bend 200
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alpha B. Root

(a) Residence No. Horseshoe Bend Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred C. Root

6. DATE OF BIRTH (month, day, and year) 10/31/1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professional Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Davis Co:
(State or country) Missouri

FATHER
13. NAME Frank Sigle
14. BIRTHPLACE (city or town)
(State or country) Tenn:

MOTHER
15. MAIDEN NAME Ella Ebling
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Fred Root
(Address) Horseshoe Bend Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 9/30/, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10/0, 1938 Mrs E S Robson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/27 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw her alive on 9/27 1938; death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural.	
Has been In Ill Health For The Past Two Years.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D E Shanahan Coroner, M. D.
(Address) Idaho City Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110831

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 57
(No. S. PAGE HOSPITAL S. Marion Street)
(If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME Infant Davis

(a) Residence No. S. Marion Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4, 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint, Idaho.
(State or country)

FATHER

13. NAME Frank E. Davis
14. BIRTHPLACE (city or town) Alberta
(State or country) Canada

MOTHER

15. MAIDEN NAME Ardith P. Robinson
16. BIRTHPLACE (city or town) Unknown
(State or country) Nebraska

17. INFORMANT Frank E. Davis
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date July 5, 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Aug 9, 1938 Virgil C. Hoadley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 4, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown No medical attendance at birth. Premature, Malformed.	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? none. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. G. Moon Coroner
(Address) Sandpoint, Idaho.

Please procure corresponding birth certificate and return both certificates.
Thanks

Unable as yet to get any birth certificate there was no medical attendant

Bureau of Vital Statistics

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Hope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110832

Registration District No. [redacted] 80
Primary Registration District No. [redacted] 2137
Local Registrar's No. 25

OCT 10 [illegible]

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hammen John Mintz

(a) Residence No. Hope, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Alice Mintz
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 21, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1937

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) At Sea

FATHER

13. NAME Christian Mintz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Hintz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Alice Mintz
(Address) Hope, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hope, Ida Date Aug. 28 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Sept 1, 193 8 Orville Knapp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) August 25, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4:30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Carcinoma Liver	1937
History Infected Gall Bladder	

Other contributory causes of importance:

Name of operation no Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. G. Moon Coroner M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110833

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 76
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 10 1938

140

2. FULL NAME Nevada Kidder Hoffine

(a) Residence No. ____ St. Samuels, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lester Hoffine

6. DATE OF BIRTH (month, day, and year) Oct. 7, 1903

7. AGE — Years: 34 | Months: 10 | Days: 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) July 1938
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Birnsmade
(State or country) North Dakota

FATHER

13. NAME Spruce McCoy Gibbs
14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Estella Robinson
16. BIRTHPLACE (city or town) Minn
(State or country)

17. INFORMANT Mrs. Adeline Hilldreth
(Address) Kootenai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Kootenai, Ida. Date Sept 3, 1938

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT, IDAHO.

20. FILED Sept 9, 1938 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 1, 1938

22 I HEREBY CERTIFY, That I attended deceased from July 23, 1938 to Sept 1, 1938
I last saw her alive on Sept 1, 1938: death is said to have occurred on the date stated above, at 3 45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicaemia	June 20, 38
Other **contributory causes** of importance:	
Accidental abortion cause unknown	July 15 1938

Name of operation curettage Date of July 24, 38
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm F. Tyler M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Samuels

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110834

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 22
(No. Pack River)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 14 1938

183

2. FULL NAME Kenneth Taysom Roos

(a) Residence No. R.F.D. 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 26, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ashton
(State or country) Wyoming

FATHER

13. NAME Kenneth D. Roos
14. BIRTHPLACE (city or town) Ashton
(State or country) Wyoming

MOTHER

15. MAIDEN NAME Louise Taysom
16. BIRTHPLACE (city or town) Ashton
(State or country) Wyoming

17. INFORMANT Kenneth D. Roos
(Address) Samuels, Idaho.

18. BURIAL, CREMATION OR REMOVAL Samuels, Ida.
Place Pack River Cem. Sept. 15 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 9-12, 193 8 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) September 15th 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? acc Date of injury 9-12, 193 8
Where did injury occur? Bonner County Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Accidental Drowning
Nature of injury "

24 Was disease or injury in any way related to occupation of deceased? no If so specify.....

(Signed) L. G. Moon Coroner M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110835

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 21-38

OCT 7 1938

(No. Wm Dodge Res.)
(If death occurred in a hospital or institution, give its name instead of street and number)

930

2. FULL NAME Henry Albert Kohler

(a) Residence No. Wm Dodge Res. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Frances Emily Kohler

6. DATE OF BIRTH (month, day, and year): April 21 1854

7. AGE: Years 84 | Months 5 | Days 6
If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1912
11. Total time (years) spent in this occupation: Many years

12. BIRTHPLACE (city or town): Elk Horn
(State or country): Wisconsin

FATHER
13. NAME: Jackson Kohler
14. BIRTHPLACE (city or town): Unknown
(State or country): Ohio

MOTHER
15. MAIDEN NAME: Charlotte Heinz
16. BIRTHPLACE (city or town): Unknown
(State or country): Pa

17. INFORMANT: Mrs Wm Dodge
(Address): Priest River Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Elk, Wash. Date: Sept. 29, 1938

19. UNDERTAKER: L G Moon
(Address): Sandpoint, Idaho.

20. FILED 9-29, 1938 D E Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 27 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1938, to Sept. 27, 1938
I last saw him alive on Sept. 26 1938: death is said to have occurred on the date stated above, at 5:25 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and myocardial degeneration	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Leslie J. Stauffer, M. D.
(Address) Priest River, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110836

Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 22-38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 48

2. FULL NAME Floy Boreen Maria Tiss.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jack Tiss

6. DATE OF BIRTH (month, day, and year) Oct 14, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	11	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Jan 1937
11. Total time (years) spent in this occupation many years

12. BIRTHPLACE (city or town) Clear Lake
(State or country) Iowa

FATHER
13. NAME Orville H. Hubbard
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Nettie Howard
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Jack Tiss
(Address) Priest River, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Priest River Date Oct 1, 1938
Ida
19. UNDERTAKER L. C. Moon
(Address) Sandpoint Idaho.

20. FILED 9-30, 1938 D. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 29 1938 9-29 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Sept 29, 1938
I last saw h alive on Sept 28 1938: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
probable Cancer of uterus	Jan 1 1936
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Leslie J. Stauffer M. D.
(Address) Priest River Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonniville
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110837

REC'D SEP 6 - 1938

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 196
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theadore R. Twitchell

(a) Residence No. Shelley, Idaho R. 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Leona (Kelley) Twitchell

6. DATE OF BIRTH (month, day, and year) 6-12-1904

7. AGE: Years 34 | Months 8 2 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakley
(State or country) Idaho

FATHER

13. NAME Sanford Twitchell
14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Mary Fergusson
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Leona Twitchell
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Ida Date 9-4-, 1938

19. UNDERTAKER Lyn Madden
(Address) Shelley, Idaho

20. FILED Sept. 3, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 1 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 1:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause of death was broken neck received in car accident.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ....., Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury Sept 1 193 8
Where did injury occur? Bonneville Co Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** on Roosevelt Highway
Manner of injury Car accident
Nature of injury Broken neck

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110838

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 19

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 108

2. FULL NAME Marion Ferguson
(a) Residence No. Idaho Falls 0, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 9, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Francis Ferguson
14. BIRTHPLACE (city or town) Shelton
(State or country) Idaho

MOTHER
15. MAIDEN NAME Dorthy Peterson
16. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

17. INFORMANT A. W. Ferguson
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelton, Idaho Date Sept 3, 1938

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls, Idaho

20. FILED Sept 3, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 1 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1938, to Sept. 1, 1938
I last saw him alive on Aug. 31, 1938: death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	D. K.
Other contributory causes of importance:	
Malnutrition	

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Caughron M. D.
(Address Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn
City of Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110839

SEP 12 1938

Registration District No. 73
Primary Registration District No. 2-1-2
Local Registrar's No. 197

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Selma June Field

(a) Residence No. R. 2 Sp #4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank L. Field

6. DATE OF BIRTH (month, day, and year) June 9 1905

7. AGE: Years 33 | Months 2 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

FATHER

13. NAME J. W. Charlesworth
14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Jane Morgan
16. BIRTHPLACE (city or town)
(State or country) Colorado

17. INFORMANT Frank L. Field
(Address) Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Ida. Falls Date Sept. 8, 1938

19. UNDERTAKER O. C. Buck
(Address) Ida. Falls, Ida

20. FILED Sept 8, 1938 W. J. Timmons
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Sept 5 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...

I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at 9:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Injuries received in auto and R.R. train collision	
Other **contributory causes** of importance:	

Name of operation — Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury Sept. 5, 1938
Where did injury occur? Bonneville Co. Near Ida. Falls, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public place
Manner of injury Automobile accident
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John H. Rees (Coroner) M.D.
(Address) 230 W. 16th St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

OCT 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110840

Registration District No. 73

Primary Registration District No. 21-0

Local Registrar's No. 198

(No. 119)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Rae Bagwell

(a) Residence No. I. F. L. Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 29 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME Albert Bagwell

14. BIRTHPLACE (city or town) Liverpool
(State or country) England

MOTHER

15. MAIDEN NAME Helen Cole

16. BIRTHPLACE (city or town) Ammon
(State or country) Idaho

17. INFORMANT Albert Bagwell
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Sept 7, 1938

19. UNDERTAKER Sherman Reed
(Address) Idaho Falls

20. FILED Sept 9, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-5-1938

22 I HEREBY CERTIFY, That I attended deceased from 9-5, 1938, to 9-5, 1938

I last saw her alive on 9-5 1938: death is said to have occurred on the date stated above, at [illegible]

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute intercolitis	P
Other **contributory causes** of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) Idaho Falls,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

OCT 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110841

Registration District No. 73
Primary Registration District No. 7212
Local Registrar's No. 199
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Louella Keller Schwieder
(a) Residence No. Iona, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. H. Schwieder

6. DATE OF BIRTH (month, day, and year) Oct 3 1884

7. AGE: Years 53 | Months 11 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meek Creek Idaho

FATHER
13. NAME James Morgan Keller
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Christine Larsen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT J. H. Schwieder
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Iona, Id. Date Sept 8, 1938

19. UNDERTAKER Jack A Wood
(Address) Idaho Falls, Idaho

20. FILED Oct 6, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/5 1938

22. I HEREBY CERTIFY, That I attended deceased from 9, 3, 1938 to 9, 5, 1938
I last saw h[illegible] alive on 9, 5 1938. death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute obstruction of small bowel	?

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation laparotomy Date of 9, 3, 38
What test confirmed diagnosis? Op. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110842

Registration District No. 13
Primary Registration District No. 2170
Local Registrar's No. 200

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME Infant Gardner

(a) Residence No. R #1, Idaho Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Girl
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: Newborn; Months; Days; If LESS than 1 day ... hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME Lyle Ezra Gardner
14. BIRTHPLACE (city or town) Cumberland
(State or country) Wyoming

MOTHER

15. MAIDEN NAME Verle Ione Tracy
16. BIRTHPLACE (city or town) Copeland
(State or country) Idaho

17. INFORMANT Husband - Lyle Gardner
(Address) Route I, Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Ucon Cem Date Sept 9, 1938

19. UNDERTAKER Nunn
(Address)

20. FILED Sept 9, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 9 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 8 - 2:30 PM 1938, to Sept. 8 - 6 PM 1938
I last saw her alive on Sept. 1938: death is said to have occurred on the date stated above, at 6:00 P m.

The **principal cause of death** and related causes of importance were as follows: — **Date of onset**

Premature 7 months
Toxia

Other **contributory causes** of importance:
Toxemia of Pregnancy

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn
City of Idaho Falls
OCT 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110843

Registration District No. 13
Primary Registration District No. 2 1 7 0
Local Registrar's No. 205
(No.) 93c
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Elmer Wierman

(a) Residence No. 751 N. Water St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Mae Wierman

6. DATE OF BIRTH (month, day and year) August 31, 1876

7. AGE — Years: 62 — Months: 5 — Days: 10 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) June 1938
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) Carlyle
(State or country) Pennsylvania

FATHER
13. NAME James L. Wierman
14. BIRTHPLACE (city or town) Carlysle
(State or country) Penn.

MOTHER
15. MAIDEN NAME Rebecca Brindle
16. BIRTHPLACE (city or town) Carlysle
(State or country) Penn.

17. INFORMANT Minnie Mae Wierman
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls Date Sept. 14, 1938

19. UNDERTAKER O. C. Buck
(Address) Idaho Falls, Ida.

20. FILED Oct. 13, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 11 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1938, to Sept 11, 1938
I last saw h[illegible] alive on Sept 11 1938: death is said to have occurred on the date stated above, at 8:50 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	D. K.
Cardiac decompensation	1-10-38

Other **contributory causes** of importance:

Hypertension	D. K.
Arteriosclerosis and senility	D. K.

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. C. Erickson, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of int. should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110844

Registration District No. 73
Primary Registration District No. 2,1-0 / Local Registrar's No. 203
(No. Ida. Falls, I. D. S. Bishop)

SEP 20 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank McFarland

(a) Residence No. (transient) St. Unknown
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unk.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.) Unk
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) Unk.
(State or country) "

FATHER
13. NAME "
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Police records
(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls, Ida. Date Sept 16, 1938

19. UNDERTAKER O. L. Beck
(Address) Idaho Falls, Ida.

20. FILED Sept 16, 1938 by [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 12 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of Death	
Struck by a car on highway.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Highway 91
Manner of injury Auto Accident
Nature of injury Broken Bones + skull

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred Fentes (Coroner), M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110845

Registration District No. 13
Primary Registration District No. 2170
Local Registrar's No. 204

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Eliza J. Payne

(a) Residence No. 223 Basalt St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Payne

6. DATE OF BIRTH (month, day, and year) April 24 1858

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	80	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Yorkshire
(State or country) England

FATHER
13. NAME John Hurd
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Martha Stock
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Fred Payne
(Address) Star Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Littleton N.H. Date Sept. 15, 1938

19. UNDERTAKER Sherman Mortuary
(Address) Idaho Falls, Idaho

20. FILED Sept 13, 1938 C. E. Leonard
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/13 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1938 to Sept. 13, 1938
I last saw he alive on Aug 27 1938; death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage. Hemiplegia	July 1938

Other **contributory causes** of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes (or) No, specify

(Signed) C. E. Leonard, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110846

OCT 6 1938

Registration District No. 13
Primary Registration District No. 1310 Local Registrar's No. 206
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Olsen

(a) Residence No. ..... St. Milo Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
boy	White	

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1/2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho.

FATHER
13. NAME Richard John Olsen
14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER
15. MAIDEN NAME Caroline Davis
16. BIRTHPLACE (city or town) Milo
(State or country) Idaho

17. INFORMANT Richard J. Olsen
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Milo Idaho Date Oct 7, 1938

19. UNDERTAKER Rawn
(Address)

20. FILED Oct 7, 1938 Orpha Simmonds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/16 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1938, to Sept 16, 1938.
I last saw him alive on Sept 16 1938: death is said to have occurred on the date stated above, at 9:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart failure	9/14/38
Immaturity Placenta	
Other **contributory causes** of importance:	
Premature 7 mos	9/14/38
Wt 2# 13 oz	

Name of operation ..... Date of .....
What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Rawn, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110847

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 208

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Ann Howard

(a) Residence No. Shelton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John S. Howard
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: 72 | Months: 6 | Days: 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sheffield Yorkshire England

FATHER
13. NAME: John Downs Howard
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Mary Conway
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: A. L. Howard
(Address) 375-11 St. Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Shelton Idaho Date: Sept 21, 193 8

19. UNDERTAKER: Jack A. Ward
(Address) Idaho Falls, Idaho

20. FILED: Sept 21, 193 8 Ezy Hammond Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9/18 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 193 35 to Sept 18, 193 8
I last saw h-- alive on Sept 18 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis (Rheumatoid)	3 yrs.
Chronic Myocarditis	3 years.

Other contributory causes of importance:

Name of operation: None Clinical & Path
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abel, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110848

Registration District No. 73
Primary Registration District No. 2 1 N D Local Registrar's No. 209
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Cook Riley

(a) Residence. No. 453 "D" St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. J. Riley

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1937
11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME John Cook
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT A. J. Riley
(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls, Ida. Date Sept. 22 1938

19. UNDERTAKER O. C. Bruce
(Address) Idaho Falls, Ida.

20. FILED Sept 22, 193 8
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to Sept 20, 1938
I last saw h[illegible] alive on Sept 20, 1938: death is said to have occurred on the date stated above, at 1130 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	1 year
Other contributory causes of importance:	

Name of operation Radium Treatment Date of Nov 1937
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. K. Cook M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11084

Registration District No. 73

Primary Registration District No. 2 N-D

Local Registrar's No. 211

OCT 6 - 1938

(No. 161 S)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick John Lambrecht

(a) Residence No. Lee St & North Water St. Idaho Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 22 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 10 min.
Hour			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME John Donald Lambrecht

14. BIRTHPLACE (city or town) Concha City
(State or country) Oklahoma

MOTHER

15. MAIDEN NAME Marguerite Louise Rice

16. BIRTHPLACE (city or town) Missoula
(State or country) Montana

17. INFORMANT John Lambrecht
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Oct 3, 1938

19. UNDERTAKER [illegible]
(Address) Idaho Falls

20. FILED Sept. 23, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/22 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1938, to Sept 22, 1938

I last saw him alive on 9/22 1938: death is said to have occurred on the date stated above, at 5:10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital	
Atelectasis	9/22/38

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No Chest fluoroscopy

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No

(Signed) [illegible], M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110850

OCT 6 - 1938

Registration District No. 73
Primary Registration District No. 2 N 72
Local Registrar's No. 213

(No. 184)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Castle

(a) Residence No. Idaho Falls Rt #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, and year) April 14, 18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

FATHER
13. NAME Joseph Charles Castle
14. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

MOTHER
15. MAIDEN NAME Sarah Jane Hennon
16. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

17. INFORMANT Hannah Williams
(Address) Idaho Falls Rt #3

18. BURIAL, CREMATION OR REMOVAL
Place Lincoln, Idaho Date Sept 27, 1938

19. UNDERTAKER Jack G. Wood
(Address) Idaho Falls, Idaho

20. FILED Sept 29, 1938 Chas. Swain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/23 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Gunshot wound Left Femoral Fracture	
Caused Blood to death	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
(Accident), suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur? Lincoln Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place On County Road
Manner of injury Gunshot wound
Nature of injury Right Leg

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred Sutton Acc't M. D.
(Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11891

Registration District No. 13
Primary Registration District No. 1 V-0
Local Registrar's No. 214
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victor Wright
(a) Residence No. 250 So. Capital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 7, 1918
7. AGE: Years 19 | Months 10 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bountiful Utah

FATHER
13. NAME: Wilburn Wright
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Myrtle Wilcox
16. BIRTHPLACE (city or town) (State or country): Farmington Utah

17. INFORMANT: Wilburn Wright
(Address) 250 So Capital Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Sept 28, 1938

19. UNDERTAKER: Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Sept 27, 1938 Guy Summers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9/25 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1938, to Sept 25, 1938
I last saw him alive on Sept 25 1938: death is said to have occurred on the date stated above, at 9-45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis	Sept 18, 1938
Other **contributory causes** of importance:	Sept 18, 1938
Ruptured appendix	

Name of operation Appendectomy Date of 9-18-38
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) C. C. Cornelison, M. D.
(Address Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110852

Registration District No. 13
Primary Registration District No. 2140 Local Registrar's No. 215
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 50

2. FULL NAME Bessie Droth

(a) Residence No. 239 "C" Street Ida. Falls St.
(Usual place of abode) (If nonresident give city or town and state) 7 Mos
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. ~~Single, Married, Widowed or Divorced (write the word)~~: Widowed

6a. If married, widowed, or divorced
HUSBAND of Elwin Droth
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 27 1862

7. AGE: Years 75 | Months 10 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chilson (State or country) Ill.

FATHER
13. NAME James Edward Briney
14. BIRTHPLACE (city or town) ? (State or country)

MOTHER
15. MAIDEN NAME Caroline Wadell
16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Roy Briney
(Address) 239 "C" Street

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Ida. Date Oct. 2, 1938

19. UNDERTAKER Doll Williams
(Address) 420 A Street

20. FILED Oct 1, 193 8 Consumed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 30 193 8

22 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 193 8, to Sept. 30, 193 8
I last saw her alive on Sept. 29 193 8: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of liver, lungs, & left breast.	
Pneumonia	
Ft. heart.	
Other **contributory causes** of importance:	
Operation	

Name of operation Exploratory Date of 9-29-38
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Carmichael, M. D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110853

OCT 6 1938

Registration District No. 13
Primary Registration District No. 2150
Local Registrar's No. 216
(No. L. D. S. Hospital)
51b
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Lorenzo Hymas

(a) Residence No. ... St. Moore, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Crosley Hymas

6. DATE OF BIRTH (month, day, and year): Dec. 4, 1877

7. AGE: Years 61 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Liberty Idaho

FATHER

13. NAME: William A. Hymas
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Saloma L. Hammon
16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMANT (Address): Mrs. Saloma Lyon, Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Blackfoot, Date Sept. 30, 1938

19. UNDERTAKER (Address): John C. Sandberg, Blackfoot, Idaho.

20. FILED Oct 3 0., 193 8 Jay Simmonds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9.30 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1938, to Sept 30, 1938
I last saw h. alive on Sept 30 1938: death is said to have occurred on the date stated above, at 7.27 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder.	
Other **contributory causes** of importance:	

Name of operation: Electric coagulation Date of: 9-29-38
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Lyon Hyde M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13
Primary Registration District No. 21-D

DO NOT WRITE IN THIS SPACE
State File No. 110854

Local Registrar's No. 219

(No. 108)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Esther Flatton

(a) Residence No. 266 N 9th St. Idaho Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. M. C. Flatton

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER

13. NAME H. F. Smith

14. BIRTHPLACE (city or town)
(State or country) Greenwich

MOTHER

15. MAIDEN NAME Eva Stewart

16. BIRTHPLACE (city or town) Plain City
(State or country) Utah

17. INFORMANT M. C. Flatton
(Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rose Hill Date Oct 4, 1938

19. UNDERTAKER C. C. Hayes
(Address) Idaho Falls Idaho

20. FILED Oct 4, 1938 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 1 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1938, to Oct. 1, 1938

I last saw her alive on Oct. 1 1938: death is said to have occurred on the date stated above, at 12:50 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia,	9-17-'38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Nielsen M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110855

Registration District No. 13
Primary Registration District No. 2 1 4-0
Local Registrar's No. 218

(No. 53d)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Nephi Curtis

(a) Residence No. Idaho Falls Rt #4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Lucy Ann Curtis

6. DATE OF BIRTH (month, day, and year): Oct 9 1870

7. AGE: Years 67 | Months 11 | Days 23 | If LESS than 1 day .... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

FATHER
13. NAME: Foster Curtis
14. BIRTHPLACE (city or town) (State or country): Oakland Mich.

MOTHER
15. MAIDEN NAME: Clarissa Benner
16. BIRTHPLACE (city or town) (State or country): Pierpont New York

17. INFORMANT: Mrs. E. N. Curtis
(Address) Idaho Falls Rt #4

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Oct 4, 193 8

19. UNDERTAKER: Jack A. Ward
(Address) Idaho Falls Idaho

20. FILED Oct 3, 193 8 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 10/2 193 8

22 I HEREBY CERTIFY, That I attended deceased from March, 193 8, to Oct 2, 193 8
I last saw h.im alive on Sept 1 193 8: death is said to have occurred on the date stated above, at 2-15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malignancy Vertebrae	March 1-38
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110856

OCT 6 1938

Registration District No. 13
Primary Registration District No. 2-1 4-0 Local Registrar's No. 219
(No. 119)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME adolfo Perez.
(a) Residence No. Taylor District St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	Mexican	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
no	6.	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Los Angeles. (State or country) Calif.

FATHER

13. NAME Basilio Perez.
14. BIRTHPLACE (city or town) Mexico (State or country)

MOTHER

15. MAIDEN NAME Rosa Perez.
16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT Basilio Perez. (Address) Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 10/3, 1938

19. UNDERTAKER T. F. McFarland
(Address) Idaho Falls Ida.

20. FILED Oct 3, 1938 Lucy Pinkerton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/3 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1938, to Sept. 3, 1938.
I last saw he alive on Sept. 2 1938. death is said to have occurred on the date stated above, at 5.30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	D. K.
Other **contributory causes** of importance:	
Uraemia	D. K.

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Emerson, M. D.
(Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Butte
City of Howe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11085

Oct 1 1938 Registration District No. 5-9
Primary Registration District No. 2129 Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME Henry Ray Cowgill
(a) Residence No. Howe Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) August 28, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howe
(State or country) Idaho

FATHER
13. NAME Frank Cowgill
14. BIRTHPLACE (city or town) Howe
(State or country) Idaho

MOTHER
15. MAIDEN NAME Verona Whiting
16. BIRTHPLACE (city or town) Crystal
(State or country) Idaho

17. INFORMANT Frank Cowgill
(Address) Howe, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Arco, Ida. Date Sept. 11, 193 8

19. UNDERTAKER O. C. Buck O. C. Buck
(Address) Idaho Falls, Idaho

20. FILED Sept 11, 1938 Mary G. Deitrich
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) September 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 193 8 to Sept 10, 193 8
I last saw him alive on Sept. 4 193 8: death is said to have occurred on the date stated above, at 9:30 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (6 Months)	
Other contributory causes of importance:	

Name of operation No History of Operation Date
What test confirmed diagnosis? Was there an autopsy? No Expected

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) S. R. Gayler, M. D.
(Address) Arco, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nelb R.I.

AUG 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110858

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 140

(No.) 93d

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Amy Warfield

(a) Residence. No. St. Nelba

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 12 1867

7. AGE Years 71 Months 7 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Domestic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) July 1938

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Walla Walla Wash

FATHER

13. NAME Wm McCandless

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Martha Baldwin

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Mrs. Jack McBride Nelba Ida.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery Date Aug 10 1938

19. UNDERTAKER (Address) Summers Funeral Home Boise Idaho

20. FILED Aug 3, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-23 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to 8-23, 1938.

I last saw h~~e~~ alive on 8-23 1938. death is said to have occurred on the date stated above, at 8:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	3 yrs.

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Foster M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110855

Registration District No. 7

Primary Registration District No. 2 0 9 6 Local Registrar's No. 141

(No. Canyon County Hospital Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 8 - 1938

119

2. FULL NAME Donald Ray Dines

(a) Residence. No. Massie St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 30 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	3'	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

MOTHER FATHER

13. NAME P. H. Dines

14. BIRTHPLACE (city or town) (State or country) Hagerman Idaho

15. MAIDEN NAME Ray Hayes

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT P. H. Dines
(Address) Homedale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cem. Date Oct 4 1938

19. UNDERTAKER S. D. Peckham
(Address) Caldwell Idaho

20. FILED Oct 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 3 1938

22. I HEREBY ~~CERTIFY~~, That I attended deceased from Sept 1 7, 193 8, to Sept 3, 193 8

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 5-A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Enterotis with Convulsion	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. O. Nolta, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110860

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 157
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME Infant Daughter of Mr. & Mrs. Neal J. George
(a) Residence No. Bates, St. Ore,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-3-38

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	—	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

FATHER
13. NAME Neal John George
14. BIRTHPLACE (city or town) Burns Ore
(State or country)

MOTHER
15. MAIDEN NAME Ellen Irene Cope
16. BIRTHPLACE (city or town) Manchester Iowa
(State or country)

17. INFORMANT Neal J. George
(Address) Bates, Ore,

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 9-3-38, 193

19. UNDERTAKER F. P. Coleman
(Address) Nampa Idaho

20. FILED Oct. 7, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-3 1938

22 I HEREBY CERTIFY, That I attended deceased from On 9-3 193 8, to ..., 193...
I last saw her alive on 9-3 193 8: death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or **in public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) J. E. Coulter, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

RECEIVED

SEP 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110861

Registration District No.

Primary Registration District No. 1005 Local Registrar's No. 100

(No. Samaritan Caldwell)

(If death occurred in a hospital or institution, give its name instead of street and number)

210 8

2. FULL NAME Jean Lavaine Hurley

(a) Residence. No. Parma Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parma
(State or country) Idaho

FATHER

13. NAME Jack Hurley

14. BIRTHPLACE (city or town) Adrian
(State or country) Oregon

MOTHER

15. MAIDEN NAME Lois Zink

16. BIRTHPLACE (city or town) Nyssa
(State or country) Oregon

17. INFORMANT Jack Hurley
(Address) Parma Canyon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parma Cemetery Date Sept 6, 1938

19. UNDERTAKER C. E. Truesdell
(Address) Caldwell Idaho

20. FILED 9-16, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1938, to Sept 4, 1938

I last saw her alive on Sept 4, 1938: death is said to have occurred on the date stated above, at 5:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture of skull with tearing of tentorium and subdural hemorrhage	
Other **contributory causes** of importance: Contusion of chest	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 9/4 1938
Where did injury occur? Caldwell, Canyon Co Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Highway
Manner of injury Fell from car
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm B Stanford M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Wilder

OCT 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
110862
State File No.

Registration District No.
Primary Registration District No. 2005 Local Registrar's No. 103

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

4166

2. FULL NAME Stephen Douglas Harman

(a) Residence. No. Wilder St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Mary Caroline Harman

6. DATE OF BIRTH (month, day, and year) June 1 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boonville, Mo

FATHER
13. NAME Lewis Harman
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Susannah Hannig
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) R T Garman Wilder Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Cemetery Date Sept 1938

19. UNDERTAKER (Address) C. O. Gedbeam Caldwell Idaho

20. FILED 9-14, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/5 1938

22. I HEREBY CERTIFY, That I attended deceased from June 19 28, 193..., to 9/5, 193..8
I last saw him alive on 9/5, 193..8: death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 1938
Other contributory causes of importance: Chronic nephritis	June 1928

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E Talbert M. D.
(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Bailey

PLACE OF DEATH

County of Canyon

City of Caldwell

OCT 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110863

Registration District No. .....

Primary Registration District No. 2002 Local Registrar's No. 104

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johannas J. Luckes

(a) Residence. No. Caldwell Ida St. RD # 1

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Maria Luckes

6. DATE OF BIRTH (month, day and year) July 28-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	13	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME John Luckes

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Egbert Luckes (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date 9-5, 1938

19. UNDERTAKER E. V. Pedersen (Address) Caldwell Ida

20. FILED 9/12, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/5 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-8-38, 193..., to 9-5-38, 193...

I last saw him alive on 9-2, 1938; death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	Not known
Typhoid fever	July 24-38
Pneumonia Bronchial	Aug 29-38

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Bailey M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110864

RECEIVED OCT 7 - 1938

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 105

(No. 23)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Elmer Jordan

(a) Residence. No. 123 Albany St. Caldwell Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Jordan

6. DATE OF BIRTH (month, day, and year) 9-4-1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Longdale Co Oklahoma

FATHER

13. NAME Orville Jackson Jordan

14. BIRTHPLACE (city or town) (State or country) Osage Co Oklahoma

MOTHER

15. MAIDEN NAME Ethel Wilson

16. BIRTHPLACE (city or town) (State or country) Pelkins Co Kansas

17. INFORMANT (Address) Mrs. Lola Jordan Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Greenleaf Date 9/9, 1938

19. UNDERTAKER (Address) E. V. Peckham Caldwell Ida

20. FILED 9-14, 1938 M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/6 1938

22. I HEREBY CERTIFY, That ~~I attended deceased~~ from never treated patient, 193.., to ....., 193.. I last saw h~~im~~ alive on 8-31, 1938; death is said to have occurred on the date stated above, at 3:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	
Pulmonary	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~ accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. A. Tikker, M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
OCT 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110865

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 148

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis John Maurer 956

(a) Residence No. 615 1st So.; Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Mae Maurer
6. DATE OF BIRTH (month, day, and year): April 2, 1858
7. AGE: Years 80; Months 5; Days 8; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Napoleon, Iowa

FATHER
13. NAME: Francis Xavier Maurer
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Catherine Maurer
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT: Elona Mae Maurer
(Address): Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Interlaken Date: Oct 2, 1938

19. UNDERTAKER: Dietz Bailey
(Address): Nampa Idaho

20. FILED Oct. 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 10 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1938, to Sept 9, 1938
I last saw him alive on Sept 9 1938: death is said to have occurred on the date stated above, at 6:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
High Blood Pressure	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Wells, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110866

OCT 8 - 1938

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 145
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 1940

2. FULL NAME Freeman Cleveland Bowser
(a) Residence No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-20-57

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store (Retired)
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Mo

MOTHER / FATHER

13. NAME
14. BIRTHPLACE (city or town)
(State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. R. C. Hooker
(Address) Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa Cemetery Date 9-12, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Oct. 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-10 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-6-, 1938, to 9-10-, 1938
I last saw him alive on 9-9- 1938: death is said to have occurred on the date stated above, at 7:10 a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Debility	Gen

Other **contributory causes** of importance:

Fracture neck of femur	9-6-38

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Bellamy M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11086

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 137
(No. Samaritan Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number) 59

OCT 8 - 1938

2. FULL NAME Mrs. Carrie E. Reed

(a) Residence No. Rout 1 Kund St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Alva A. Reed
6. DATE OF BIRTH (month, day, and year): Apr. 27-1882
7. AGE: Years 56 | Months 4 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ayre Neb.

FATHER
13. NAME: S. W. Martin
14. BIRTHPLACE (city or town) (State or country): Ill

MOTHER
15. MAIDEN NAME: Sarah J. Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): A. A. Reed Rt. 1 - Kuna Ida.
18. ~~BURIAL, CREMATION OR~~ REMOVAL: Burr Rocks - Neb. Date 9/13, 1938
19. UNDERTAKER (Address): Wm D Talley Nampa Ida.
20. FILED Sept 13, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9/11 1938
22 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1938, to Sept 11th, 1938.
I last saw h e r alive on Sept 10th 1938.: death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	

Other **contributory causes** of importance:
Lobar Pneumonia
High Blood pressure

Name of operation / Date of
What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [redacted] M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110868

REC'D OCT 7 - 1938

Registration District No.
Primary Registration District No. 2005
Local Registrar's No. 106

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charley Asa Ripley

(a) Residence. No. Caldwell Ida R.D. #4
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva L. Ripley

6. DATE OF BIRTH (month, day, and year) Dec 22 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hutchinson Kansas

FATHER

13. NAME John Ripley

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Banker

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Clarence L. Ripley Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Cem. Date 9/14 1938

19. UNDERTAKER (Address) C. V. Pickham Caldwell Ida

20. FILED 9-20 1938 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/12 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hysterectomy for Cancer	
Erysipelas Carcinomatosis of Stomach	
Body Macerated	1 year.
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? Home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Tally M.D.
(Address) Nampa Ida Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110865

Registration District No. 7
Primary Registration District No. 1906 Local Registrar's No. 149
(No Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 8 - 1938

2. FULL NAME Vera Arlene Johnston

(a) Residence No. 608 - 19th Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marvin E. Johnston

6. DATE OF BIRTH (month, day, and year) Aug. 4, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette (State or country) Idaho

FATHER
13. NAME Dr. R. B. Hurd
14. BIRTHPLACE (city or town) Ill. (State or country)

MOTHER
15. MAIDEN NAME Linda Johnson
16. BIRTHPLACE (city or town) Utah (State or country)

17. INFORMANT Marvin E. Johnston (Address) Nampa Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Payette, Ida. Date Oct 4, 1938

19. UNDERTAKER Faith Valley (Address) Nampa Idaho

20. FILED Oct 3, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/12 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937 to 9.12, 1938
I last saw h~~e~~r alive on 9.12 1938: death is said to have occurred on the date stated above, at 9:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Respiratory Failure	9.12-38
(a)	Sudden

Other contributory causes of importance:

Incidental to Nitrous Oxide anesthesia during operation appendectomy Ovariectomy	left side

Name of operation Salpingectomy Date of 9.12-38
What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Rodwell, M. D.
(Address Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110870

U&I O 1938

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 142
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

146

2. FULL NAME Sheola Verneau

(a) Residence. No. ..... St. Bend Oregon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5, 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	3	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Runnemede
(State or country) Kansas

FATHER
13. NAME Forrest Verneau
14. BIRTHPLACE (city or town) Cuyahoga
(State or country) Ohio

MOTHER
15. MAIDEN NAME Esther Huntsman
16. BIRTHPLACE (city or town) Charleston
(State or country) W. Va.

17. INFORMANT Mrs. Esther Verneau
(Address) Bend Ore

18. BURIAL, CREMATION OR REMOVAL
Place Bend Ore. Date Sept 18 1938

19. UNDERTAKER E. W. Robinson
(Address) Bend Ore

20. FILED Oct. 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1938, to 9-16, 1938
I last saw h alive on 9-16, 1938: death is said to have occurred on the date stated above, at 10:30 P.T. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Embolism	9-16-38
Other contributory causes of importance:	
Chronic Endocarditis	3 mo.
Pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Gallaugher M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

RECEIVED OCT 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110871

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 108

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Marcia Coyle. 1865

(a) Residence. No. ..... Caldwell Idaho #3

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lewis F. Coyle.

6. DATE OF BIRTH (month, day, and year) 6/4/1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon Co Ohio

FATHER

13. NAME Joseph McIntyre

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Martha M. Gilbert

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Birdie M. Babb (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date 9/19 1938

19. UNDERTAKER J. E. Chapman (Address) Caldwell Ida

20. FILED 9-22, 1938 Mrs. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/17 1938

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1938, to Sept 17, 1938

I last saw her alive on Sept 15, 1938; death is said to have occurred on the date stated above, at 9-52 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	

Other contributory causes of importance:

Fracture L. hip and arm from a fall	
August 19, 1938	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 19, 1938

Where did injury occur? Home (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury .....

Nature of injury Broken hip and arm

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. R. Whittenberger M.D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110872

County of Canyon
City of Caldwell

Registration District No. 1007
Primary Registration District No. 3
Local Registrar's No. 117

OCT 8 1938

(No. 23)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amanda Meyer

(a) Residence. No. Parma St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): 3/2/1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	6	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Keeping
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER
13. NAME: John D. Meyer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Mary
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Raymond Meyer Parma Idaho
18. BURIAL, CREMATION OR REMOVAL: Canyon Hill Cemetery Date 9/24, 1938
19. UNDERTAKER (Address): Caldwell Idaho
20. FILED 10/5, 1938 Mrs. Alice Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/19/1938

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to 9/19, 1938
I last saw her alive on 9/19, 1938; death is said to have occurred on the date stated above, at 2:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance: Chronic Nephritis	

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was ~~disease~~ or injury in any way related to occupation of deceased? If so, specify

(Signed) W. W. Mutchler, M. D.
(Address) Parma Idaho

YC.

PLACE OF DEATH
County of Canyon
City of Beaumont.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110873

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 167

OCT 8 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

820

2. FULL NAME Sarah C. Powelson

(a) Residence No. Beaumont Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of: Joe T. Powelson

6. DATE OF BIRTH (month, day, and year): June 6 1870

7. AGE: Years 68 | Months 5 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Plainsfield (State or country) Ohio

FATHER
13. NAME Michael McGuire
14. BIRTHPLACE (city or town) Germany (State or country) Germany

MOTHER
15. MAIDEN NAME E. Lahng
16. BIRTHPLACE (city or town) Plainsfield (State or country) Ohio

17. INFORMANT J. T. Powelson (Address) Malta Idaho

18. BURIAL, CREMATION OR REMOVAL: Place Fairview Date Oct 4 1938

19. UNDERTAKER Keith Talbot (Address) Nampa Idaho

20. FILED Oct 3 1938 Lydia ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1938 to Sept 21 1938
I last saw h[illegible] alive on Sept 21 1938: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
	Sept 16 38

Other **contributory causes** of importance:
Arterio Sclerosis

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. T. Bellamy M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110874

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 150
(No. Samaritan Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 3 1938

466

2. FULL NAME James Edwin Kisselburg.
(a) Residence No. 224 - 18 Ave. So. Nampa St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Margaret Kisselburg
6. DATE OF BIRTH (month, day, and year): Aug 3/ 1856
7. AGE: Years 82 | Months 0 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retard
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Elec. Engineer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Madison Dis.

FATHER
13. NAME: Wm Kisselburg.
14. BIRTHPLACE (city or town) (State or country): Penn,

MOTHER
15. MAIDEN NAME: Ann Conway
16. BIRTHPLACE (city or town) (State or country): Irland,

17. INFORMANT (Address): Mrs. Margaret Kisselburg Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL: Place Nampa Date 9/23 1938. Kirkendall

19. UNDERTAKER (Address): Keith Talley. Nampa Ida

20. FILED Oct 3, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/21/1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1938, to 9-21, 1938
I last saw him alive on 9-21 1938: death is said to have occurred on the date stated above, at 2 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage stomach from cancer cardia	
Cancer stomach	
Operation prostate.	

Other **contributory causes** of importance:

Pernicious anaemia	

Name of operation Gastrectomy Date of 9/19/38
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. Belknap, M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

RECEIVED OCT 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110875

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 109

(No. 239)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth J. Rath

(a) Residence. No. Farmer St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Gus Rath

6. DATE OF BIRTH (month, day, and year) Sept. 13, 1902

7. AGE: Years 36 | Months 0 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkston South Dakota

MOTHER FATHER

13. NAME John Reuschner

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Salome Isaac

16. BIRTHPLACE (city or town) (State or country) S. Dakota

17. INFORMANT Gus Rath (Address) Farmer Idaho

18. BURIAL, CREMATION OR REMOVAL Place. Farmer Cem Date 9-25, 1938

19. UNDERTAKER Paul D. Case (Address) Caldwell, Idaho

20. FILED 9-25, 1938 Mrs. Mary Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 22 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Sept 22, 1938.

I last saw her alive on Sept 22, 1938; death is said to have occurred on the date stated above, at 1.2 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1) Pulmonary tuberculosis	?
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** N. Street

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Case, M. D.

(Address) Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110876

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 146
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Judith Marie Shotwell 157 a
(a) Residence No. 215 - 21 Ave So St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-22-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER
13. NAME R. H. Shotwell
14. BIRTHPLACE (city or town)
(State or country) Kas.

MOTHER
15. MAIDEN NAME Kegley Kegley Mary
16. BIRTHPLACE (city or town)
(State or country) Colo.

17. INFORMANT R. H. Shotwell
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 9-23 193 8

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Oct. 3, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-23 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-22-, 193 8, to 9/23/, 193 8.
I last saw h. w. alive on 9/23/ 193 8: death is said to have occurred on the date stated above, at 1:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital malformation of brain	

Other **contributory causes** of importance:

None; Child had convulsions since birth.	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Geo. D. A. Kellogg, M. D.
(Address Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110877

RECEIVED OCT 7 - 1938

Registration District No.

Primary Registration District No. 1005 Local Registrar's No. 110

(No. 304 Cleveland Blvd.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Meldoon

(a) Residence. No. Homedale St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/22/1938

7. AGE Years	Months	Days	If LESS than 1 day 12 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER

13. NAME John Meldoon

14. BIRTHPLACE (city or town) (State or country) Dalton S. Dak.

MOTHER

15. MAIDEN NAME Alma Anderson

16. BIRTHPLACE (city or town) (State or country) Mt Vernon S. Dak.

17. INFORMANT John Meldoon
(Address) Homedale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 9/24 1938

19. UNDERTAKER V. Cushman
(Address) Caldwell Ida.

20. FILED 9-28 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/23 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1938, to Sept 23, 1938
I last saw him alive on Sept 23, 1938; death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage of newborn	9-22-38
Other contributory causes of importance: Birth by podalic version	9-22-38

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hugh J. McLaughlin, M. D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110876

OCT 8 - 1938

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 152
(If death occurred in a hospital or institution, give its name instead of street and number) Samaritan Hospital

2. FULL NAME Laura Estella Arnold
(a) Residence No. 6 mi South (Usual place of abode) Nampa St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm F. Arnold
6. DATE OF BIRTH (month, day, and year): March 25 1868
7. AGE: Years 70 | Months 5 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iuka Ill

FATHER
13. NAME: T. D. Rogers
14. BIRTHPLACE (city or town) (State or country): Ind

MOTHER
15. MAIDEN NAME: Martha Brown
16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMANT: P. T. Arnold (Address) Nampa Idaho
18. BURIAL, CREMATION OR REMOVAL: Place Mountain View Cem Date 10-7, 1938
19. UNDERTAKER: Ada Valley (Address) Nampa, Idaho
20. FILED Oct-3, 1938 Lydia R. Lyons Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9-24 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan —, 1937, to 9-24, 1938
I last saw her alive on 9-24 1938; death is said to have occurred on the date stated above, at 9:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broke her hip Hemorrhage from Left paralyzed Regurgitation & Throat.	

Other contributory causes of importance:

Diabetes Nephritis chronic	

Name of operation No Date of
What test confirmed diagnosis? Cancer Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. H. Belknap, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kampa
City of Canyon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11087

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 153

OCT 8 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pearl Lee Stewart

(a) Residence No. 1104 - 15th Ave So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laurence L. Stewart

6. DATE OF BIRTH (month, day, and year) Oct. 13 1909

7. AGE: Years 28 | Months 11 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Osage Co. Okla.

FATHER
13. NAME Charles Barham
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Anna Shenberry
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT Mr. L. L. Stewart (Address) Kampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meldrum Date 9-25-, 1938

19. UNDERTAKER Keith Galley (Address) Kampa Ida

20. FILED Oct. 3, 1938 Lyda R. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-24, 1938, to 9-24, 1938
I last saw her alive on 9-24 1938.: death is said to have occurred on the date stated above, at 7:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	
Miliary 2 yrs	

Other contributory causes of importance: Tapped chest 4/19/37

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace O Belknap, M. D.
(Address) Kampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Oregon State Board of Health Certificate of Death

Primary Registration Dis No 11 (1938)

State Registered No. 11880

1. PLACE OF DEATH Dis No - 7 -

County Canyon State Idaho Local Registered No. 138

Township ..... or Village ..... or

City Nampa No. OCT 8 1938, St., ... Ward

(If death occurred in a hospital or institution, give its name instead of street number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hugh J. Harn

(a) Residence: No. 29 - N. Ave No. St., ...
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day and year) 2-20-64

7. AGE	Years	Months	Days	If less than 1 day, ...hrs. or .... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

9. Industry or business in which work was done as silk mill, sawmill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Iowa

FATHER

13. NAME James Harn

14. BIRTHPLACE (city or town) ..... (State or country) Ireland

MOTHER

15. MAIDEN NAME Gallohar

16. BIRTHPLACE (city or town) ..... (State or country) unknown

17. INFORMANT Mrs. H. J. Harn
(Address)

18. BURIAL, CREMATION OR REMOVAL Nash.
Place Yakima Date 9-28, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. Filed OCT 27 1938 Lyda Rodgers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-26-, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1938, to Sept 26, 1938, that I last saw him alive on Sept 26, 1938; death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance in order of onset were as follows

	Date of onset
Cerebral Hemorrhage	9-22-38

Contributory causes of importance not related to principal cause:

Arterio Sclerosis
Hypostatic Congestion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county and state)

Specify whether injury occurred in industry, in home, or in public place.

.....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Gillespie M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110881

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 156
(No. Mercy Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael Bailey 46e

(a) Residence No. Baird Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 11-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	0	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boston Mass.
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs. H. Smith
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date Sept 29 193 8

19. UNDERTAKER W. C. Bailey
(Address) Nampa Ida

20. FILED Sept 29, 193 8 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26 193 8

22 I HEREBY CERTIFY, That I attended deceased from June 10, 193 8 to Sept 26, 193 8
I last saw h~~im~~. alive on Sept 25 193 8.: death is said to have occurred on the date stated above, at 9:15A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver.	
Other **contributory causes** of importance:	
Exhaustion	

Name of operation ~ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel A Swayne, M. D.
(Address) Nampa, Ida Ho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

OCT 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110882

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 111

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

.137

2. FULL NAME Owen Kelley Sprague

(a) Residence. No. 12 & 8 Linden St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Martha Jane Sprague

6. DATE OF BIRTH (month, day, and year) Oct 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio or Illinois

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ohio or Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT C. E. Sprague
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Sept 28 1938

19. UNDERTAKER E. V. Lee Mortuary
(Address) Caldwell Ida

20. FILED 9-30, 1938 Edmund Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 193.., to Sept 27, 193..
I last saw him alive on Sept 25, 193..; death is said to have occurred on the date stated above, at 3:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility	Several years
Senile dementia	" "
Prostatitis	9-1-38
Acute cystitis	9-1-38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl Wagoner M. D.
(Address) Caldwell, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa
OCT 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110883

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 139
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Evan Evans
(a) Residence No. Elk City Kansas St. 4 mi So Nampa
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S., if of foreign birth? ..... yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
6a. If married, widowed, or divorced (or) WIFE of: Mary Evans
6. DATE OF BIRTH (month, day, and year): Dec. 16 1881
7. AGE: Years 57 | Months 7 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER FATHER
13. NAME: Evan Evans
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Nan Stephenson
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Grady Evans (Address) Elk City Kansas
18. BURIAL, CREMATION OR REMOVAL. Place Elk City Cem. Date Sept 29, 1938
19. UNDERTAKER: Earle Talley (Address) Nampa Ida
20. FILED Sept 29, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/28 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193... death is said to have occurred on the date stated above, at about 1: A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Found lying face down near outbuildings in Pea Pickers Camp.	
Probably Cardiac Thrombosis.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? Canada
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Near Tent Home.
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Wm D Talley Coroner
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

OCT 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 158

DO NOT WRITE IN THIS SPACE
State File No. 110884

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerry Lance Long

(a) Residence No. 616 - 13 ave So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME C. Long

14. BIRTHPLACE (city or town)
(State or country) Mo

MOTHER

15. MAIDEN NAME Kemmer Pearl Mae

16. BIRTHPLACE (city or town)
(State or country) Okla

17. INFORMANT C. Long
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 10-11-38

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Oct 1, 1938 Ryda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-3 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-29, 1938, to 10-3, 1938
I last saw h. alive on 10-3 1938: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abscess of Rectum	Carcinoma

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. L. Stanton, M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110885

Registration District No. 17
Primary Registration District No. 1806 Local Registrar's No. 159

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Alice Moreland 958

(a) Residence No. 1012 - 14 Ave. So, Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of R. E. Moreland

6. DATE OF BIRTH (month, day, and year) 4-16-81

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER FATHER

13. NAME A. L. Poe

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Mitchell

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT R. E. Moreland
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 10 - 9, 1938

19. UNDERTAKER F. H. Robinson
(Address) Nampa Idaho

20. FILED Oct 7, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-4 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938, to Oct 4, 1938
I last saw her alive on Oct 4 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis - High Blood Pressure	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. O. Wolfe, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110886

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 64
(No. Cottage Hospital) 159
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Ozetta Stephenson
(a) Residence No. Miller Dale St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 7-27-38
7. AGE: Years | Months | Days: 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER
13. NAME Charles W. Stephenson
14. BIRTHPLACE (city or town) (State or country) Peculiar Mo.

MOTHER
15. MAIDEN NAME Allie Mae Glover
16. BIRTHPLACE (city or town) (State or country) Powder Grove Mo.

17. INFORMANT Charles W. Stephenson
(Address) Milner Dale

18. BURIAL, CREMATION OR REMOVAL
Place Burley Dale Date 7/31, 1938

19. UNDERTAKER Henry B. McCulloch
(Address) Burley-Dale

20. FILED 7-31, 1938 Laura G. Spraeker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-30 1938

22 I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to July 30, 1938
I last saw her alive on July 30 1938: death is said to have occurred on the date stated above, at 5:00 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Bilat	
Other **contributory causes** of importance:	

Name of operation None of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hugh E Dow, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110887

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 63
(No. 82a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora Speckman
(a) Residence No. Oakley St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Speckman
6. DATE OF BIRTH (month, day, and year) Feb. 13, 1872
7. AGE: Years 66 | Months 5 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Aug. 38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelbyville
(State or country) Illinois

FATHER
13. NAME Jacob Sternson
14. BIRTHPLACE (city or town) —
(State or country) Illinois

MOTHER
15. MAIDEN NAME Ellen Robinson
16. BIRTHPLACE (city or town) —
(State or country) Illinois

17. INFORMANT William J. Speckman
(Address) Oakley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley, Date Aug. 13, 1938

19. UNDERTAKER Jay B. McCullough
(Address) Burley, Idaho

20. FILED 8-13-, 1938 Laura D. Spiacher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/11 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/1/38, 193..., to 8/11, 193.8
I last saw h. alive on 8/11 193.8: death is said to have occurred on the date stated above, at 2:a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemoplegia	
Cerebral Hemorrhage	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. Hutton, M. D.
(Address) Oakley, Idaho

PLACE OF DEATH
County of Cassia
City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110886

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 71

OCT 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 46b

2. FULL NAME Jared A. Mercer

(a) Residence No. Oakley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie M. Mercer

6. DATE OF BIRTH (month, day, and year) Feb 15 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Education
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 39
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) Ann Park Ut.
(State or country)

FATHER
13. NAME Armond Mercer
14. BIRTHPLACE (city or town) Ann Park
(State or country)

MOTHER
15. MAIDEN NAME Sarah Schelby
16. BIRTHPLACE (city or town) Ann Park Ut.
(State or country)

17. INFORMANT Mrs. Annie Mercer Oakley
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakley Date 8-31, 1938

19. UNDERTAKER Oakley Furniture Co.
(Address) Oakley, Ida.

20. FILED Sept 22, 1938 Laura D. Archer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/29 1938

22 I HEREBY CERTIFY, That I attended deceased from 8/1, 1938, to 8/29, 1938
I last saw him alive on 8/28 1938: death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intus. Fistual	
& Nephritis.	
& Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Cuthbertson, M. D.
(Address) Oakley.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT MARGIN RESERVED FOR BINDING
should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s... DEATH in ...
plain terms, so that it may be properly classified. Exact statement of OCCUPATIO... ...portant. See instruc-
tion on back of certificate. ...formation

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11088

SEP 10 1938

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 67

(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Madonna Bailey

(a) Residence No. 375 Diamond St St. Twin Falls Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 12-18-1919

7. AGE: Years 18 | Months 8 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME S.W. Bailey

14. BIRTHPLACE (city or town) Nephi
(State or country) Utah

MOTHER

15. MAIDEN NAME Macil Robinson

16. BIRTHPLACE (city or town) Upton
(State or country) Utah

17. INFORMANT S.W. Bailey
(Address) 375 Diamond St Twin Falls Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sunset Memorial Date 9-7, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-9, 1938 Laura D. Procher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-3 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-3-, 1938, to 9-3, 1938

I last saw her alive on 9-3 1938: death is said to have occurred on the date stated above, at 10:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Auto Accident	9-3-38
Fractured skull	
Traumatic	
Shock	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-3-38 1938

Where did injury occur? Burley Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury Auto accident

Nature of injury Traumatic - Shock

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. M. Dally, M. D.

(Address) Burley Ida.

110890

PLACE OF DEATH

County of Cassia

City of Burley

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 72

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 69

(No Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 9:15 P

2. FULL NAME Daute A. Pajarola

(a) Residence No. Burley, Idaho. R. F. D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-20-1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Aug '38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Eureka
(State or country) Nevada

FATHER

13. NAME Antonio Pajarola

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Carolina Tams

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Thomas A. Pajarola
(Address) Burley-Idaho R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Burley-Idaho Date 9-14, 193 8

19. UNDERTAKER E. W. Smallwood E-304
(Address) Burley Idaho

20. FILED 9-12, 193 8 Laura D. Proctor
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-10-1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 6, 193 8 to Sept 10, 193 8

I last saw him alive on Sept 10 193 8: death is said to have occurred on the date stated above, at 7:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Sept 6 1938
Other **contributory causes** of importance:	
Endocarditis	1932

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh L Dunn, M. D.

(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Satin.

PLACE OF DEATH
County of Cassia
City of Declo
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110891

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 70
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 131 b

2. FULL NAME Viola Ruth Sweet

(a) Residence No. ..... Declo Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Virl Sweet

6. DATE OF BIRTH (month, day, and year) May 19 - 1895

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	43	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boulder (State or country) Colorado

FATHER
13. NAME George B. Flynn
14. BIRTHPLACE (city or town) ..... (State or country) Kansas

MOTHER
15. MAIDEN NAME Lucinda Guthrie
16. BIRTHPLACE (city or town) ..... (State or country) Virginia

17. INFORMANT E. M. Sweet (Address) Declo Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Declo Date 9-20, 1938

19. UNDERTAKER Rodney Bondurant (Address) Rupert, Idaho.

20. FILED 9/6/19, 1938 Laura G. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-17 1938

22 I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Sept 17, 1938
I last saw her alive on Sept 14 1938: death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Mar 28-38
Other contributory causes of importance:	
Mitral regurgitation	Aug 1-38

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Slater M. D.
(Address) Albion Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

RECEIVED OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110892

Registration District No. 117
Primary Registration District No. 2186 Local Registrar's No. 72

(No. 45)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sidney Mont Law

(a) Residence No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of O. C. Law

6. DATE OF BIRTH (month, day, and year) Nov 11 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	3	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Lehi
(State or country) Utah

FATHER
13. NAME Wesley Burgo
14. BIRTHPLACE (city or town)
(State or country) N. Carolina

MOTHER
15. MAIDEN NAME Nancy Josephine Robbins
16. BIRTHPLACE (city or town)
(State or country) N. Virginia

17. INFORMANT O. C. Law
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date Sept 22, 1938

19. UNDERTAKER O. C. Law
(Address) Burley

20. FILED Sep 22, 1938 Laura B. Sprague
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 19 1938

22 I HEREBY CERTIFY, That I attended deceased from May 14, 1936, to September 19, 1938

I last saw her alive on Sept 14 1938: death to said knowledge occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus.	1933

Other contributory causes of importance:

Toxin from Cancer Metastasis	1938 March

Name of operation Biopsy & Curret Date of 1937
What test confirmed diagnosis? Was there an autopsy? No Section of tissue

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas P. Robinson, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110893

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 73
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 23

2. FULL NAME Howard R. Hanson
(a) Residence No. 116 N. Hansen Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 21 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of — (or) WIFE of —
6. DATE OF BIRTH (month, day, and year): May 25-1917
7. AGE: Years 21 | Months 4 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Key Cleaner
9. Industry or business in which work was done, as mill, saw mill, bank, etc.: Burley Laundry Co.
10. Date deceased last worked at this occupation (mo. and yr.): 7-28-38
11. Total time (years) spent in this occupation: 2 yrs.

12. BIRTHPLACE (city or town) (State or country): Burley - Ida

FATHER
13. NAME: Carl Edwin Hanson
14. BIRTHPLACE (city or town) (State or country): Pleasant Grove Utah

MOTHER
15. MAIDEN NAME: Velma Ann Marriott
16. BIRTHPLACE (city or town) (State or country): Pleasant Grove Utah

17. INFORMANT: Carl Edwin Hanson
(Address) 116 N. Hansen Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Burley - Ida. Date 10-5-, 1938

19. UNDERTAKER: Vern B. McCulloch
(Address) Burley Ida.

20. FILED 10-3-, 1938 Lawrence Sprachen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-1-1938

22 I HEREBY CERTIFY, That I attended deceased from 9-24-, 1938, to 10-1, 1938
I last saw him alive on 10-1 1938: death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	9-25-38

Other contributory causes of importance:

Acute Pulmonary Tbc	June or July 1938

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy?

25. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Chas. F. Parkinson, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

OCT 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110894

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 75

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas R Burnham

(a) Residence No. ..... Burley Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Burnham

6. DATE OF BIRTH (month, day, and year) May 8 - 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Washington Co Ill
(State or country)

FATHER

13. NAME Harry Burnham

14. BIRTHPLACE (city or town) Athens Ohio
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hemphill

16. BIRTHPLACE (city or town) Mansfield Ohio
(State or country)

17. INFORMANT Elizabeth Burnham
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 10-5-, 1938

19. UNDERTAKER C. A. Payne
(Address) Burley

20. FILED Oct 11, 1938 Lora E. Spencer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-1-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Date of death	
10-1-38	

Other contributory causes of importance:

Heart failure	
a c	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Farm

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110895

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 74

OCT 1 (No.....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lora Smith 50

(a) Residence No..... Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of L. G. Smith

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Washington Co
(State or country) Ohio.

FATHER

13. NAME A. D. Tidwell
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Martha Butler
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT L. G. Smith
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date ....., 193.

19. UNDERTAKER C. A. Sawyer
(Address) Burley

20. FILED Oct. 11, 193 8 Lora E. Strachan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-2 1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1938, to Oct 3, 1938
I last saw her alive on Oct 3 1938: death is said to have occurred on the date stated above, at 9:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ca of Rt. Breast metastasis to regional lymph nodes & vertebrae	1937. 2-1938.

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. M. Dilly, M. D.
(Address) Burley Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clark
City of Dubois

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 110896
State File No.

Registration District No. 195
Primary Registration District No. Local Registrar's No. 3
(No. 200)

OCT 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Riley Ellsworth Landacre

(a) Residence No. St. Dubois Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lettie Landacre

6. DATE OF BIRTH (month, day, and year) July 19, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General const.

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1937

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Hilliard
(State or country) Ohio

FATHER

13. NAME Isaac Landacre

14. BIRTHPLACE (city or town) Columbus
(State or country) Ohio

MOTHER

15. MAIDEN NAME Gittens

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Mrs. Lettie Landacre
(Address) Dubois, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Dubois, Idaho Date Sept. 17, 1938

19. UNDERTAKER O. D. Buck
(Address) Idaho Falls, Ida.

20. FILED 9/17, 1938 B. H. Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 15 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 1:23 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
No physician present	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) B. H. Thomas, M. D.
(Address) Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110897

OCT 3 - 1938

Registration District No. 96
Primary Registration District No. 2107 Local Registrar's No. 74

(If death occurred in a hospital or institution, give its name instead of street and number) (No. State Hospital North) 94b

2. FULL NAME Mary Fumerton

(a) Residence No. ... St. Kellogg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. 24 mos. ds. How long in U. S., if of foreign birth? ... yrs. 50 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of D. J. Fumerton

6. DATE OF BIRTH (month, day, and year) 5-24-72

7. AGE — Years: 66 | Months: 3 | Days: 4 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Patrick Murphy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Annie Maroney
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. Cemetery Date Sept. 1, 1938

19. UNDERTAKER Fred A. Billberg, Hosp Attd
(Address) Orofino, Idaho

20. FILED 9/2, 1938 M. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-28-1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1926, to Aug. 28, 1938

I last saw her alive on Aug. 28, 1938: death is said to have occurred on the date stated above, at 6:05P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6 hrs.
Other contributory causes of importance:	
Arteriosclerosis	1 yr.
Senile Psychosis	3 "

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1938
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Irene McKelvey, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

OCT 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110898

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 73
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Alice M. Tuttle

(a) Residence No. ____ St. Rt. #3, Garfield, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 14 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Earl Tuttle

6. DATE OF BIRTH (month, day, and year) 4/1/1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	5	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Ontario (State or country) Canada

FATHER

13. NAME Ed Trainer
14. BIRTHPLACE (city or town) Ontario (State or country) Canada

MOTHER

15. MAIDEN NAME Emaline Snyder
16. BIRTHPLACE (city or town) Ontario (State or country) Canada

17. INFORMANT State Hospital Records (Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Date 9/5, 1938

19. UNDERTAKER Hagan & Hagan (Address) Lewiston, Idaho

20. FILED 1-9-, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/1 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1938, to Sept. 1, 1938

I last saw her alive on Sept. 1. 1938: death is said to have occurred on the date stated above, at 7:30A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days ago
Other contributory causes of importance:	
Chronic Myocarditis	6 months
Manic-Depressive Psychosis, Agitated depression	30 days

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1938
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John Irvine McCaleary M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

OCT 3 '38

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110899

Registration District No. 96
Primary Registration District No. 2107 Local Registrar's No. 76
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number) 83

2. FULL NAME Frank J. Beers
(a) Residence No. 802 Everett St., St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-29-88

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chippwa
(State or country) Wisconsin

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Date 9/7, 193[illegible]

19. UNDERTAKER Rupkhan
(Address) Caldwell Ida

20. FILED 9/[illegible], 193[illegible] W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 1938

22 I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to Sept. 4, 1938
I last saw him alive on Sept. 4 1938: death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	6 months
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No oratory

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thelonue McElwain M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110900

OCT 3

Registration District No.
Primary Registration District No. Local Registrar's No. 78
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 1220

2. FULL NAME Dr. George Douglas
(a) Residence No. Weippe, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown
6. DATE OF BIRTH (month, day, and year): 1870
7. AGE: Years 58; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: DENTIST
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: office
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Orofino Hospital, Orofino, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Orofino Date: Sept 8, 1938
19. UNDERTAKER (Address): BLAKE FUNERAL HOME, Orofino, Idaho
20. FILED: 9/10, 1938 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9/6 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1938 to Sept. 6, 1938
I last saw h[illegible] alive on Sept 6 1938: death is said to have occurred on the date stated above, at 11:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated left inguinal hernia	Sept 2, 1938

Other contributory causes of importance:

Intestinal Obstruction	Sept 2 1938
Peritonitis acute	Sept 4, 1938

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. J. Hopkins, M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

OCT 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110901

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 76
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number) 108

2. FULL NAME Nick Swanberg

(a) Residence No. ____ St. St. Maries, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 12 mos. ds. How long in U. S., if of foreign birth? yrs. 52 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-6-'66

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wermaland
(State or country) Sweden

FATHER

13. NAME Unascertained
14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Britta Johnson
16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Maries Date Sept. 10, 1938

19. UNDERTAKER Stappish Funeral Home
(Address) St. Maries Ida.

20. FILED 9/7, 1938 H. A. Thaden
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-7 1938

22 I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to Sept. 7, 1938.
I last saw h~~im~~ alive on Sept. 7 1938.: death is said to have occurred on the date stated above, at 9:50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 days ago
Other contributory causes of importance:	
General Arteriosclerosis	2 yrs.
Chronic Myocarditis	1 yr.
Cerebral Arteriosclerosis with Psychosis-Manic Reaction	2 mon.

Name of operation ____ Date of ____
What test confirmed diagnosis? Clin-ical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John Irvine McKelvey M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Loon

PLACE OF DEATH
County of Clearwater
City of Camp T Potlatch Forests

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110902

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 77
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 3

1266

2. FULL NAME Bert Crabb

(a) Residence No. Cardiffs Spur (Headquarters, Idaho) St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Crabb

6. DATE OF BIRTH (month, day, and year) 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. woods

10. Date deceased last worked at this occupation (mo. and yr.) Sept 7

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston, B.C. Canada

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknwon

17. INFORMANT Potlatch Forests Inc.
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Date Sept 11, 193 8

19. UNDERTAKER Blake Funeral Home
(Address) Orofino, Idaho

20. FILED Sept 9, 193 8 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 7 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental death	
trauma thoart	
falling log from	
Loader	
Other contributory causes of importance:	
fractured skull	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury Sept 7, 193 8

Where did injury occur? Near Headquarters
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place industry, falling

Manner of injury accident & Flood

Nature of injury Crushed abdomen, chest.

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. Osenton Justice, M. D.

(Address) acting coroner Pierce, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110903

OCT 3 - 1938

Registration District No. 20
Primary Registration District No. 2057 Local Registrar's No. 79
(No. in Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Helen Timbrook 946
(a) Residence No. Orofino, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Charles Timbrook

6. DATE OF BIRTH (month, day, and year): April 27, 1887

7. AGE: Years 51 | Months 5 4 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home
10. Date deceased last worked at this occupation (mo. and yr.): Sept 5
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Rathdrum, Idaho

FATHER

13. NAME: Emery Martin
14. BIRTHPLACE (city or town) (State or country): Unknown Kentucky

MOTHER

15. MAIDEN NAME: Margerot Adkins
16. BIRTHPLACE (city or town) (State or country): unknown Missouri

17. INFORMANT: Mrs. Milton Hibbs
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Orofino, Ida. Date: Sept 11, 1938

19. UNDERTAKER: BLAKE FUNERAL HOME
(Address) Orofino, Idaho.

20. FILED 9/12, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Sept 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1938, to Sept 9, 1938
I last saw h[illegible] alive on Sept 9 1938: death is said to have occurred on the date stated above, at 4 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 9 1938
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harland P. Kahler, M. D.
(Address) Orofino, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Headquarters B.R.C. 1101.

OCT 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110904

Registration District No. 90

Primary Registration District No. 2157

Local Registrar's No. 80

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number) 94a

2. FULL NAME George W Hodge

(a) Residence No. St. Spokane Wash

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. / mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Neva Hodge

6. DATE OF BIRTH (month, day, and year): Sept 3 1893

7. AGE: Years 44 | Months no | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B R C Camp.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sherwood Ore

FATHER

13. NAME: John T. Hodge

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Sarah Jane Patton

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Mrs. A. C. Williams

(Address) Spokane Wash.

18. BURIAL, CREMATION OR REMOVAL

Place Orofino Ida Date Sept 14, 1938

19. UNDERTAKER: Blake Funeral Home

(Address) Orofino, Ida

20. FILED 9/14, 1938 W. A. Chase Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Sept 13 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193....: death is said to have occurred on the date stated above, at about 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? Headquarters Ida B R C Camp 101

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Wayne J. Kemp, M. D.

(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110905

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 91

OCT 3

Wiloughy residense
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

946

2. FULL NAME J. B. Loomis

(a) Residence No. Pierce, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) Feb. 14/1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88 yrs	8 mo.	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. surveyer (engineer)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. state and county work
10. Date deceased last worked at this occupation (mo. and yr.) unknown
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Waukesah,
(State or country) Wisconsin

FATHER

13. NAME unknown
unknown
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Robt. E. Willoughby
(Address) Pierce, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pierce, Ida Date Sept. 19 1938

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Idaho

20. FILED 9/19, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/14 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...
I last saw h— alive on —— 193...: death is said to have occurred on the date stated above, at 5 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary sclerosis.	9-5-38

Other **contributory causes** of importance:

Coronary sclerosis	
Terminal Bronchopneumonia	9-13-38

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) A. B. Poppenhagen, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110906

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 82
(No. Orofino Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number) 122 b

OCT 3 - 1938

2. FULL NAME Charles L. Watson

(a) Residence No. ..... St. Melrose Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Watson

6. DATE OF BIRTH (month, day, and year) March 26-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME W. L. Watson
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Barbra Lorimer
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT John Watson
(Address) Melrose Ida

18. BURIAL, CREMATION OR REMOVAL
Place Melrose Ida Date Sept 25 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 9/24, 1938 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/22 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938 to Sept 22, 1938
I last saw him alive on Sept 22 1938: death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction (Volvulus and Adhesions)	Sept 21, 1938

Other **contributory causes** of importance: .....

Name of operation Intestinal Obstruction Date of Sept 22
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harland P. Kahler M. D.
(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110907

Registration District No. 96
Primary Registration District No. 2167 Local Registrar's No. 83
(If death occurred in a hospital or institution, give its name instead of street and number) 83
(No. State Hospital North)

OCT 3 1938

2. FULL NAME Joseph Leischner

(a) Residence No. ..... St. Wallace, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Anna Leischner

6. DATE OF BIRTH (month, day, and year) 4-18-82

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	56	5	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brew Master
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT State Hospital Records,
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Sept. 28, 1938

19. UNDERTAKER W. A. Thaler
(Address) Orofino

20. FILED 9/26, 1938 W. A. Thaler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1937, to Sept. 26, 1938
I last saw him alive on 9-26 1938: death is said to have occurred on the date stated above, at 2:35A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	4 yrs. ago
Other contributory causes of importance:	
Cardiac renal syndrome	3 months

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab- Was there an autopsy? No oratory

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelway M. D.
(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Elk River
P. F. D. Camp 5.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110908

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 84
(No.) 2056
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 3 - 1938

2. FULL NAME John Pavich

(a) Residence No. St. Elk River
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Pavich

6. DATE OF BIRTH (month, day, and year): Nov 11-1884

7. AGE: Years 53 | Months 10 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Woods work
10. Date deceased last worked at this occupation (mo. and yr.): Sept 26 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER
13. NAME: Martin Pavich
14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER
15. MAIDEN NAME: unascertained
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: P. F. D. Camp 5 records
(Address): Elk River Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Elk River Date: Sept 29, 1938

19. UNDERTAKER: Orofino Mortuary
(Address): Orofino Ida

20. FILED 9/28, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 26 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 10 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed Skull & Fractured neck.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Sept 26 193 8
Where did injury occur? P. F. D. Camp 5
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Industry Camp 5.
Manner of injury Struck in head by broken Cable
Nature of injury Fractured Skull & neck.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. Wayne L. Haynes M. D.
(Address) Orofino Ida

Laborer at Work

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110909

Registration District No. 90

Primary Registration District No. 2167

Local Registrar's No. 85

OCT 3 1938

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number) 82 a

2. FULL NAME Henry T. Simmonds

(a) Residence No. ..... St. Medimont, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-11-98

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cornwall
(State or country) England

FATHER

13. NAME Harry Simmonds

14. BIRTHPLACE (city or town) Cornwall
(State or country) England

MOTHER

15. MAIDEN NAME Annie Thomas

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT State Hospital North
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date 9-28, 1938

19. UNDERTAKER Fred A. Bill berg, Hosp. Attd
(Address) Orofino, Idaho.

20. FILED 9/30, 1938 Ida Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/26 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1936, to Sept. 26, 1938

I last saw him alive on 9-26 1938: death is said to have occurred on the date stated above, at 4:20A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk. ago
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Louie McKelway M. D.

(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Glenn Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110910

OCT 11 1938

Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Tennessee Corby

(a) Residence No. Glenn Ferry St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert D. Corby

6. DATE OF BIRTH (month, day, and year) June, 18. 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (mo. and yr.) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME John Pigg

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Mr. George Rosevear
(Address) Glenn Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glenn Ferry Date Oct 2 1938

19. UNDERTAKER Fraction-Bay Funeral Home
(Address) Glenn Ferry Idaho

20. FILED Oct 1, 1938 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 28 1938

22 I HEREBY CERTIFY, That I attended deceased from October 18, 1937, to September 28 1938
I last saw her alive on Sept. 28 1938: death is said to have occurred on the date stated above, at 4:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ~~right~~ left ovary	Aug. 1937
Other contributory causes of importance:	

Name of operation Colostomy Date of June 5 1938
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Harris, M. D.
(Address) Glenns Ferry, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Mountain Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OCT 5 1938

DO NOT WRITE IN THIS SPACE

State File No. 110911

Registration District No. 2 1

Primary Registration District No. 2 1 2 2 Local Registrar's No. 15

(No.) 46 b

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas E. Dolan

(a) Residence No. County Home St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Myrtle Dolan

6. DATE OF BIRTH (month, day, and year) Aug. 20, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	74	I	II	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hard rock

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Illinois

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Chas. Crabb
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain Rest Date Oct. 1, 1938

19. UNDERTAKER Zacher-Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED Oct 1, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/29 1938

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1936, to Sept. 29, 1936.

I last saw him alive on Sept 28 1938: death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach & intestines	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) Mountain Home Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Fairview

OCT 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110912

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 10
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louisa Jane Hyde Andrews 108

(a) Residence No. Fairview, Idaho St.
(Usual place of abode) Life (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm P. Andrews

6. DATE OF BIRTH (month, day, and year) 7-16-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own house
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Fairview
(State or country) Idaho

FATHER
13. NAME Josel James Hyde
14. BIRTHPLACE (city or town) _____
(State or country) Mo.

MOTHER
15. MAIDEN NAME Jane Driggs
16. BIRTHPLACE (city or town) _____
(State or country) Ill.

17. INFORMANT Wm P. Andrews
(Address) Fairview, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fairview, Ida Date Sept. 8, 1938

19. UNDERTAKER O. Sherwin Webb
(Address) Preston, Ida

20. FILED Oct 8, 1938 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-4-1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1938, to Sept 4, 1938
I last saw her alive on Sept 3 1938; death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:
Chronic Valvular Heart Disease

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_____
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Eugene Morley, M. D.
(Address) Preston

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

OCT 14

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110913

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 11

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME Adelbert O. Merrill

(a) Residence No. Preston, Idaho St. _____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Merrill

6. DATE OF BIRTH (month, day, and year) Sept. 4, 1872

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
66		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Dealer

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Smithfield, Utah (State or country)

FATHER

13. NAME Samuel A. Merrill

14. BIRTHPLACE (city or town) _____ (State or country)

MOTHER

15. MAIDEN NAME Lenora Noble Merrill

16. BIRTHPLACE (city or town) _____ (State or country)

17. INFORMANT Ronald Merrill (Address) Preston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Preston, Idaho Date Sept. 23, 1938

19. UNDERTAKER M.W. Hendricks (Address) Preston, Idaho

20. FILED Oct 8, 1938 G.W. Staten Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 19 1938

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1938 to Sept 19, 1938

I last saw him alive on Sept 19 1938: death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ureto-carcinoma c	
Metastasis	July 1938
Myo-Carditis	July 1938
Other contributory causes of importance:	
Chronic Nephritis	July 1938

Name of operation _____ Date of _____

What test confirmed diagnosis? Pt Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193_____

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so specify _____

(Signed) O. R. Carlston M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

OCT 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No. ____)

DO NOT WRITE IN THIS SPACE
State File No. 110914
Local Registrar's No. 16

37

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert C Hansen

(a) Residence No. Preston Idaho St. 37
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 17 1920

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	18	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston Idaho
(State or country)

FATHER

13. NAME A. C. Hansen

14. BIRTHPLACE (city or town) Dehmark
(State or country)

MOTHER

15. MAIDEN NAME Amanda Stokes

16. BIRTHPLACE (city or town) Croyden Utah
(State or country)

17. INFORMANT A. C. Hansen
(Address) Preston Id.

18. BURIAL, CREMATION OR REMOVAL
Place Preston Idaho Date Sept 23, 193 38

19. UNDERTAKER M. W. Hendricks
(Address) Preston Id.

20. FILED Oct 8, 193 8 G. W. Skates
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-22 1938

22. I HEREBY CERTIFY, That I attended deceased from August 12, 193 8, to Sept 22, 193 8
I last saw h[illegible] alive on Sept 22 193 8: death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonal endocarditis	8-20-38
Streptococcus Sore throat	8-10-38

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? Blood Culture Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) A. C. Hansen, M. D.
(Address Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110915

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 25

(No. .....)

Oct 1 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alexander Theoadore Lundquist

(a) Residence No. Weston Idaho St. .....

(Usual place of abode) 39 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alvilda Lundquist

6. DATE OF BIRTH (month, day, and year) Sept 3 1868

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	~~nth~~	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Logan Utah
(State or country)

FATHER

13. NAME Axel Theoadore Lundquist

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Sarah Earson

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Alvilda Luhdquist
(Address) Weston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weston Date Sept 28, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Oct 8, 1938 G. W. Stalker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/28 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute Heart trouble	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. W. Hendricks, M.D.

(Address Mound Nancy J Cornman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Weston

OCT 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110916

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 12

(No.) 202

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Herbert Barrett 202 g

(a) Residence No. Weston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Scharlotte Janet Barrett

6. DATE OF BIRTH (month, day, and year) Apr. 6 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	5	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Ogden
(State or country) Utah

FATHER
13. NAME Richard Barrett
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Anna Toone
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Scharlotte Barrett
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place North Ogden Date Oct 2, 1938
Utah

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Oct 8, 1938 G. W. Stoker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 28 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed by falling hay derrick pole	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 9-28 193...
Where did injury occur? Weston Franklin Idaho (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M.D.
(Address Preston Idaho Farmer

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

RECEIVED OCT 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No. _____)

DO NOT WRITE IN THIS SPACE
State File No. 110917

Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Boyde Biggs Adamason 2149

(a) Residence No. _____ Franklin Idaho St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 12 1915

7. AGE: Years 23 | Months 11mm | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Franklin Idaho
(State or country)

FATHER

13. NAME John L Adamason
14. BIRTHPLACE (city or town) Franklin
(State or country) Id.

MOTHER

15. MAIDEN NAME Maud Biggs
16. BIRTHPLACE (city or town) Cove Utah
(State or country)

17. INFORMANT John Adamason
(Address) Franklin Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Franklin Date Oct 1 1938

19. UNDERTAKER M. W. Hendricks
(Address) Idaho

20. FILED Oct 8, 1938 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-29 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193__, to _____, 193__
I last saw h... alive on _____ 193__: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental death caused by plane nose-diving into earth at low altitude	
Other contributory causes of importance:	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? _____ Date of injury 9-28-38
193__
Where did injury occur? West of Preston Idaho Franklin (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place near public highway
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) _____ M. D.
(Address) Coroner Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin.
City of Preston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110918

Registration District No. 27
Primary Registration District No. 2114 Local Registrar's No. 12
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard Stephen Byington 94a

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Alice

6. DATE OF BIRTH (month, day, and year) Aug 14, ~~1884~~ 1885

7. AGE Years	Months	Days	If DEAD less than 1 day ..... hrs. or ..... min.
53	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Downey Idaho
(State or country)

FATHER

13. NAME Stephen Elliot Byington
14. BIRTHPLACE (city or town) Ogden Valley
(State or country) Utah

MOTHER

15. MAIDEN NAME Jane Larsen
16. BIRTHPLACE (city or town) Murray
(State or country) Utah

17. INFORMANT Rosmae L. Byington
(Address) Preston Rt #2

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Riverside Ida Date Oct 11, 1938

19. UNDERTAKER Frank A Ecker
(Address) Preston Idaho

20. FILED Oct 8, 1938 C. W. Hales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-8 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-5, 1938, to 10-8, 1938
I last saw h~~im~~ alive on 10-5 1938: death is said to have occurred on the date stated above, at 3 a~~m~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	10-5-38
Other contributory causes of importance:	
Generalarteriosclerosis	1930

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Miller, M. D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Chester

REC'D
SEP 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110919

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 3 5 2

(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME D. Martin Fargo

(a) Residence No. Idaho Falls Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helena Jackson Fargo

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canyon City So. Dako.

FATHER
13. NAME D. S. Fargo
14. BIRTHPLACE (city or town) (State or country) So. Dak.

MOTHER
15. MAIDEN NAME Bessie
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT L. G. Jackson (Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 9/18, 1938

19. UNDERTAKER Woods Funeral Service (Address) Idaho Falls Idaho

20. FILED Sept 16, 1938 Sarah B. Mousnik Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/15 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193—, to ——, 193—
I last saw him alive on —— 193—: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide	
Shot himself in car 3 mile South of Ashton on Yellowstone Highway — suicide field	
Other contributory causes of importance:	
Monoxide Gas.	

Name of operation —— Date of ——
What test confirmed diagnosis? —— Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, ~~or homicide~~? Date of injury 9/15/, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Highway
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) W. M. Hanger Co. Coroner
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

OCT 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110920

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 2106
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Byron Huff
(a) Residence No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 8/14-1925
7. AGE: Years: 13 | Months: 0 | Days: 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dolores (State or country) Colorado

FATHER
13. NAME Joseph B. Huff
14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER
15. MAIDEN NAME Vurl Robbins
16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMANT Mrs Vurl Huff
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 9/3, 1938

19. UNDERTAKER C O Buckenmeyer
(Address) Emmett Idaho

20. FILED 9/12, 1938 J R Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/31 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Struck by automobile while walking on highway	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Aug 31 1938
Where did injury occur? Near Betha, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Struck by automobile
Nature of injury Fracture Skull, Broken Neck & Left Arm
Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C M. Buckenmeyer, Coroner
(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110921

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. 87 L)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bert S. Wright
(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Wright

6. DATE OF BIRTH (month, day, and year) 7-12-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	1	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Sept
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER
13. NAME George Wright
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Mary Maxwell
16. BIRTHPLACE (city or town) Carrollton (State or country) New York

17. INFORMANT [illegible] Wright
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 9/1, 1938

19. UNDERTAKER C. O. Buckmeier
(Address) Emmett Ida

20. FILED 8/31, 1938 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/30 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Aug 30, 1938
I last saw him alive on 8/30 1938: death is said to have occurred on the date stated above, at 6:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinson's disease (slowly progressive)	Many years
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [illegible] Farmer, M. D.
(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110922

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

OCT 8 - 1938

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maxine Lavon Geer

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Wht	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/3-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Charles LeRoy Geer

14. BIRTHPLACE (city or town) ____
(State or country) Oklahoma

MOTHER

15. MAIDEN NAME Rose Mildred McKinney

16. BIRTHPLACE (city or town) ____
(State or country) Arkansas

17. INFORMANT Roy Geer
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 9/4, 1938

19. UNDERTAKER C. D. Buchanan
(Address) Emmett Idaho

20. FILED 9/3, 1938 J. K. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/2 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Sept 2, 1938

I last saw him alive on Sept 1, 1938: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mongoloid Idiot	Congenital
Bronchial Pneumonia	four days
Whooping Cough	6 weeks

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. E. Hawkins, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110923

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amanda Antoinette Pratt
(a) Residence No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....
6. DATE OF BIRTH (month, day, and year): 5-12-1851
7. AGE — Years: 87 — Months: 4 — Days: 12 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hillsboro
(State or country) Ohio

FATHER
13. NAME James F. Pratt
14. BIRTHPLACE (city or town) .....
(State or country) Ohio

MOTHER
15. MAIDEN NAME Margaret Poe
16. BIRTHPLACE (city or town) .....
(State or country) .....

17. INFORMANT .....
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Glad Lawn Date ....., 193.....

19. UNDERTAKER .....
(Address) .....

20. FILED 9/26, 1938 J. C. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/24-1938

22. I HEREBY CERTIFY, That I attended deceased from June, 193.., to Sept., 193..
I last saw her alive on July, 193.. and death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Arteriosclerosis and Cardiac Myocarditis	15 years
	standing

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Lawrence, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett

OCT 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110924

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number) 206 E

2. FULL NAME Frances Marion Mengues

(a) Residence No. Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/26-1865

7. AGE: Years 73 | Months 1 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 8/1-38
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Calif

FATHER

13. NAME Conrad Mengues
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Lavina Dollarhide
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT J. Reynolds Emmett
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett Date Oct 2, 1938

19. UNDERTAKER C. D. Buckmun
(Address) Emmett Ida

20. FILED Oct. 3, 1938 J. E. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/29 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____ 193...: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Drove automobile against moving train
Fractured Skull

Date of onset

Other contributory causes of importance:

Broken left shoulder

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 9/29, 1938
Where did injury occur? Near Emmett, Gem, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Car struck train
Nature of injury Head injuries, broken shoulder

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Merle Buckmun Coroner
(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110925

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 792.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 464

2. FULL NAME Ephraim Eucebias Strayer

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Strayer

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 70 | Months: 11 | Days: 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 6 weeks
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town): Tylersville, (State or country) Pennsylvania

FATHER

13. NAME: Samuel Strayer
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Mary E. Schrickengost
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Leo Hutchinson
(Address): Gooding

18. BURIAL, CREMATION OR REMOVAL
Place: Gooding Date: Aug. 29th, 1938

19. UNDERTAKER: F. E. Thompson.
(Address): Gooding

20. FILED: Aug 30, 1938 J. H. Conway Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Aug 28 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 28, 1938
I last saw him alive on Aug 27 1938; death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas & Metastasis to liver	Feb 1938
Other contributory causes of importance:	

Name of operation: Ex Laparotomy Date of: 4/25
What test confirmed diagnosis? Was there an autopsy? No Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Barrick, M. D.
(Address) Gooding, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

OCT 1 1938 # →

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110926

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 795
(No Gooding County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 145 a

2. FULL NAME Mary Virginia Gehring
(a) Residence No. Shoshone St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of M F Gehring.

6. DATE OF BIRTH (month, day, and year) Dec 25 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shoshone
(State or country) Idaho

FATHER
13. NAME R. W. Crumpler
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Alice Parry
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT F. M. Gehring
(Address) Shoshone

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 9—3, 1938

19. UNDERTAKER A E Henderson
(Address)

20. FILED 9/30, 1938 J. H. Cramer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Sept 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938 to Sept 3, 1938
I last saw her alive on Sept 3 1938: death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal infection	8-20-38
Retained placenta	8-18-38
Fibromyomata uteri	2yrs +
Other contributory causes of importance:	
Toxemia	8-20
Peritonitis	8-28

Name of operation Removal placenta Date of 8-18-38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Forest N Howard, M. D.
(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

RECEIVED OCT 7 - 1950

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110927

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 794
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Joan Stevens 210

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-28-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1 ~~13~~	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gooding Idaho Gooding

FATHER
13. NAME Warren C. Stevens
14. BIRTHPLACE (city or town) (State or country) Mt Pleasant Ut. Utah

MOTHER
15. MAIDEN NAME Georgia ann Winn
16. BIRTHPLACE (city or town) (State or country) Vernal Utah Uintah

17. INFORMANT (Address) Bertha Winn.

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 9-7-, 1950

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 9/7/50, 1950 J. H. Cummings
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 3 - 1950

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Automobile accident	9-3-50
Impacted skull	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury 9-3-, 1950
Where did injury occur? Highway - Fairfield Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Highway - Injury Farm
Manner of injury Automobile Collision
Nature of injury Instant death

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. E. Manuel Coroner M.D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

RECD OCT 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110928

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 293
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Georgia Ann Winn Stevens 210 8

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Warren C. Stevens

6. DATE OF BIRTH (month, day, and year) 5-20-1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29 ~~1909~~	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9-3-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vernal Utah
(State or country) Uintah

FATHER
13. NAME James Albert Winn
14. BIRTHPLACE (city or town) Vernal Utah
(State or country) Uintah

MOTHER
15. MAIDEN NAME Donna Mecham
16. BIRTHPLACE (city or town) Jensen Utah
(State or country) Uintah

17. INFORMANT A. E. Thompson
(Address) Burley-Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Gooding Date 9-7-, 1938

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 9/30, 1938 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Death caused by auto. mobile accident	
Other **contributory causes** of importance: Longuest held.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident ~~suicide, or homicide~~? Yes Date of injury Sept 3, 1938
Where did injury occur? Highway
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Highway Gooding Ida
Manner of injury Auto-accident
Nature of injury Instant death

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. E. Manuel Coroner, M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110929

OCT 7 - 1938

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 796
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1226

2. FULL NAME Terrence F. Bauer.
(a) Residence No. Gooding Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16-	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Soldier Ida.

FATHER
13. NAME Harold W Bauer
14. BIRTHPLACE (city or town) (State or country) Mt Home Idaho.

MOTHER
15. MAIDEN NAME Mary Agnes Stone.
16. BIRTHPLACE (city or town) (State or country) Riddle Ida.

17. INFORMANT Harold W Bauer
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Elmwood Cem. Date 9-9-, 1938

19. UNDERTAKER
(Address)

20. FILED 9-30, 1938 J. H. Crummett
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/6 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-13-, 1938, to 9-6-, 1938
I last saw her alive on 9-6- 1938; death is said to have occurred on the date stated above, at 2 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid Fever	
Volvulus (Bowel obstruction)	8-15-
Other **contributory causes** of importance:	
Chronic Pyelitis	
Nephritis	

Name of operation Lap. Date of 8-10
What test confirmed diagnosis? 0/S. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. H. Crummett, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of 1 356

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110930

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 797

(No. 23)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kate Crawford Nougaard
(a) Residence No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Nougaard

6. DATE OF BIRTH (month, day, and year) Aug 12-

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Nov 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orangeville
(State or country) Utah

FATHER
13. NAME W. W. Crawford
14. BIRTHPLACE (city or town) Manti, Utah
(State or country)

MOTHER
15. MAIDEN NAME Ellen J. Callay
16. BIRTHPLACE (city or town) Hebron
(State or country) Wash. Co. Utah

17. INFORMANT Frank Nougaard
(Address) Gooding

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date Sept 16, 1938

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 9/13-, 1938 J. H. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/13 1938

22 I HEREBY CERTIFY, That I attended deceased from Sep 1- , 1938, to Sp 13- , 1938
I last saw her alive on 9-13 1938: death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary Tuberculosis	7 /
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. H. Cromwell M. D.
(Address Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110931

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 798

(No. Gooding c/o. Cody Hughes. City.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie M Hughes

(a) Residence No. 615 E. Boulder St. St. Colo. Springs Colo
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of widow

6. DATE OF BIRTH (month, day, and year) 7/24/49

7. AGE: Years 89 | Months 7 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roscoe Ohio

FATHER

13. NAME Lee Musick
14. BIRTHPLACE (city or town) (State or country) Roscoe Ohio.

MOTHER

15. MAIDEN NAME ~~Ed~~ Elmira Morise Boone
16. BIRTHPLACE (city or town) (State or country) Roscoe Ohio.

17. INFORMANT E. B. Hughes
(Address) Gooding

18. BURIAL, CREMATION OR REMOVAL
Place Colo Springs Date Sept 19, 1938

19. UNDERTAKER A. E. Thompson
(Address) Gooding Idaho

20. FILED 9/20, 1938 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-14-1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to Sept, 1938
I last saw her alive on 9-14 1938: death is said to have occurred on the date stated above, at 7.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	?
Chronic Nephritis	?
Arterio-s Sclerosis	?

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. H. Cromwell, M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110932

Registration District No.
Primary Registration District No. Local Registrar's No. 18

OCT 10 1938

(No. Wendell Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Meli

(a) Residence No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Caucasian
5. Single, ~~Married, Widowed or Divorced~~ (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 23, 1879

7. AGE — Years: 59 | Months: 8 | Days: 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Wangs, St Gall
(State or country): Switzerland

FATHER
13. NAME: Anton Meli
14. BIRTHPLACE (city or town):
(State or country): Switzerland

MOTHER
15. MAIDEN NAME: Kathleen Kalberer
16. BIRTHPLACE (city or town):
(State or country): Switzerland

17. INFORMANT: Mrs Anton Meli
(Address): Kimberly, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls Date: 9/19/, 1938

19. UNDERTAKER: White Mortuary
(Address): Twin Falls, Idaho

20. FILED: 10-11, 1938 C. E. Zeller Registrar.
E. E. Simonton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/19/1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Sept 19, 1938
I last saw him alive on Sept 15 1938: death is said to have occurred on the date stated above, at 6 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Infection Hip Joint + Osteomyelitis with septic absorption	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Zeller, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110933

OCT 7 1938

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 799

(No. 183)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Janett Jones

(a) Residence No. Gooding Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gooding
(State or country) Idaho

FATHER

13. NAME Joe M. Jones
14. BIRTHPLACE (city or town) Gooding
(State or country) Idaho

MOTHER

15. MAIDEN NAME Leona Proctor
16. BIRTHPLACE (city or town)
(State or country) [illegible], Iowa

17. INFORMANT Jo Jones.
(Address) Gooding.

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date 9-25, 1938

19. UNDERTAKER [illegible]
(Address)

20. FILED 9/30, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1938, to Sept 23, 1938
I last saw h[illegible] alive on Sept 23, 1938; death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	Sept 23.
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury Sept 23 1938.
Where did injury occur? Gooding Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Canal
Manner of injury Drowning
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. E. Burnett, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

RECEIVED OCT 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110934

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 800

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 199

2. FULL NAME Charles Emery Reed

(a) Residence No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of Evelyn Reed
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-31-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jamestown
(State or country) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Roy Heath
(Address) Gooding

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 9-29-, 1938

19. UNDERTAKER A E Thompson
(Address)

20. FILED 9/30, 1938 J H Bramwell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Sept 27 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden Death	
Cause Unknown	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) A E Manuel Coroner M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

RECEIVED SEP 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110935

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 446

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 183

2. FULL NAME David Ralph Pedigo

(a) Residence—No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb -14- 1926.

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
# 12	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

MOTHER

12. BIRTHPLACE (city or town) (State or country) Portland Oregon

FATHER

13. NAME Ira Landis Pedigo

14. BIRTHPLACE (city or town) (State or country) Craigmont Idaho

MOTHER

15. MAIDEN NAME Donna Taylor.

16. BIRTHPLACE (city or town) (State or country) Hoy Bear Idaho

17. INFORMANT (Address) Mrs. Donna Pedigo.

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date Aug 25 1938

19. UNDERTAKER Geo. Freeman
(Address) Kooskia

20. FILED Aug 24 1938. J.M. Eisenbeis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 23 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Death by drowning	
Accidental.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 23 1938

Where did injury occur?.. Kooskia Idaho #
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Kooskia Idaho - Clearwater River

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J.M. Eisenbeis M. D.

(Address) Kooskia Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

RECEIVED
OCT 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110936

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 10
(No. 926)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Lyman C. Dougherty
(a) Residence No. Spokane Wn. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos/ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Blanche Dougherty
6. DATE OF BIRTH (month, day, and year): June 5-1877
7. AGE: Years 61 | Months 3 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Specialty Lines
10. Date deceased last worked at this occupation (mo. and yr.): 9-29-38
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Danville Ill.

FATHER
13. NAME: Frank Dougherty
14. BIRTHPLACE (city or town) (State or country): not obt.

MOTHER
15. MAIDEN NAME: Lizzie McNeill
16. BIRTHPLACE (city or town) (State or country): not obt.

17. INFORMANT: Wife Blanche Dougherty
(Address) 498 N. Lacey - Spokane Wn.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Spokane Wn. Date 9-30, 1938

19. UNDERTAKER: Hancock Funeral Home
(Address) Grangeville, Ida.

20. FILED Oct 6, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9-29-1938

22 I HEREBY CERTIFY, That I attended deceased from 9-24, 1938, to 9-29, 1938
I last saw h~~im~~ alive on 9-29 1938: death is said to have occurred on the date stated above, at 2:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis	
Embolism	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Lyon Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John P Wehrli, M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

OCT 17 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110937

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 449

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adolf Frederick Wohlenberg

(a) Residence. No. ..... St. 51c
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Canfield Wohlenberg

6. DATE OF BIRTH (month, day, and year) April 27-1862

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	76	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Clinton (State or country) Iowa

FATHER

13. NAME Ludwig Wohlenberg

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Louisa Volber

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Julia Wohlenberg (Address) Kooskia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date Sept-25 1938

19. UNDERTAKER Geo. Freyer (Address) Kooskia

20. FILED Sept-25 1938 J.M. Culbertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 23 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24 1937, to Sept 23, 1938.
I last saw h. alive on Sept 23 1938: death is said to have occurred on the date stated above, at 3:30 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	

Other **contributory causes** of importance:

Name of operation. Prostatectomy Date of 1935

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J.M. Culbertson M. D.
(Address) Kooskia Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

RECEIVED
OCT 17 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110938

Registration District No. 106

Primary Registration District No. 3184

Local Registrar's No. 450

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Charles Stadtman

131

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of May Anderson - Stadtman

6. DATE OF BIRTH (month, day, and year) March 23 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hanover Germany

FATHER

13. NAME Steuranger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Stadtman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. May Stadtman
(Address) Kooskia

18. BURIAL, CREMATION, OR REMOVAL
Place Oct Ranch Idaho Date Oct 2, 1938

19. UNDERTAKER Geo. Tyrrell
(Address) Kooskia Idaho

20. FILED Oct 1, 1938 J. M. Eberhardt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 30, 1938.
I last saw him alive on Sept 30, 1938; death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic diffuse Nephritis	
Other **contributory causes** of importance:	
Uremia regurgitation	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Eberhardt M. D.
(Address) Kooskia Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110939

OCT 8 1938

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 39
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chris Anderson

94a

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Anderson

6. DATE OF BIRTH (month, day and year) Nov 26, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Section foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1930
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Harry Anderson
(Address) Roberts, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Roberts, Ida. Date Sept. 11, 1938

19. UNDERTAKER C. A. Byce
(Address) Idaho Falls, Ida.

20. FILED 9-11, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1938 to Sept. 7, 1938
I last saw h[illegible] alive on Sept. 3 1938: death is said to have occurred on the date stated above, at 11:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina pectoris	?
	/

Other **contributory causes** of importance:

?	
/	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. K. Clance M. D.
(Address) Roberts Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of ~~Boundary~~ Eden

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110940

Registration District No.
Primary Registration District No. Local Registrar's No. 18

OCT 14 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel Fisher McDonald 92a.

(a) Residence No. Eden, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Married

5a. If married, widowed or divorced
HUSBAND of (Thomas)
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 31st 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	—	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) Preston
(State or country) Romney

FATHER
13. NAME Samuel B Fisher
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER
15. MAIDEN NAME Idi Cripe
16. BIRTHPLACE (city or town)
(State or country) Del

17. INFORMANT Thomas McDonald
(Address) Eden

18. BURIAL, CREMATION OR REMOVAL
Place Rogelia Date Oct 7, 193 8

19. UNDERTAKER
(Address)

20. FILED 9/8, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH 9/5/38

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 193 7, to 9/5, 193 8
I last saw h alive on Sept 6 193 8: death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Endocarditis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) C. A. Miller, M. D.
(Address) Jerome, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110941

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 93c

2. FULL NAME Martha Jane Smith

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Smith

6. DATE OF BIRTH (month, day, and year) April 6 - 1880

7. AGE — Years: 58 — Months: 5 — Days: 22 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER
13. NAME J W Hoffman
14. BIRTHPLACE (city or town) Copenhagen
(State or country) Denmark

MOTHER
15. MAIDEN NAME Martha Kersey
16. BIRTHPLACE (city or town) Marden
(State or country) England

17. INFORMANT Ralph Smith
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Oct 2, 1938

19. UNDERTAKER F R Wiley
(Address) Jerome Idaho

20. FILED 10/1, 1938 C E Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Sept 28, 1938
I last saw her alive on Sept 28 1938: death is said to have occurred on the date stated above, at 1:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1937 ?
Other **contributory causes** of importance:	

Name of operation No Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify —

(Signed) Reuben C. Matson M. D.
(Address Jerome Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110942

Registration District No.
Primary Registration District No. Local Registrar's No. 18

DEC 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 82 a

2. FULL NAME Steven James Robertson

(a) Residence No. Jerome Blake St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Anna Robertson

6. DATE OF BIRTH (month, day, and year) Mar 17-

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario
(State or country) Canada

FATHER

13. NAME William Robertson
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Helen Webster
16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMANT Anna Robertson
(Address) Jerome

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date Dec 3, 1938

19. UNDERTAKER D. A. Robinson
(Address) Jerome

20. FILED 12/3, 1938 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/30/1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to Sept. 30, 1938

I last saw h~~im~~ alive on Sept 28 1938: death is said to have occurred on the date stated above, at 12 Noon

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
with paralysis	
was near irrigating ditch	
when he toppled into	
Other contributory causes of importance:	
Jaw. No water was	
found in lungs	
Second apoplectic attack	
believed cause of death	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. F. Zeller, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of ~~XXXXXXXXXXXX~~ Harrison

SEP 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 126

Primary Registration District No. 2304

DO NOT WRITE IN THIS SPACE

State File No. 110943

Local Registrar's No. 30

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

46 e

2. FULL NAME Mrs. H. J. Dougall Sadie L. Dougall

(a) Residence No. Harrison, Idaho St. _____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. J. Dougall

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
	68	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) 6/38

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) Ill.

MOTHER FATHER

13. NAME Jerry Bouch

14. BIRTHPLACE (city or town) _____ (State or country) Canada

15. MAIDEN NAME Malinda Botfield

16. BIRTHPLACE (city or town) _____ (State or country) Canada

17. INFORMANT H. J. Dougall (Address) Harrison, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place St. Maries, Idaho Date June 17, 1938

19. UNDERTAKER Mitchell & Wessa (Address) St. Maries, Idaho

20. FILED Sept 28 1938 Ruth Connelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1938 to July 27 1938

I last saw her alive on June 16 1938: death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance:	

Name of operation Exploratory Date of 6/16/38

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 193...

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ~~XXXXXXX~~ none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased no If so, specify _____

(Signed) O. M. Stevenet, M. D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

OCT 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 123

DO NOT WRITE IN THIS SPACE
State File No. 110944

(No. La Reside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm H. McBride

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Lillian McBride
6. DATE OF BIRTH (month, day, and year): 12-25-1863
7. AGE: Years 74 | Months 8 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (mo. and yr.): 1933
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Rocky Mount Va.

FATHER
13. NAME: Chas. Thomas McBride
14. BIRTHPLACE (city or town) (State or country): Bedford Co. Va.

MOTHER
15. MAIDEN NAME: Frances Bird
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): T. E. McBride Fernan Lake
18. BURIAL, CREMATION OR REMOVAL: Place Coeur d'Alene Forest Date 9-3, 1938
19. UNDERTAKER (Address): Coeur d'Alene Idaho Cassady Funeral Home
20. FILED 9/2, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-1 1938
22. I HEREBY CERTIFY, That I attended deceased from 8/18, 1938, to 9/1, 1938
I last saw him alive on 8/30 1938; death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis.	
aggravated by refusal to eat for past week.	
Other contributory causes of importance:	
Fracture of R. Femur	8/18/38
treated by Plate - recovering	
with knee Stiff	

Name of operation Manipulation Date of 8/18/38
What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. F. Hoyning M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110945

Registration District No.
Primary Registration District No. Local Registrar's No. 125
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME May M. Strahorn

(a) Residence No. 1 Hayden Lake St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clyde Strahorn

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

MOTHER FATHER
13. NAME Joseph Mulkerin
14. BIRTHPLACE (city or town) (State or country) Mo
15. MAIDEN NAME Jennie Rieson
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT Clyde Strahorn
(Address) 1 Hayden Lake Ida

18. BURIAL, CREMATION OR REMOVAL
Place Forest Date 9/6, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene Ida

20. FILED 9/6, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/3 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1938 to 9/3, 1938
I last saw h[illegible] alive on 9/3 1938 death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic thyroid infection	3 days
Fatal heart.	3 days.
#44	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No Blood culture

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Coeur d'Alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Hayden Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110946

Registration District No. 30
Primary Registration District No. 2081
Local Registrar's No. 126

OCT 5 1938

(No.) 936
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myrtle L Freeland

(a) Residence No. Belmont 2da St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed.

6. DATE OF BIRTH (month, day, and year) 6/6/1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Sealy Crandell

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Lucie Burrows

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT Mrs B R Robinson
(Address) Belmont 2da

18. BURIAL, CREMATION, OR REMOVAL
Place Ferncliff Date 9/7, 1938

19. UNDERTAKER Mooney Mortuary
(Address)

20. FILED Sept 7, 1938 L E Hutchens Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 4, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 1938, to 9/4, 1938
I last saw h[illegible] alive on 9/4 1938. death is said to have occurred on the date stated above, at 1:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) F C Mooney M. D.
(Address) Coeur d'Alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of C.D.A.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110947

Registration District No.
Primary Registration District No.
Local Registrar's No. 127

OCT 5 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charley Edward Moak

(a) Residence No. 702 Dollar St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	~~Single~~ W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 8/24/1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 7/1938
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Calif.
(State or country)

FATHER

13. NAME Jacob B. Moak
14. BIRTHPLACE (city or town) N.Y.
(State or country)

MOTHER

15. MAIDEN NAME Emily E. Taylor
16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Mrs.E.B.Beard
(Address) C.D.A.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Tekoa, Wn. Date 9/8, 1938

19. UNDERTAKER D.D.Dodson
(Address) Tekoa, Wn.

20. FILED 9/8, 1938 L. L. Litchen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/7/1938

22 I HEREBY CERTIFY, That I attended deceased from 8-4, 1938, to 9-7, 1938
I last saw him alive on 9-7 1938: death is said to have occurred on the date stated above, at 11:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Abscess, Left.	7-1-38
Other **contributory causes** of importance:	
Pneumonia, Lobular, bilateral	9-5-38

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Vincent Tabor M.D.
(Address) Colvel & Above, Wn.

Horning

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

OCT 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 105
Local Registrar's No. 130

DO NOT WRITE IN THIS SPACE
State File No. 110948

99

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME GERALD MARTIN MADIGAN

(a) Residence No. St. CARYWOOD, IDAHO.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3, 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1937
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Butte
(State or country) Montana.

FATHER
13. NAME Martin Joseph Madigan
14. BIRTHPLACE (city or town) Olatho
(State or country) Kansas

MOTHER
15. MAIDEN NAME Emily Ann Spencer
16. BIRTHPLACE (city or town) Crystal
(State or country) Michigan

17. INFORMANT Mrs. Emily A. Madigan
(Address) Carywood, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Sandpoint, Ida. Date Sept. 11, 1938

19. UNDERTAKER Moon Funeral Home
(Address) Sandpoint, Idaho

20. FILED Sept. 11, 1938 [illegible] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH 9/11/38

21. DATE OF DEATH (month, day and year) 9/11 1938

22 I HEREBY CERTIFY, That I attended deceased from 9/11, 1938, to 9/11, 1938
I last saw h[illegible] alive on 9/11 1938; death is said to have occurred on the date stated above, at 2:30P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	9/11/38
Severe Bronchial Asthma	3 yrs.
Acute Hemorrhage	3 yrs.
Cardiac Failure	9/11

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. F. Horning M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110949

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 18

(No. 159 b)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Pauline Kay Scheirman

(a) Residence. No. Farm near Harrison St. Harrison Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. | 4. Color or Race W. | 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 26 - 1938

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Maries Ida.
(State or country)

FATHER

13. NAME Ray Leroy Scheirman

14. BIRTHPLACE (city or town) Harrison Ida.
(State or country)

MOTHER

15. MAIDEN NAME Orient C. Waldo.

16. BIRTHPLACE (city or town) Harrison Ida.
(State or country)

17. INFORMANT Ray Scheirman
(Address) Harrison Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Maries Ida. Date Sept. 15 193 8

19. UNDERTAKER STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED Oct. 8, 1938 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14 1938

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1938, to 9-14, 193 8.

I last saw her alive on July 12, 193 8.; death is said to have occurred on the date stated above, at 5 30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature, Underweight at birth 7 lbs 12 Oz	
Other **contributory causes** of importance:	

Name of operation None clinical Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury .., 193.

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Owen D. Platt, M. D.

(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Harrison (Village) or Rural Round Bay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110950

Registration District No.
Primary Registration District No. Local Registrar's No. 131
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maybelle Schlenker

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Edmund Schlenker

6. DATE OF BIRTH (month, day, and year) 4-13-1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	5	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9-10-38
11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) Grove City Minn.
(State or country)

FATHER
13. NAME — O'Leary
14. BIRTHPLACE (city or town)
(State or country) Sweden & Norway

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Edmund Schlenker
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Lawn Cem. Date 9-19, 1938
19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.
20. FILED 9/19, 1938 L. C. Kroteler M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-17 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938, to Sept 17, 1938
I last saw her alive on Sept 17 1938: death is said to have occurred on the date stated above, at 10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Scarlet fever	
Other **contributory causes** of importance:	
Parturition	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) L. C. Kroteler, M. D.
(Address Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Worley, RFD

OCT 5-1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110951

Registration District No. 30

Primary Registration District No. 2051 Local Registrar's No. 136

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number) 82a

2. FULL NAME Louisa Mary Garrey

(a) Residence. No. ... Worley St. RFD
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 15 mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Garrey

6. DATE OF BIRTH (month, day, and year): April 18-1875

7. AGE: Years 63 | Months 4 | Days 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own home
10. Date deceased last worked at this occupation (mo. and yr.): 9-3-38
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Flushing Mich.

FATHER

13. NAME: Andrew R. Marion
14. BIRTHPLACE (city or town) (State or country): Jackson Co. Mich

MOTHER

15. MAIDEN NAME: M J Marble
16. BIRTHPLACE (city or town) (State or country): New Watertown New York State

17. INFORMANT (Address): Mrs. F. E. Hubach Newman Lake Wash.

18. BURIAL, CREMATION OR REMOVAL
Place: Valley Cem. Spokane Co. Date: 9-20, 1938

19. UNDERTAKER (Address): JAEGER FUNERAL HOME, Fairfield, Wash.

20. FILED 9-20, 1938 L. C. Kretchen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1938, to Sept. 17, 1938
I last saw her alive on Sept. 11, 1938, death is said to have occurred on the date stated above, at 12 Noon.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Right hemiplegia from Cerebral hemorrhage	Sept. 4-38
Other **contributory causes** of importance:	
Osteosclerosis	Oct. 17-1929

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...
(Signed) W. S. Gibbaglen M.D.
(Address) Tekoa Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

Oct 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110952

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 135

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Edgar B. Rebenstorff

(a) Residence No. Lakeview Court Apartments St. 22
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cora E.

6. DATE OF BIRTH (month, day, and year) 8/31/1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Millworker

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Oshkosh, Wisc.

FATHER

13. NAME Charles Rebenstorff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Meyers

16. BIRTHPLACE (city or town) (State or country) ~~Germany~~ U.S.

17. INFORMANT Cora E. Rebenstorff
(Address) Coeur d'Alene, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place Forest Cem. Date 9/20, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED 9/20, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/18 1938

22 I HEREBY CERTIFY, That I attended deceased from May 29, 1935, to 9/18, 1938
I last saw him alive on 9/15 1938: death is said to have occurred on the date stated above, at 12:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Chronic Arterial Hypertension	Gradual
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O M Hunter M. D.
(Address) Coeur d'Alene Idaho

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110953

OCT 5 1938

Registration District No. 30
Primary Registration District No. 10 5 1 Local Registrar's No. 133
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

46e

2. FULL NAME Samuel Lackner

(a) Residence No. 2112 - Government - St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Lottie Lackner

6. DATE OF BIRTH (month, day, and year) 2-27-1838

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	6	25 -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (mo. and yr.) 1923
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ontario
(State or country) Can

MOTHER FATHER

13. NAME Conrad Lackner
14. BIRTHPLACE (city or town) .....
(State or country) Germany
15. MAIDEN NAME Caroline Luesing
16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT P. G. Lackner
(Address) Coeur d'Alene, Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Potlatch Idaho Date 9-24, 193 8

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 9/23, 193 8 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-22 193 8

22. I HEREBY CERTIFY, That I attended deceased from 8-5-, 193 8, to 9-21, 193 8
I last saw him alive on 9-26 193 8: death is said to have occurred on the date stated above, at 2 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Teed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City or Town Coeur d'Alene

OCT 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110954

Registration District No. 30
Primary Registration District No. 105 1 Local Registrar's No. 135

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alena Jackson 93c

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frank Jackson

6. DATE OF BIRTH (month, day, and year) 1-9-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (mo. and yr.) 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anamosa
(State or country) Iowa

FATHER
13. NAME W= Preston
14. BIRTHPLACE (city or town) Don't Know
(State or country)

MOTHER
15. MAIDEN NAME Co " "
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Mrs. Elsie Fahrenwald
(Address) Kenly Oregon R1

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Spokane, Wash. Date Sept. 26, 1938

19. UNDERTAKER Casady Funeral Home
(Address) Coeur d'Alene

20. FILED 9/26, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-23 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1938 to Sept 23, 1938
I last saw h[illegible] alive on [illegible] 23, 1938. death is said to have occurred on the date stated above, at 7:13 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	
Acute Heart Failure	
1 week	
Other **contributory causes** of importance:	
Senility	

Name of operation None Date of
What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Hemmy, M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Medimont

OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110955

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 57
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Shatwell 95

(a) Residence No. Medimont Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~
~~HUSBAND of~~
(or) WIFE of John

6. DATE OF BIRTH (month, day, and year) (71) Mar 18-1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	6	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Joseph Shatwell
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Betty Dawson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John Shatwell
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Medimont Date 10-12, 1938

19. UNDERTAKER P. F. Thomas
(Address) Kellogg Idaho

20. FILED Oct 12, 1938 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 29 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1938 to ....., 193..
I last saw her alive on Sept 29 1938: death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation & decompensation	
Other contributory causes of importance:	
Synecal debility	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. C. Lindsay M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

RECEIVED OCT 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110956

Registration District No. 6 1

Primary Registration District No. 10 1 1

Local Registrar's No. 375

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Ray J. Thompson

(a) Residence No. 315 South Polk St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Thompson

6. DATE OF BIRTH (month, day, and year) 3/24/1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 8/38

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Lake Preston (State or country) S. Dak.

FATHER

13. NAME Richard Thompson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Lottie Thompson (Address) Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL Place 375 Moscow Date 9/5, 1938

19. UNDERTAKER H.R. Short (Address) Moscow Idaho

20. FILED 10-10, 1938 Harry Lenhoff Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/1 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Sept 1, 1938

I last saw him alive on Sept 1 1938: death is said to have occurred on the date stated above, at 4 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	August 25, 38
Other **contributory causes** of importance:	
None.	

Name of operation None. Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 1938

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward N. Dyson, M. D.

(Address Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of ~~Troy~~ Deary

R-

SEP 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
110957
State File No.

Registration District No. 66

Primary Registration District No. 2178

Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilfred O. Johnson

(a) Residence. No. Troy, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie

6. DATE OF BIRTH (month, day, and year) Oct. 23, 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill

10. Date deceased last worked at this occupation (mo. and yr.) Sept/38

11. Total time (years) spent in this occupation year

12. BIRTHPLACE (city or town) (State or country) Iaseeca County Minn.

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Not known Minn.

MOTHER

15. MAIDEN NAME Julia Olson

16. BIRTHPLACE (city or town) (State or country) Not known Minn.

17. INFORMANT Joseph Johnson
(Address) Troy, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Moscow Date Sept. 7, 1938

19. UNDERTAKER A. E. Alden
(Address) Troy, Idaho

20. FILED 9/7, 1938 Mrs. Earl Alden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1938 to Sept 14, 1938
I last saw ~~him~~ alive on Sept 14, 1938; death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident. Crushed Skull.	Sept. 1938.
Other contributory causes of importance: Epilepsy	
Petit mal.	1936.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/4, 1938
Where did injury occur? Deary Latah County Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On State highway
Manner of injury Automobile accident
Nature of injury Crushed skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110958

Registration District No. 65
1938
Primary Registration District No. 2165
Local Registrar's No.

(No. 956 1/4)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Carrie Lundquist

(a) Residence No. Potlatch (Usual place of abode) Ida. St. Sweden. Tops. (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~DAUGHTER of~~ ~~(or) WIFE of~~ Andrew J Lundquist

6. DATE OF BIRTH (month, day, and year) 11/24/65

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1927

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Mora Sweden

FATHER

13. NAME Alec Gould

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Smis

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs Edmer C Nelson (Address) Ida

18. BURIAL, CREMATION OR REMOVAL
Place Potlatch Rock creek Cem. Date 9-14, 1938

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED 9/10/, 1938 F C Tibbon Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-10 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1938, to Sept. 10, 1938

I last saw h[illegible] alive on Jan 1[illegible] 1938: death is said to have occurred on the date stated above, at 12 midnite m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	July 26 1932
Hypertension cardio vascular disease.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Rigby Jacobs, M. D.

(Address Potlatch, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of South of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11095

Registration District No. 65
Primary Registration District No. 2165
Local Registrar's No.

1938

(No. 46b)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Alexander Anderson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 48 years yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elesa Tuft Anderson

6. DATE OF BIRTH (month, day, and year) 2/1/1890

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	48	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat Farm

10. Date deceased last worked at this occupation (mo. and yr.) Sept./38

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) South of Potlatch
(State or country) Latah Co., Idaho

FATHER

13. NAME A. Alexander Anderson

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Cordelia Williams

16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Mrs. Elesa Anderson
(Address) Palouse, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wn. Date 9/14/38, 193

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wn.

20. FILED 9/13/, 193 F. C. Ebbert
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/12, 1938

22 I HEREBY CERTIFY, That I attended deceased from June 8—, 193 8, to Sept 12—, 193 8
I last saw him alive on Sept 2— 193 8: death is said to have occurred on the date stated above, at 5 P. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Indefinite about July 1937
Other **contributory causes of importance:**	
Ruptured duodenal ulcer	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. C. Ebbert, M. D.
(Address) Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

OCT 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110960

Registration District No. 6 1
Primary Registration District No. 611 Local Registrar's No. 378

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1618

2. FULL NAME Baby Chatman

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/19/1938

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 40 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho.

FATHER
13. NAME Frank Chatman
14. BIRTHPLACE (city or town) Blue Earth
(State or country) Minn.

MOTHER
15. MAIDEN NAME Helen Dougherty
16. BIRTHPLACE (city or town) .....
(State or country) Kansas

17. INFORMANT Frank Chatman
(Address) Moscow Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida. Date 9/20, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho.

20. FILED 10/10, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/19/1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1938, to Sept 19, 1938
I last saw him alive on Sept 19 1938: death is said to have occurred on the date stated above, at 6:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Asphyxia neonatorum	Sept 19-38

Other **contributory causes** of importance:

Probably intra uterine injury sustained by mother in auto wreck.	May 1938

Name of operation None Date of .....
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury —, 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Edw. M. Dunn, M. D.
(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Troy

City of Latah

OCT 10 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110961

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number) 954 V

2. FULL NAME Mary Griffith

(a) Residence No. (Usual place of abode) St. Troy

Length of residence in city or town where death occurred 9 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Elza Griffith

6. DATE OF BIRTH (month, day, and year) 6-7-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Callmont County (State or country) Ohio

FATHER

13. NAME Miles Jarrett

14. BIRTHPLACE (city or town) Not known (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Batton

16. BIRTHPLACE (city or town) Not known (State or country) Ohio

17. INFORMANT Elza Griffith
(Address) Troy Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida. Date 9/22, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho.

20. FILED Oct 7, 1938 Mrs Chas. A. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/20 1938

22 I HEREBY CERTIFY, That I attended deceased from 2/4/38, 193..., to 8/28/38, 1938

I last saw her alive on 8/28 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	(?)
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M Lyches M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of S.E. of Princeton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110962

Registration District No. 65-
Primary Registration District No. 2165 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 122a

2. FULL NAME Edward John Schott

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct. 17, 1920
7. AGE: Years 17 | Months 11 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm-
10. Date deceased last worked at this occupation (month, year): September 1938
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): S.E. of Princeton, Idaho

FATHER
13. NAME: Matt Schott
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Katherine Perry
16. BIRTHPLACE (city or town) (State or country): Pierce, Minn.

17. INFORMANT: Mrs. Matt Schott
(Address): Princeton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Potlatch, Idaho Date: Sept. 26, 1938

19. UNDERTAKER: H. E. Kimball
(Address): Palouse, Wash.

20. FILED: 9/23/, 1938 H. C. Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9/23 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1938, to Sept 23, 1938
I last saw h.... alive on —, 193...: death is said to have occurred on the date stated above, at 4 P M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	9-23-38
Other contributory causes of importance:	
Pt. original hernia	ago 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Jayne, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

OCT 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110963

Registration District No. 01
Primary Registration District No. 1011 Local Registrar's No. 379
(No. 415 Nanny St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ardelle Lora Eddy

(a) Residence No. Viola, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

48

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Eddy
6. DATE OF BIRTH (month, day, and year): Nov. 17-1872
7. AGE: Years 65 | Months 10 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (mo. and yr.): June 38.
11. Total time (years) spent in this occupation: 45yrs

12. BIRTHPLACE (city or town) (State or country): Mankato Minn.

FATHER
13. NAME: Albert H. Matteson
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Mary Silloston
16. BIRTHPLACE (city or town) (State or country): Wis.

17. INFORMANT (Address): Daug. Myrtle Mayallon Viola Ida.
18. BURIAL, CREMATION OR REMOVAL. Place: Viola Cem. Date: Oct. 2, 1938
19. UNDERTAKER (Address): Home Funeral Parlor Moscow Idaho
20. FILED 10/10, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9/27 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to 9/27 27, 1938
I last saw h[illegible] alive on 9/27 1938: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	1936
Other **contributory causes** of importance:	
Nephritis & Oedema	

Name of operation: none Date of
What test confirmed diagnosis? Surg Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury —
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward N. Dunn, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow (Rural)

OCT 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110964

Registration District No. 6-1
Primary Registration District No. 1011
Local Registrar's No. 380
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A. Ayer

934

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state) 87
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of L. H. Ayer

6. DATE OF BIRTH (month, day, and year) 12/29/184[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dublin,
(State or country) Ireland

FATHER

13. NAME Curtyne
14. BIRTHPLACE (city or town) .....
(State or country) Ireland

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMANT Bert Ayer
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date 10/3, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 9/29, 1938 Mary Cunbourne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/26, 1938, to 9/28, 1938
I last saw h[illegible] alive on 9/28 1938: death is said to have occurred on the date stated above, at 11 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other **contributory causes** of importance:
Chron. Nephritis upset Stomach and Bowels.

Name of operation None. Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following: No.
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. L. Armstrong M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

OCT 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110965

Registration District No. 61

Primary Registration District No. 611

Local Registrar's No. 281

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

√3e

2. FULL NAME Ida Louise Brown

(a) Residence No. ..... St. Troy, Idaho

(Usual place of abode) 8 (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S., if of foreign birth? ..... yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Brown

6. DATE OF BIRTH (month, day, and year) 11/?/1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Iowa

FATHER

13. NAME Thomas Berned

14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER

15. MAIDEN NAME Mary Robison

16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Mrs. Henry Posey

(Address) Troy, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Moscow, Ida Date 10/1, 1938

19. UNDERTAKER E. R. Short

(Address) Moscow Idaho

20. FILED 9/29, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/28 1938

22 I HEREBY CERTIFY, That I attended deceased from about 8/15-38, 193..., to 9/28-38, 193...

I last saw her alive on 9/23, 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma with general metastasis in abdomen. Question of origin	?
Other **contributory causes** of importance:	

Name of operation Laparotomy Date of 9/23 38

What test confirmed diagnosis? ..... Was there an autopsy? yes pathological section.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Loehr M. D.

(Address Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110966

OCT 11 1938

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 382

(No. Gutman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel T. Reeder 132c

(a) Residence. No. ..... St. Potlatch Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. ~~mos.~~ ~~ds.~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Etta

6. DATE OF BIRTH (month, day, and year) June 9 - 1869

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
69	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Mill

10. Date deceased last worked at this occupation (mo. and year) Aug 1938

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Alexander N. Carolina

FATHER

13. NAME James Reeder

14. BIRTHPLACE (city or town) (State or country) Alexander N. Carolina

MOTHER

15. MAIDEN NAME Julia Avery

16. BIRTHPLACE (city or town) (State or country) Alexander N. Carolina

17. INFORMANT (Address) Mrs. Etta Reeder Potlatch Idaho

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date Oct 5 1938

19. UNDERTAKER (Address) Kimball Funeral Home Potlatch Idaho

20. FILED 10/10 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1938 to Oct 2 1938

I last saw h[illegible] alive on Oct 1 1938; death is said to have occurred on the date stated above, at 8:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Mitis	
status & adenoma	
[illegible] of the Stomach	
Other contributory causes of importance:	
Bowel obstruction	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Conrad Klagsing, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Leadore

Oct. 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110967

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Wallace Anderson

(a) Residence. No. Leadore St.

(Usual place of abode) 15 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-7-1879

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	59	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engine Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 8-31-38

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Chatchworth
(State or country) Illinois

FATHER

13. NAME Thomas Anderson

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Margaret Mondorf

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT E. R. Lambert
(Address) Leadore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gibbonsville, Date 9-3-, 1938

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED 10-9, 1938 Clio Bellamy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-1st 1938.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193....., death is said to have occurred on the date stated above, at 3- P. m.

The principal cause of death and related causes of importance were as follows:

By Fire, accidently ignitening his Clothing, causing his death, while on duty.

Date of onset

Other contributory causes of importance:

By fire, accidentally igniting his clothing, causing his death while on duty.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violense) fill in also the following:

Accident, suicide, or homicide?..... Date of injury 9-1, 1938

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify Justice of

(Signed) O. L. Burris Elected

(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110968

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 f 4

2. FULL NAME John Leroy Mill
(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	9	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) X
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Millville
(State or country) Utah

FATHER
13. NAME James W. Mill
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Mary Clifford
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Joseph Mill
(Address) Salmon, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 9/8/, 193
19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho
20. FILED 10-9, 193 8. Clio Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/6/ 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 9:30p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes.	
Paralysis of the heart;	
Stroke.	

Other contributory causes of importance:

Suffering from heart disease for several years.	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) Charles W. Doebler Coroner
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110969

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 120

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Ruben Hibbs

(a) Residence. No. 3-6 St. Salmon, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	none

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) 4-12-35

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Lemhi County
(State or country) Idaho

FATHER

13. NAME James Ruben Hibbs

14. BIRTHPLACE (city or town) Lemhi County
(State or country) Idaho

MOTHER

15. MAIDEN NAME Marlyn Scollick

16. BIRTHPLACE (city or town) Butte, Mont.
(State or country)

17. INFORMANT Marlyn Hibbs
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL Salmon, Ida
Place ..... Date 9/12/38, 193...

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED 10-9, 1938 Clio Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/11/ 1938.

22. I HEREBY CERTIFY, That I attended deceased from 9/10/38, 193..., to 9/11/38, 193...
I last saw him alive on 9/11/38, 193...: death is said to have occurred on the date stated above, at 1-15-p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions preceded by acute enteritis	9/10/11

Other contributory causes of importance:
This child was mentally deficient and gave history of convulsions in December 1937

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. T. Stratton, M. D.
(Address) Salmon, Idaho.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 110970

Registered No. .....

1. PLACE OF DEATH.

County of Lemhi

City of Salmon (No. 11 1938 St.)

Registration District No. 41

Primary Registration District No. 216

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Kippen 95 h 2

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH. July 9 1854 (Month) (Day) (Year)

7. AGE ....84 Yrs. ....2 Mos. ...16 ds. IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Rancher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Bountiful, Utah

10. NAME OF FATHER James Kippen

11. BIRTHPLACE OF FATHER (State or Country) Scotland

12. MAIDEN NAME OF MOTHER Katherine Watson

13. BIRTHPLACE OF MOTHER (State or Country) Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Robert C. Kippen,
(Address) Peterson, Utah

15. Filed 10 - 9 1938 Chas C. Bellamy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
September (Month) 25 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1938 to Sept. 25 1938, that I last saw him alive on Sept. 19 1938, and that death occured on the date stated above, at .....M.

The CAUSE OF DEATH* was as follows:
Cardio- vascular- renal disease & arteriosclerosis)

(Duration) 2 Yrs. ....mos. ....ds.

Contributory (Secondary) .....

(Duration ....yrs. ....mos. ....ds.

(Signed) O. T. Stratton M. D.

19.... (Address) Salmon, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Woodcross, Utah — DATE OF BURIAL ....191....

20. UNDERTAKER Ame C. Doubles — ADDRESS Salmon Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

BYNS - YORK CO., PTRS. & SOBA. 24654

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110971

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margret Millard

(a) Residence. No. St. Salmon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27th 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wifi
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9-25-38
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Cherry Creek
(State or country) Nevada

FATHER
13. NAME George A. Young
14. BIRTHPLACE (city or town) Oklahoma
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Philip Rand
(Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Ida Date 9/28", 1938

19. UNDERTAKER Am C. Thoeble
(Address) Salmon Ida.

20. FILED 10-9, 193 Elsie C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-25th 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 9- p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident	
causing a base fractured scull.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide?..... Date of injury 9-5, 193.8
Where did injury occur? Seven miles south of Salmon
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) O. L. Parrus J.C., M. D.
(Address) Acting Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110972

OCT 11 1938

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alma Jacob Keele

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dolly C. Keele

6. DATE OF BIRTH (month, day, and year) February 2nd 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	7	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1937
11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Panaca,
(State or country) Nevada

FATHER
13. NAME Jacob Keele
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Jane M. McIntosh
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT Virgel V. Keele
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Ida Date 10-3rd 1938.

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED 10-9-, 1938 Clio C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-1st 1938.

22. I HEREBY CERTIFY, That I attended deceased from January, 1938, to October 1, 1938
I last saw him alive on Sept. 30, 1938; death is said to have occurred on the date stated above, at 5-30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	25 yrs ago.
(mitral insufficiency)	

Other contributory causes of importance:

Name of operation Clinical Date of No.
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) C. P. Johnston, M. D.
(Address) Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln (Gooding)
City of Gooding
Rural District near Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110973

Registration District No. 1617
Primary Registration District No.
Local Registrar's No. 124

OCT 5 - 1938

(No. 119)
(if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Paul Osborne

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) Apr-11-1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, flour mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gooding
(State or country) Idaho

MOTHER/FATHER
13. NAME Paul Osborne
14. BIRTHPLACE (city or town) Urbinett
(State or country) Arkansas
15. MAIDEN NAME Lillian Ida Rhuehart
16. BIRTHPLACE (city or town) Mabton
(State or country) Washington

17. INFORMANT Paul Osborne
(Address) Gooding Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date Sept 10, 1938

19. UNDERTAKER Myrtle C. Burdett
(Address) Shoshone

20. FILED Sept. 10, 1938 Myrtle C. Burdett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-6-, 1938, to 9-8-, 1938
I last saw him alive on 9-7-, 1938; death is said to have occurred on the date stated above, at 12 m. Noon
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Gastro-enteritis - Intoxication (with probable acute dilatation of stomach as immediate cause of death)	1 wk prev to death
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) Furbay G Thompson M. D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg
UCT 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110974

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 53
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Delbert Leroy Peterson

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	w	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6-1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Rexburg, Ida.

FATHER
13. NAME Albert Peterson
14. BIRTHPLACE (city or town) (State or country) Rigby, Ida

MOTHER
15. MAIDEN NAME Emma Evans
16. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

17. INFORMANT (Address) Albert Peterson

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date July 8 1938

19. UNDERTAKER (Address) Lowe

20. FILED 10-8, 1938 Mrs. H. C. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938, to July 6, 1938
I last saw him alive on July 6, 1938; death is said to have occurred on the date stated above, at 10:55 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	7/6/38
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193...
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....
(Signed) J. Harper Bagley, M. D.
(Address) Rigby, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg RDF

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110975

Registration District No. 100
OCT 11 1938
Primary Registration District No. 2178 Local Registrar's No. 50

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mella Weber Beck 82a

(a) Residence No. Rexburg R.D.I St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Otto Beck

6. DATE OF BIRTH (month, day, and year) July 19-1898

7. AGE: Years 40 | Months 1 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Gottlieb Weber
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Mary Kroemich
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Otto Beck
(Address) Rexburg R.D.I

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Date Sept. 14 1938

19. UNDERTAKER Jesse A Keller
(Address) Rexburg Idaho

20. FILED 10-8, 1938 Mabel Fuyeng Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-11 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-10, 1938, to 9-11, 1938
I last saw her alive on 9-11 1938: death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Fatal hemorrhage	9-10-38
and "	9-12-38
Other contributory causes of importance:	9-1-38

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Smithurst M.D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110976

OCT 11 1938

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 51
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Elwyn Henry Vollman

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-15-38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Rexburg Ida

FATHER
13. NAME Elwyn H. Vollman
14. BIRTHPLACE (city or town) Nebraska City, (State or country) Neb.

MOTHER
15. MAIDEN NAME Sylva Robison
16. BIRTHPLACE (city or town) Archer (State or country) Idaho

17. INFORMANT E. H. Vollman
(Address) Thornton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Archer Date 9/15, 1938

19. UNDERTAKER Russel Flamm
(Address) Rexburg, Idaho

20. FILED 10-8, 1938 Mae Keyes Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1938, to 9-15, 1938
I last saw her alive on 9-15 1938.: death is said to have occurred on the date stated above, at 9:20A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
7 months	
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? ~~Not so~~ Specify ....

(Signed) H. Dubbeldam M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110977

OCT 11 1938

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 52
(No. Sutherland Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar C Paage
(a) Residence No. 130
(Usual place of abode) Dillon Montana St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	white	N K

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of N K

6. DATE OF BIRTH (month, day, and year) N K

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	N K	N K	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N K
(State or country) N K

FATHER
13. NAME N K
14. BIRTHPLACE (city or town) N K
(State or country) N K

MOTHER
15. MAIDEN NAME N K
16. BIRTHPLACE (city or town) N K
(State or country) N K

17. INFORMANT Sutherland Surgical & Medical Clinic
(Address) Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date Sept 26 1938

19. UNDERTAKER Kenyon & Keller
(Address) Rexburg Idaho

20. FILED 10-8, 1938 Mae Haysmer
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1938, to 9-21, 1938
I last saw him alive on 9-21 1938; death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Nephritis	9-1-38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O F Sutherland M. D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

PLEASE FILL IN CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110978

OCT 1 - 1938

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 54
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Zella May Ard
(a) Residence No. Clementsville Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Wellcome T. Ard.

6. DATE OF BIRTH (month, day, and year) Sept 26-1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	—	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cleveland Idaho
(State or country)

FATHER
13. NAME George N. Wolfe
14. BIRTHPLACE (city or town) Weston Idaho
(State or country)

MOTHER
15. MAIDEN NAME Phoebe Sanders
16. BIRTHPLACE (city or town) Harrisville Utah
(State or country)

17. INFORMANT William T. Ard
(Address) Clementsville

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Date 10/11, 1938

19. UNDERTAKER M. M. Hansen
(Address) St. Anthony Idaho

20. FILED 10-10, 1938 Mrs. V. E. Young Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 9/10, 1938, to 10/8, 1938
I last saw her alive on 10/8 1938: death is said to have occurred on the date stated above, at 11:40 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Thrombophlebitis	
Bilateral of Lower Extremities	
Other **contributory causes** of importance:	
Lobar Pneumonia	Oct. 1, 1938.

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. T. Ricks M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110979

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 55

(No. 99)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grover Frances Noble

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Lillian Noble

6. DATE OF BIRTH (month, day, and year): Sept 23-16

7. AGE — Years: 21 — Months: 8 — Days: 11 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Springville Utah

FATHER

13. NAME: Frances Noble

14. BIRTHPLACE (city or town) (State or country): Nephi Utah

MOTHER

15. MAIDEN NAME: Gladys M. Titcomb

16. BIRTHPLACE (city or town) (State or country): Fairview Utah

17. INFORMANT (Address): Frances Noble Rupert, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert Date: June 7, 1938

19. UNDERTAKER (Address): Rodney Gardner Rupert Idaho

20. FILED 9-16, 1938 A. E. Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): June 4 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-19, 1938, to 6-4, 1938

I last saw him alive on 6-3 1938: death is said to have occurred on the date stated above, at 9:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	Prior to 1935
Other **contributory causes** of importance:	

Name of operation: No Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. C. Inman M. D.

(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Minidoka

City of Rupert

U-15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110980

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 52

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Anis Condaux. 45a

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of L F Condaux

6. DATE OF BIRTH (month, day and year) 1 1 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pullman (State or country) Wash

FATHER

13. NAME Harry Richardson

14. BIRTHPLACE (city or town) ..... (State or country) Missouri

MOTHER

15. MAIDEN NAME Bertha E Heister

16. BIRTHPLACE (city or town) Marysville (State or country) Kansas.

17. INFORMANT L F Condaux (Address) Rupert Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Date 8-23, 1938

19. UNDERTAKER Hodgins Funeral Home (Address) Rupert Idaho.

20. FILED 9-13, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-20 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-15, 1938, to 8-21, 1938

I last saw her alive on 8-21 1938: death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Lungs.	

Other contributory causes of importance:

Ca of Liv.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ~, 1938

Where did injury occur? ~
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ~

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M.D.

(Address) Rupert Idaho

K

PLACE OF DEATH
County of Minidoka
City of Rupert

OCT 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110981

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 54
(No. 97)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archie Orly Saunsbury
(a) Residence No. Minidoka St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Mal
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month) March (day) 18 (year) 1873
7. AGE: Years 65 Months 5 Days 3 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brodhead (State or country) Wisconsin

FATHER
13. NAME Isaih H Saunsbury
14. BIRTHPLACE (city or town) Westhestin (State or country) Mass.

MOTHER
15. MAIDEN NAME Mary Ann Pomeroy
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Robert A Saunsbury (Address) Albion Idaho
18. BURIAL, CREMATION OR REMOVAL Place Albion Date 8/25, 1938
19. UNDERTAKER Goodman Mortuary (Address) Rupert Idaho
20. FILED 9-13, 1938 Ed E Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) Aug (day) 23 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Aug 23, 1938
I last saw him alive on Aug 23 1938: death is said to have occurred on the date stated above, at 11 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
glomerulonephritis	
Other contributory causes of importance:	
Uremia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) H H Kunsey, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110982

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 53

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 82a

2. FULL NAME Ellen Louise Helms

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of T A Helms

6. DATE OF BIRTH (month, day and year) June 23 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butte
(State or country) Montana

FATHER
13. NAME J E Johnson
14. BIRTHPLACE (city or town)
(State or country) Finland

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town)
(State or country) Finland

17. INFORMANT T. A. Helms
(Address) Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 9-8, 1938

19. UNDERTAKER Rodney Gardner
(Address) Rupert Idaho

20. FILED 9-13, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-5 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-23, 193 7, to 9-5, 193 8.
I last saw h alive on 9-5 1938, death is said to have occurred on the date stated above, at 3:47 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance:

Mitral heart disease	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Rupert, Idaho

2.

PLACE OF DEATH
County of Minidoka
City of Rupert
OCT 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110983

Registration District No. 19
Primary Registration District No. 1915
Local Registrar's No. 57
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

956

2. FULL NAME Jane Ann Phillips

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, ~~Widowed or Divorced (write the word)~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence E Phillips

6. DATE OF BIRTH (month, day, and year) Nov 12 1871

7. AGE: Years 66 | Months 9 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nilep (State or country) Ohio

FATHER
13. NAME John Pritchard
14. BIRTHPLACE (city or town) don't know (State or country) Wales

MOTHER
15. MAIDEN NAME Ann Harris
16. BIRTHPLACE (city or town) Wales (State or country)

17. INFORMANT Clarence E Phillips (Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL Place Pocatello Date 9-14, 1938

19. UNDERTAKER Rodney Goodman (Address) Rupert Idaho

20. FILED 9-13, 1938 Ott Ekmore Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1936, to 9-11, 1938
I last saw her alive on 9-11 1938: death is said to have occurred on the date stated above, at 12:50 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	Prior to 1936

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Jensen M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

m

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110984

OCT 5 - 1938

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 56
(No. 159)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry Floyd Bartley

(a) Residence No. Rupert Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 23 38
7. AGE: Years — Months — Days: 21 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 21 day old
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert (State or country) Idaho

FATHER
13. NAME Clyde Floyd Bartley
14. BIRTHPLACE (city or town) Nevada (State or country) Missouri

MOTHER
15. MAIDEN NAME Bessie Vann
16. BIRTHPLACE (city or town) Cyuy (State or country) Idaho

17. INFORMANT C. F. Bartley (Address) Rupert Idaho
18. BURIAL, CREMATION OR REMOVAL Place Rupert Date 9/13, 1938
19. UNDERTAKER none (Address)
20. FILED 9-16, 1938 Ed Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-13 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 9-12 193.8: death is said to have occurred on the date stated above, at 6.30 A m. 9-13-38.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malnutrition	
Marasmus	
marasmus (?)	
Other **contributory causes** of importance:	
Premature 8 mo	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? C
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. A. Moellmer, M. D.
(Address) Rupert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 110985

PLACE OF DEATH
County of Nezperce RECEIVED SEP 13 1938
City of Gifford
(No.) (If death occurred in a hospital or institution, give its name instead instead of street and number.)

CERTIFICATE OF DEATH
Registration District No. 92
Primary Registration District No. 2170
Local Registrar's No. 52

46d

2. FULL NAME Adolf Edward Fieser

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Theresia J Fieser

6 DATE OF BIRTH (month, day and year) July 29- 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68		13	

8 OCCUPATION OF DECEASED retired farmer
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Schiltach Germany
(State or country)

PARENTS

10 NAME OF FATHER Abraham Fieser
11 BIRTHPLACE OF FATHER (city or town) Schiltach. Germany
(State or country)
12 MAIDEN NAME OF MOTHER Katherina Krautwein.
13 BIRTHPLACE OF MOTHER (city or town) Schiltach.
(State or country) Germany

14 Informant Theresia J Fieser
(Address) Gifford

15 Filed 8- 12, 1938 E.E. Watts Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 11 1938
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to Aug 11, 1938, that I last saw h in alive on May 20, 1938 P and that death occurred, on the date stated above, at 10.15 m.

The CAUSE OF DEATH* was as follows:
Carcinoma rectum 10 years
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) internal metastasis some
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -
Did an operation precede death? no Date of --
Was there an autopsy? no
What test confirmed diagnosis? usual
(Signed) V.E. Dieselhorst M.D.
8-12- 38 19 (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Lewiston, Idaho	8-14 1938

20. Undertaker	Address
Brower & Wann	Lewiston, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of (or Township) Lapwai

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110986

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 176

(No. 2 miles East of Spalding)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anthony C. Medesna

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) [illegible] th 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER
13. NAME Frank Medesna
14. BIRTHPLACE (city or town) (State or country) Not on record

MOTHER
15. MAIDEN NAME Mary ——
16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT John Medesna
(Address) Seattle Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 9/1/, 1938

19. UNDERTAKER Brower Funeral Co.
(Address) Lewiston, Idaho

20. FILED Oct 1, 1938 M M Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 1, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Found dead in bed at Home Apparently Heart attack.	

Other **contributory causes** of importance: none

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—.
Where did injury occur? — — —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** none
Manner of injury none
Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? none If so, specify none

(Signed) C. P. Stowell acting Coroner, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED SEP 12 1938

DO NOT WRITE IN THIS SPACE
State File No. 110987

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 152
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 1610

2. FULL NAME Inf Son of Mr & Mrs Oral Coenig
(a) Residence No. Leland Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 5-38

7. AGE Years	Months	Days	If LESS than 1 day hrs.	min.
0	0	0	8	15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho.

FATHER
13. NAME Oral Coenig
14. BIRTHPLACE (city or town) Leland
(State or country) Idaho

MOTHER
15. MAIDEN NAME L. Robertson
16. BIRTHPLACE (city or town) Preston
(State or country) Idaho.

17. INFORMANT Oral Coenig
(Address) Leland Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Leland Date Aug 6, 1938

19. UNDERTAKER Vassar-Rayels Co
(Address) Lewiston Ida.

20. FILED Aug 29 1938 M. F. Cantley R.A.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-5 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/5, 1938, to 6/5, 1938
I last saw h~~er~~ alive on 6/5 1938; death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis New-Born	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul Gutmann M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110988

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 171

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

9564

2. FULL NAME Frank Hoobler

(a) Residence No. 127 Snake River Ave St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 19 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	9	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ____ (State or country) Austria

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town) ____ (State or country)

MOTHER
15. MAIDEN NAME No Record.
16. BIRTHPLACE (city or town) ____ (State or country)

17. INFORMANT Dennis Boyle (Address) Lewiston Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Ida. Date 9-9, 193 8

19. UNDERTAKER Vasser-Bowles Co (Address) Lewiston Ida.

20. FILED Sept 22, 193 8 M N Carkey RA
(Registrar.)

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-5 193 8

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
After found dead in bed Evidently died of Natural Cause presumably	
Other contributory causes of importance: Heart Attack	

Name of operation None Date of ____
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ____, 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Leo E Ott, M. D.
(Address) Justice of Peace Acting Coroner
Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110989

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 178

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 b

2. FULL NAME Cora Stevens

(a) Residence No. 1139 - 14 th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ –
(or) WIFE of D.A. Stevens

6. DATE OF BIRTH (month, day, and year) 7/8/69

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Quincy
(State or country) Illinois

FATHER

13. NAME E. L. Burke
14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME No record
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. B. C. Brill
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date 9/7/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston Idaho.

20. FILED Sept 22 193 8 M. M. Caskey Reg'r 178
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/6/193 8

22 I HEREBY CERTIFY, That I attended deceased from Sept 4th, 193 8, to Sept 5, 193 8
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 4:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	Sept 4 38

Other **contributory causes** of importance:

Hypertension	

Name of operation none Date of —
What test confirmed diagnosis? ..... Was there an autopsy? Physical Exam

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify.....

(Signed) O. L. Carson, M. D.
(Address Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110990

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 179
96

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME L. A. West

(a) Residence No. 2021 - Carson ave St. Lewiston Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME F. West

14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER

15. MAIDEN NAME Annabelle Amis

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMANT Mrs L. A. West
(Address) Lewiston, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewis to Date 9-8-, 1938

19. UNDERTAKER Vassar-Rawlz Co
(Address) Lewiston Ida.

20. FILED Sept 22, 1938 M. McCaskey, MS
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-6 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 8:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Rt Internal Carotid artery	

Other contributory causes of importance:

Cerebral Hemorrhage	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. O. Clark M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110991

OCT 10 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 180

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 56

2. FULL NAME James Clark

(a) Residence No. Lewiston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) 10/2/82

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	11	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Flint
(State or country) Michigan

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT St Joseph's Hospital
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Date 9/10/38, 193

19. UNDERTAKER Vassar-Rawls Co
(Address) Lewiston Idaho.

20. FILED Sept 22 193 M. M. Carkey, M D
(Registrar.)

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/6 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/11, 1938, to 9/6, 1938
I last saw him alive on 9/3 1938: death is said to have occurred on the date stated above, at 8:05 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic Heart disease Rheumatic with mitral and aortic valve involvement and decompensation.	1930 Feb 1938
Other **contributory causes** of importance: Chronic Alcoholism	1938

Name of operation None Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No injury
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Douglas M. D.
(Address) Lewiston Idaho

Carrsow.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

DEC 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110992

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 181

(No. 225 - First Avenue
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Leslie Thompson 47b

(a) Residence No. 225 - 1st Avenue St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida Bunnell Thompson

6. DATE OF BIRTH (month, day, and year) Oct 1, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug store
10. Date deceased last worked at this occupation (mo. and yr.) 1936
11. Total time (years) spent in this occupation 51 yrs

12. BIRTHPLACE (city or town) Claremont
(State or country) New Hampshire

FATHER

13. NAME Samuel Leicolm Thompson

14. BIRTHPLACE (city or town)
(State or country) Not on record.

MOTHER

15. MAIDEN NAME Alsada Ellenor Flint

16. BIRTHPLACE (city or town)
(State or country) Not on record

17. INFORMANT Waldo Thompson
(Address) Lewiston Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Sept. 10, 1938

19. UNDERTAKER Bowers Mann Co.
(Address) Lewiston, Ida.

20. FILED Sept 15, 1938 W. H. Caskey M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-8 1938

22 I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to Sept 8, 1938

I last saw h. m. alive on Sept 8 1938.: death is said to have occurred on the date stated above, at 3:22 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Primary)	May 20 1936

Other **contributory causes** of importance:

Name of operation ~~—~~ Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E Crossow, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Mc Elmurry

PLACE OF DEATH

County of Nezperce

City of Lewiston

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110993

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 162

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

11 B

2. FULL NAME Guy Hartwell Walston

(a) Residence. No. Lower Asotin Road St. Clarkston, Wn
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17, 1926

7. AGE: Years 12 | Months 4 | Days 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) Cavandish (State or country) Idaho

13. NAME Guy Walston

14. BIRTHPLACE (city or town) Cavandish (State or country) Idaho

MOTHER

15. MAIDEN NAME Ethel Brown

16. BIRTHPLACE (city or town) Cavandish (State or country) Idaho

17. INFORMANT Guy Walston (Address) Clarkston Wn

18. BURIAL, CREMATION OR REMOVAL

Place Cavandish, Ida Date 9/12, 193 8

19. UNDERTAKER H. R. Merchant (Address) Clarkston, Wn

20. FILED Sept. 12 1938 M. H. Carkeys M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/9 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 193 8, to 9-9, 193 8.

I last saw him alive on 9-9, 193 8.: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocaidial failure	1936

Other **contributory causes** of importance:

Influenza	
Infected tooth ~~9-5-38~~	9-5-38

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) John E. Carson, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110994

PLACE OF DEATH
County of Nez Perce
City of Lewiston
OCT 10 1938
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 183
(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)
127

2. FULL NAME Loyd Vernon Scoggin

(a) Residence. No. Mountain View Wn. Asotin County
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 30, 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Rubins
(State or country) Idaho

FATHER

13. NAME Noah Lee Scoggin

14. BIRTHPLACE (city or town) Pomeroy,
(State or country) Wn

MOTHER

15. MAIDEN NAME Opal Yoeman

16. BIRTHPLACE (city or town) Mountain View
(State or country) Wn

17. INFORMENT (Address) Mrs Opal Hartig Mountain View Wn.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pomeroy Wn. Date Sept. 13 1938

19. UNDERTAKER C. M. Vassar,
(Address) Pomeroy, Wn.

20. FILED Sept 22, 1938 M. A. Carey MS
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 11. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1938, to Sept 11th, 1938
I last saw him alive on Sept 11, 1938: death is said to have occurred on the date stated above, at 1:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	about Aug 29th 38
Other contributory causes of importance: Ruptured Gangrenous Appendix	Aug 29th 38

Name of operation Drainage Date of Sept 1st 38
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. C. Carrsow, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110995

Registration District No. 1009
Primary Registration District No. 196
Local Registrar's No. 184

OCT 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. St. Joseph's Hospital) 23

2. FULL NAME Clinton Eneas

(a) Residence No. Culdesac Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/31/37

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	~~11~~ 4	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER
13. NAME Fred Eneas
14. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho

MOTHER
15. MAIDEN NAME Nelli Broncheau
16. BIRTHPLACE (city or town) uldesac
(State or country) Idaho

17. INFORMANT Fred Eneas
(Address) Culdesac, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Slickpoo, Ida. Date 9/14/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Sept 22, 193 8 M K Caskey M
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/11 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 9, 193 8, to Sept 11, 193 8
I last saw him alive on Sept 11 193 8: death is said to have occurred on the date stated above, at 5:30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	acute ill for 2 mos.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul W Johnson M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110996

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 115

(No.) 46C
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maymie Wilsey

(a) Residence. No. Lindsey Creek, St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of Mark Wilsey

6. DATE OF BIRTH (month, day, and year) November 17, 1911

7. AGE: Years 26 | Months 9 | Days 24 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester, Idaho

MOTHER FATHER

13. NAME John Osborn

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Sarah Osborn

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Mark Wilsey Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Clarkston, Wn Date 9/13, 1938

19. UNDERTAKER (Address) H. A. Merchant Clarkston, Wn

20. FILED Sept 22, 1938 M. W. Carey M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/11 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to Sept 11, 1938
I last saw h~~er~~ alive on Sept 6, 1938. death is said to have occurred on the date stated above, at 6-30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malignancy of Abdominal Contents	Feb 1937

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Lyle M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Oct 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009
Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 110997

Local Registrar's No. 186

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Lauria Xenia Michaelson

(a) Residence No. Lewiston Orchards, Lewiston St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John P. Michaelson

6. DATE OF BIRTH (month, day, and year) Dec. 27, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Plainview
(State or country) Minn.

FATHER

13. NAME Stefen Struble

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Emily Graves

16. BIRTHPLACE (city or town) .....
(State or country) Indiana

17. INFORMANT John P. Michaelson
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Burial
Place Lewiston Date Sept. 14, 1938

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston Idaho.

20. FILED Sept 15, 1938 M. M. Carey MS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-11-1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1938, to Sept 11, 1938
I last saw h.e.r alive on Sept 6, 1938: death is said to have occurred on the date stated above, at 9 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
arteriosclerosis	
Hypertension	
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. T. Scott M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110998

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 189

OCT 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME Phil. White

(a) Residence No. St. Wallace Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME Jess White
14. BIRTHPLACE (city or town)
(State or country) Oklahoma

MOTHER

15. MAIDEN NAME Mildred Crawford
16. BIRTHPLACE (city or town) Sweetwater
(State or country) Idaho

17. INFORMANT Jess White
(Address) Myrtle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date Sept. 16, 1938

19. UNDERTAKER Brower Wamn Co.
(Address) Lewiston Ida.

20. FILED Sept 18, 1938 M M Carney
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/14 1938

22 I HEREBY CERTIFY, That I attended deceased from 9/14, 1938, to 9/14, 1938
I last saw h[illegible] alive on 9/14 1938.: death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature infant	
Other **contributory causes** of importance:	

Name of operation none Date of —
What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Paul G Kenny M. D.
(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez. Perce

City of Lewiston

RECEIVED OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110999

Registration District No. 1009

Primary Registration District No. 196

Local Registrar's No. 181

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number) No 2

2. FULL NAME Walter H. Wood.

(a) Residence No. Lewiston Orchards. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Jessie Wood

6. DATE OF BIRTH (month, day, and year) July, 15, 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	I	I9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME David Wood

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Piaety Gore

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Fen Wood

(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Burial

Place Dayton Date Sept. 16., 1938

19. UNDERTAKER Brower Wann Co.

(Address) Lewiston Idaho

20. FILED Sept 15, 1938 M. F. Caskey M D

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-14 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-14, 1938, to 9-14, 1938

I last saw h. alive on 9-12 1938: death is said to have occurred on the date stated above, at 4-10 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Wood, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111000

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 188

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Frank Morgan Rogers

(a) Residence No. 22nd & 2nd ave. N Lewiston St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Rogers

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Gas and Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service Station

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Syracuse
(State or country) New York

FATHER

13. NAME John Rogers

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Helen Greene

16. BIRTHPLACE (city or town) .....
(State or country) New York

17. INFORMANT Nellie Rogers
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Lewiston Ida. Date Sept 16, 1938

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston Ida.

20. FILED Oct 8, 1938 E M Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 19 1938

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1938 to Sept 19, 1938

I last saw him alive on Sept 19 1938: death is said to have occurred on the date stated above, at 1P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Heald, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Oct 10 1938

DEPARTMENT OF [illegible] BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111001

Registration District No. 1009

Primary Registration District No. 6

Local Registrar's No. 190

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

4-5d

2. FULL NAME Walter Paulsen

(a) Residence No. 520 5th St Lewiston St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith Paulsen

6. DATE OF BIRTH (month, day, and year) Sept 27, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery store

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) IOWA

FATHER

13. NAME Louis Paulsen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Edith Paulsen

(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Burial

Place Lewiston Date Sept. 19 1938

19. UNDERTAKER Brower Mann Co.

(Address) Lewiston Ida.

20. FILED Oct 3, 1938 M W Carter Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 16 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1937 to Sept 16, 1938

I last saw him alive on Sept 16 1938: death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebroma Tumor	1937
Jaundice left	

Other contributory causes of importance:

Meningeal involvement of Primary disease	

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. G. Broadbent M. D.

(Address Lewiston Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lenore, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111002

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 191

(No.) 946
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wesley Rivers

(a) Residence. No. St. Lenore, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrytle Simpson Rivers

6. DATE OF BIRTH (month, day, and year): April 21, 1886

7. AGE: Years: 52 | Months: 4 | Days: 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tyty Georgia

MOTHER FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not known

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. John Rivers, Lenore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Clarkston, Wn Date: 9/21, 1938

19. UNDERTAKER (Address): H. R. Merchant, Clarkston, Wn

20. FILED Sept 22 1938 M. M. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/19 1938

22. I HEREBY CERTIFY, That I attended deceased from Dead on arrival, ..., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/19/38.
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) D. A. Christensen, M. D.
(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009
Primary Registration District No. 96
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 111003

Local Registrar's No. 192

(If death occurred in a hospital or institution, give its name instead of street and number)

1314

2. FULL NAME A. Walter H. Whitcomb

(a) Residence No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Miles Whitcomb

6. DATE OF BIRTH (month, day, and year) Jan 30, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME A. J. P. Whitcomb

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emeline Simons

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Mrs Otis Tetherow
(Address) Lewiston Orchards

18. BURIAL, CREMATION OR REMOVAL Burial
Place Lewiston Ida. Date Sept. 27, 1938

19. UNDERTAKER Prower Mann Co.
(Address) Lewiston Ida.

20. FILED Oct 8, 1938 M. W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/25 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-21, 193 7, to 9-25-, 193 8
I last saw h[illegible] alive on 9-18 193 8: death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	1927
Arterial hypertension	1932
Myocardial degeneration with decompensation	7/21/37

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury Wave, 193[illegible]
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No injury
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. S. Douglas, M. D.
(Address) Lewiston Idaho

Johnson

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111004

OCT 10 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 197
(No. St Joseph's Hospital) 23
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Joseph McCormack
(a) Residence No. St. Lapwai, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
✓	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho.

FATHER
13. NAME Harry McCormack
14. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

MOTHER
15. MAIDEN NAME Sarah Ellenwood
16. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho.

17. INFORMANT Harry McCormack
(Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Ida. Date Oct 1, 1938

19. UNDERTAKER Brauer Mortuary Co
(Address) Lewiston Idaho

20. FILED Oct 8, 1938 M. McCaskey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 29 1938

22 I HEREBY CERTIFY, That I attended deceased from Mch, 1938, to Sept 29, 1938
I last saw him alive on Sept 29 1938: death is said to have occurred on the date stated above, at a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mch-38
Other contributory causes of importance:	
acute entero colitis	about Sept 20-38

Name of operation Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Paul W. Stinson M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111065

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 193

(No. 425- Prospect Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank A. Hyke

(a) Residence No. 425-Prospect Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/4/1849

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	88	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank Hyke

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ray Hyke
(Address) Lewiston, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Luverne, Minn. Date Oct, 1, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Oct 1, 1938 M V Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/29/1938

22 I HEREBY CERTIFY, That I attended deceased from 7-, 193.., to 9-29, 1938

I last saw him alive on 9-29, 1938.: death is said to have occurred on the date stated above, at 10:47 p.m.

The **principal cause of death** and related causes of importance were as follows:

apoplexy — Date of onset 9-18-38

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D W Lyle M.D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

Oct 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 111006

Local Registrar's No. 26

(No.) 188

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas S Davis

(a) Residence. No. Malad Idaho Rt # I St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 69 yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ann Morse

6. DATE OF BIRTH (month, day and year) Sept 10 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Farm

10. Date deceased last worked at this occupation (month and year) Sept 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Samaria Idaho

FATHER

13. NAME Thomas Davis

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Walter M Davis Malad Idaho Rt I

18. BURIAL, CREMATION, OR REMOVAL Place Samaria Idaho Date Sept 26 1938

19. UNDERTAKER (Address) J. Guy Duncan Malad Idaho

20. FILED Sept 30, 1938 M J Terms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) September 23 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to Sept 23, 1938

I last saw him alive on Sept 22, 1938; death is said to have occurred on the date stated above, at 8:10AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute indigestion	

Other contributory causes of importance:

Arteriosclerosis and Accident of 2 week Horse fell on him

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ ... Date of injury Sept 10, 1938

Where did injury occur? Home fell on him at his home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) O K Mabey M.D.

(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad Idaho Rt I

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111007

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

54e

2. FULL NAME Thomas Daniel Pierce

(a) Residence. No. Malad Idaho Rt I St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fathers Farm

10. Date deceased last worked at this occupation (month and year) July 1938

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Malad Ida Rt I

FATHER

13. NAME Thomas Pierce

14. BIRTHPLACE (city or town) (State or country) Willard Utah

MOTHER

15. MAIDEN NAME Nellie James

16. BIRTHPLACE (city or town) (State or country) St John Idaho

17. INFORMENT (Address) Thomas Pierce Malad Idaho Rt I

18. BURIAL, CREMATION, OR REMOVAL Place St. John Idaho Date Sept 28 1938 Burial

19. UNDERTAKER J. Guy Benson
(Address) Malad Idaho

20. FILED Sept 30, 1938 M J Kemp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 26 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1938, to Sept 26, 1938
I last saw him alive on Sept, 20, 1938: death is said to have occurred on the date stated above, at 5:40 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma,	About July 1, 1938
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) V. J. Grant, M. D.
(Address) Malad Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Stone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 111008
Local Registrar's No. 28

(No.) 97
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME CALVIN WHEELER

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Maragret Emma Wheeler

6. DATE OF BIRTH (month, day, and year) 3/23 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Ogden Utah

FATHER
13. NAME Calvin Wheeler
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Julia Vidwuell
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Emery Wheeler Stone, Idaho
18. BURIAL, CREMATION, OR REMOVAL Removal Place Kelling, Utah Date 10/5, 193 8
19. UNDERTAKER Shaw & Iverson (Address) Tremonton, Utah
20. FILED Oct 1, 193 8 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29 193 8

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 193 8, to Sept 29, 193 8
I last saw him alive on Sept 26, 193 8: death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of the heart	9-29-38
Other contributory causes of importance: Arteris - Sclerosis	years

Name of operation Transurethral section Date of 8-24-38
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jay M. Schaffer, M.D.
(Address) Tremonton Utah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11069

PLACE OF DEATH

County of Oneida

City of Malad

OCT 7 - 1938

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 29

2029

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Wilson Lundy

(a) Residence. No. Malad Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Gertrude St John

6. DATE OF BIRTH (month, day, and year) January I8 I869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	8	II	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Tire Vulcanizing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Garage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pulaski Iowa

FATHER

13. NAME Oliver Lundy

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Jane- - - - - - -

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Hazel Colton Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place St John Idaho Date Oct 2, 1938 Burial

19. UNDERTAKER (Address) J. Guy Keenan Malad Idaho

20. FILED Oct 1, 1938 M J Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1938, to Sept 29, 1938

I last saw him alive on Sept 29, 1938 : death is said to have occurred on the date stated above, at 6:55 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	Sept 28th
Run over by Wagon	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 28, 1938

Where did injury occur? Oneida Co, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Ranch

Manner of injury Run over by Wagon

Nature of injury Crushed chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Marion Kerns, M. D.

(Address) Malad Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111010

Registration District No. 26

Oct 1 1938

Primary Registration District No. 2069

Local Registrar's No. 30

(No.) 59
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Brigham Oren Kent

(a) Residence. No. Malad Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 8 mos 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Rose

6. DATE OF BIRTH (month, day, and year) Jan 6 1900

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
38	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) July 1933

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME Dan W Kent

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Martha Dennings

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Ethel Kent.
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Oct 4., 1938.

19. UNDERTAKER J. Ben Hansen
(Address) Malad, Idaho.

20. FILED Oct 5, 1938 M. J. Terms
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 1 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930., to Oct. 1., 1938.

I last saw h[illegible] alive on Oct 1, 1938.; death is said to have occurred on the date stated above, at 11:00AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
diabetis mellitus	
Other **contributory causes** of importance:	
myocardial changes	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. P. Gandy, M. D.

(Address) Malad, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Owyhee

City of Bruneau

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111011

Registration District No. 34

Primary Registration District No. 2022

Local Registrar's No. 14

OCT 5 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 82 a

2. FULL NAME Harris S. Portlock

(a) Residence No. Bruneau St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah M. Groves

6. DATE OF BIRTH (month, day, and year) Jan. 31, 1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50yrs.

12. BIRTHPLACE (city or town) Ada County
(State or country) Idaho

FATHER

13. NAME John Portlock

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME Barbara Imel

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Mrs. H. S. Portlock
(Address) Bruneau Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bruneau Ceme Date Sept 15, 1938

19. UNDERTAKER Zacher-Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED Sept 16, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-12 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-31, 1938, to 9-12-, 1938

I last saw him alive on 9-12- 1938: death is said to have occurred on the date stated above, at 12 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-10-38

Other **contributory causes** of importance:

Arterio sclerosis

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H E Evans, M. D.

(Address Mountain Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette
or Fruitland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111012

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 53

SEP 2 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number).

93c

2. FULL NAME William N McConnell

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) ~~WIFE~~ of husband of Mary McConnell

6. DATE OF BIRTH (month, day, and year) 8-4-14

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 5
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marysville
(State or country) California

FATHER

13. NAME Alexander McConnell
14. BIRTHPLACE (city or town) Lynchburg
(State or country) Penn

MOTHER

15. MAIDEN NAME Elizabeth McMath
16. BIRTHPLACE (city or town) Niles
(State or country) Michigan

17. INFORMANT Mary E McConnell
(Address) Fruitland Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverside Payette Date 9-4, 1938

19. UNDERTAKER J. L. Porter
(Address) Payette Idaho

20. FILED 9/2, 1938. J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-1-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1937, to Sept. 1, 1938

I last saw him alive on Aug 29 1938: death is said to have occurred on the date stated above, at 2:45A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Terminal bronchopneumonia	Aug 25 38
Chronic myocarditis	1936
Heart Failure	
Senility	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo E Davis, M. D.
(Address) New Plymouth Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette

City of 1½ mile SE Fruitland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111013

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 54

SEP 29 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Home)

1946

2. FULL NAME Mary M. Manser

(a) Residence. No. Payette Idaho R 2 Box #1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Manser
6. DATE OF BIRTH (month, day, and year): July 29, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wis.

FATHER
13. NAME: Randall Johnson
14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER
15. MAIDEN NAME: Elizabeth Crockett
16. BIRTHPLACE (city or town) (State or country): Maine

17. INFORMANT (Address): H. C. Manser Payette Ida R 2 Box #1

18. BURIAL, CREMATION OR REMOVAL
Place: Appleton Wis. Date: 9/11, 193 8

19. UNDERTAKER (Address): D. L. Peterson Ontario Oregon

20. FILED 9/10/38, 193.... J. C. Edwards Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/9 193 8

22. I HEREBY CERTIFY, That I attended deceased from 9/6, 193 8, to 9/9, 193 8
I last saw her alive on 9/9, 193 8; death is said to have occurred on the date stated above, at 12 [illegible]
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age & Shocks	
Other contributory causes of importance: Fracture right femur	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 9/6 193 8
Where did injury occur? Payette
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home or in public place.
Manner of injury: Fracture of femur
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. H. Clark, M. D.
(Address) Payette, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111014

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 55

SEP 29 1938

(No.) 141
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lethia L. Dunham.

(a) Residence No. (Usual place of abode) 6 Wh. St. Hutchinson Kans.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl Dunham.

6. DATE OF BIRTH (month, day, and year) Aug 31-1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	—	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingman Kansas.

FATHER
13. NAME Hugh Dunworth
14. BIRTHPLACE (city or town) (State or country) Kingman Kansas

MOTHER
15. MAIDEN NAME Ella Ford
16. BIRTHPLACE (city or town) (State or country) Medicine Lodge Kansas.

17. INFORMANT Carl Dunham
(Address) Hutchinson Kansas

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 9-18-1938

19. UNDERTAKER Ethel Sanders
(Address) Payette Idaho

20. FILED 9/18/38, 193... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/17/1938

22 I HEREBY CERTIFY, That I attended deceased from 9/17/38, 193..., to 9/17/38, 193...
I last saw her alive on 9/17/38 193...: death is said to have occurred on the date stated above, at 2.30p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown, probably	
Cerebral Meningitis	
Other **contributory causes** of importance:	
Miscarriage-profuse hemorrhage.	

Name of operation Curettage Date of 9/17/38
What test confirmed diagnosis? Was there an autopsy? No- Spinal Fluid sent to Lab.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No / If so, specify
(Signed) J. C. Woodward, M. D.
(Address) Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gayette.
City of Midland.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111015

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 56

SEP 29 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 93c

2. FULL NAME Benjamin Franklin Jussing.

(a) Residence No. Midland. Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda J. Jussing.

6. DATE OF BIRTH (month, day, and year) Nov 14 1857.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Keokuk Ohio.

FATHER
13. NAME Hiram Jussing
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) not known.

17. INFORMANT Mrs Ida Anderson
(Address) Midland Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Ida. Date 9/25, 193 8

19. UNDERTAKER Edith Saunders
(Address) Gayette Ida.

20. FILED 9/25/38, 193.. J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-23 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1938, to Sept 23, 1938
I last saw h.im. alive on Sept 23 1938: death is said to have occurred on the date stated above, at 2:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1 Terminal bronchopneumonia	Sept. 20 38
Chronic Myocarditis	

Other **contributory causes** of importance:

Hypertension	
Cerebral hemorrhage and paralysis.	Sept. 17 38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo E. Davis M. D.
(Address) Near Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fayette
City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111016

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 38
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 29 1938

93c

2. FULL NAME Bernhard Hans Ludwig Strobbehn.

(a) Residence No: St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christina Meewes Strobbehn

6. DATE OF BIRTH (month, day, and year) Dec 12 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	9	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kiel
(State or country) Germany.

FATHER
13. NAME Detlef Strobbehn.
14. BIRTHPLACE (city or town) Kiel
(State or country) Germany

MOTHER
15. MAIDEN NAME Margret Lloed
16. BIRTHPLACE (city or town)
(State or country) Germany.

17. INFORMANT Ed B Strobbehn
(Address) New Plymouth Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Fayette Ida Date 9-28, 1938

19. UNDERTAKER Edith Gardner
(Address) Emmett Idaho.

20. FILED 9/28/38. 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 25 1938

22 I HEREBY CERTIFY, That I attended deceased from 1900, to 9/24, 1938.
That I saw h. alive on 9/24 1938.: death is said to have occurred on the date stated above, at 6:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

senility — Date of onset

Other **contributory causes** of importance:
Cardiac Degeneration — 1930

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F R Wolfard M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gayette
City of Gayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111017

SEP 29 1938

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

54e

2. FULL NAME Mrs Frances B. Russell.

(a) Residence No. Gayette Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Patric Joseph Russell.

6. DATE OF BIRTH (month, day, and year) 11-29-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	9	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodroe
(State or country) Idaho.

FATHER
13. NAME Jacob Stipp.
14. BIRTHPLACE (city or town) Tippicanoe
(State or country) Ind.

MOTHER
15. MAIDEN NAME Susan Draper.
16. BIRTHPLACE (city or town) Hartford
(State or country) Conn.

17. INFORMANT Alta Stroup Coeur d'Alene Idaho.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Ida. Date 9-30-, 1938

19. UNDERTAKER Elliott Funeral Home
(Address) Gayette Idaho

20. FILED 9/28/38 193 J. O. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/27 1938

22 I HEREBY CERTIFY, That I attended deceased from 8/30, 193 8, to 9/27, 193 8
I last saw h. alive on 9/27 193 8: death is said to have occurred on the date stated above, at 0 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tumor of the Throat	9/37
Other **contributory causes** of importance: None	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury J. O. Woodward 9/28/38
Nature of injury Registrar

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Callie E. Jones, M. D. C. S.
(Address) Gayette Idaho

The party signing the Medical Certificate
part of this certificate is not qualified.

Will you please sign the certificate in the
capacity of Registrar and return?

Please watch for other certificates signed
by unqualified persons.

Thanks.

Bureau of Vital Statistics

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111018

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 27

OCT 6 1938

(No. Schultz Memorial Hospital) 50
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lura B. Parker

(a) Residence No. Rockland Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ben D. Parker

6. DATE OF BIRTH (month, day, and year) Dec 23 86

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Sept 6-38
11. Total time (years) spent in this occupation all her life

12. BIRTHPLACE (city or town) Fillmore (State or country) Utah

FATHER

13. NAME Dewit C. Tyler
14. BIRTHPLACE (city or town) N.Y. (State or country)

MOTHER

15. MAIDEN NAME Gayah Pratt
16. BIRTHPLACE (city or town) N.Y. (State or country)

17. INFORMANT Mrs Elza Talley (Address) Rockland Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rockland Date 9-14, 1938

19. UNDERTAKER Rowdon (Address) Amer Falls Idaho

20. FILED 9-12, 1938 Irene Baling Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-10 1938

22 I HEREBY CERTIFY, That I attended deceased from February, 1937, to September, 1938
I last saw her alive on Sept 10 1938: death is said to have occurred on the date stated above, at 9:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) American Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of American Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111015

OCT 6 19[illegible]

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 28
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

111 b

2. FULL NAME Joseph Hall

(a) Residence No. ..... Arbon Valley ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 21 - 1881

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
10. Date deceased last worked at this occupation (mo. and yr.) 17
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bennington Ida
(State or country)

FATHER

13. NAME Samuel Hall
14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER

15. MAIDEN NAME Rosand Wolfer
16. BIRTHPLACE (city or town) .....
(State or country) Switzerland

17. INFORMANT Mary A Bitzmire
(Address) R.F.D. #1 Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Sept 26, 1938

19. UNDERTAKER A W Davis
(Address) American Falls Ida

20. FILED 9-24, 1938 Irene Peling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-22 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-23, 193[illegible], to 9-25, 1938

I last saw him ~~alive~~ dead 9-23 1938: death is said to have occurred on the date stated above, at 8:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis	
(Was Cleaning Chicken dropped dead — died — Dr. Logan examined the body and came to this	
Other **contributory causes** of importance:	
Conclusion)	
W. L. Davis Coroner	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. L. Davis, M. D.
(Address American Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Am Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111020

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 29
(No. Stone)
(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Samuel L. Payne.
(a) Residence No. Am Falls Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) 9-26-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 40
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fillmore Utah
(State or country)

FATHER

13. NAME John Payne
14. BIRTHPLACE (city or town)
(State or country) Utah.

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT Mrs Gladys Hunter
(Address) Am Falls Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Am Falls Date 9-25, 1938

19. UNDERTAKER Auerdays
(Address) Am Falls Ida

20. FILED 9-27, 1938 Lorenz Baling
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 25 1938

22 I HEREBY CERTIFY, That I attended deceased from September 2, 1938, to September 25 1938
I last saw him alive on Sept 25 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	Don't know
Other **contributory causes** of importance: Prostatitis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W H Logan, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111022

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 31

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number) 167

2. FULL NAME John Henckman

(a) Residence, No. Mullan Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Margaret Henckman

6. DATE OF BIRTH (month, day, and year): Sept 4

7. AGE: Years 53. Months Days If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Frank Henckman
(Address) Mullan Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Mullan Ida Date Sept. 4, 1938

19. UNDERTAKER: J. A Beech (Words)
(Address) Wallace Ida

20. FILED Sept 6, 1938 John A Barr
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Sept 1 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of heart	Duration 1 yr
Chronic Nephritis	
Uremia	

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ..... 193.....

Where did injury occur? Own Home
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home, Mullan Ida

Manner of injury Fell striking head on floor

Nature of injury Cerebral hemorrhage due to fall

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Mowery Coroner

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of SHOSHONE

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111023

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 32

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number) 98

2. FULL NAME Hannah Anderson

(a) Residence No. 413 Pine St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 56yrs yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Nov. 25, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Karsten Severson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Septemia ?

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. S. Knopp

(Address) Wallace, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place Coeur D' Alene Date Sept. 8 1938

19. UNDERTAKER Mooney Mortuary

(Address) Coeur D'Alene Ida.

20. FILED Sept 10, 1938 John A Bunn Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to Sept 4, 1938

I last saw her alive on Aug 30 1938; death is said to have occurred on the date stated above, at 8 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Right Leg	Aug 24, 1938
Other contributory causes of importance: Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Donaldson M. D.

(Address) Wallace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111024

OCT 10 1938

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 34
(No. Providence Hosp.) 18
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Ann Kellogg

(a) Residence No. Kellogg St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Wallace Kellogg

6. DATE OF BIRTH (month, day, and year) Nov. 25-1917

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	20	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash

FATHER
13. NAME Michael Hogan
14. BIRTHPLACE (city or town) (State or country) Wisc.

MOTHER
15. MAIDEN NAME Alma Wortman
16. BIRTHPLACE (city or town) (State or country) Mont.

17. INFORMANT Michael Hogan
(Address) Kellogg Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Kellogg Cem. Date Sept 12 1938

19. UNDERTAKER R. L. Stout
(Address) Kellogg Idaho

20. FILED Sept 27, 1938 Arthur Bowers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1938 to Sept 9, 1938
I last saw her alive on Sept 7, 1938: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Spinal Cerebro Spinal (diplococcus intracellularis)	4 days
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wallace Kellogg M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111025

OCT 10 1938

Registration District No. 70
Primary Registration District No. 7011
Local Registrar's No. 36
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Loyd Lamb.
(a) Residence No. [illegible] St. Farm
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 10-1938
7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day 21 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida

FATHER
13. NAME Leslie Lamb
14. BIRTHPLACE (city or town) (State or country) Burke Idaho

MOTHER
15. MAIDEN NAME Kathleen Williams
16. BIRTHPLACE (city or town) (State or country) Butte Montana.

17. INFORMANT Leslie Lamb.
(Address) Burke Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Ida Date Sept 12 1938

19. UNDERTAKER J.A. Beyer (Asst)
(Address) Wallace Ida.

20. FILED Sept 10., 1938 John A Beyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 10 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 10., 1938, to ....., 193.....
I last saw h/m alive on Sept 10 1938: death is said to have occurred on the date stated above, at 3:30 A. m. 2:15 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. F. Darnell, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED
SEP 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111026

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 53

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Sheehy

(a) Residence No. 11 E 11th St. Kellogg Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Apr. 15 - 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kennett Cook Co. (State or country) New Hampshire

FATHER
13. NAME Capt. John O'Sheehy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Harriet Kennigh
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Eugene Kellogg (Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Date Sept 21, 1938

19. UNDERTAKER R. D. Gillett (Address) Kellogg Idaho

20. FILED Sept. 19, 1938 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) (M. D.)
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111027

OCT 10 1938

Registration District No. 70
Primary Registration District No. 1041 Local Registrar's No. 37
(No.) Providence Hospital
(If death occurred in a hospital or institution, give its name instead of street and number) 107 E

2. FULL NAME Margaret Wyona Price

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....
6. DATE OF BIRTH (month, day, and year): May 18 1936
7. AGE: Years 2 | Months 1 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wallace Ida.
(State or country)

FATHER
13. NAME Edward Price
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Gladys Thornton
16. BIRTHPLACE (city or town) Neb.
(State or country)

17. INFORMANT Harvey Wilson
(Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Mt. Date Sept 16, 1938

19. UNDERTAKER J. A. Berce (Wards)
(Address)

20. FILED Sept. 15, 1938 John A. Berce
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 14 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1938, to Sept 14, 1938
I last saw her alive on Sept 14 1938; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Sept 14, 1938
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred E. Hanners, M. D.
(Address) Wallace, Idaho

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111028

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 38

OCT 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Co Hospital) 9502

2. FULL NAME Fred Elmer Harvey

(a) Residence No. Clarkia, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): Sept 9 1866

7. AGE: Years 72 | Months 0 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ark State

FATHER

13. NAME: George Harvey
14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Jane Atwater
16. BIRTHPLACE (city or town) (State or country): Ark State

17. INFORMANT (Address): Wesley Harvey, Saint Maries, Ida.

18. BURIAL, CREMATION OR REMOVAL. Place: Wallace Date: Sept 20 1938

19. UNDERTAKER (Address): John A Beyer (Wallace Ida.)

20. FILED Sept 20, 1938 John A Beyer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): Sept 18 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938 to Sept 18, 1938

I last saw h[illegible] alive on Sept 17 1938: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic heart disease & senile dementia	
Other contributory causes of importance:	
ded age.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Livingood, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Tellaray

RECEIVED OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 55

(No. 6)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 111029

93c

2. FULL NAME Emma Morgan

(a) Residence No. Black Lake Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: David John Morgan

6. DATE OF BIRTH (month, day and year): Dec. 21. 1870

7. AGE: Years 68 | Months 6 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Warsaw Ohio

FATHER

13. NAME: John A. Rudaver.

14. BIRTHPLACE (city or town) (State or country): Ohio.

MOTHER

15. MAIDEN NAME: Mary Burns

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): David J. Morgan Black Lake Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL. Place: Warsaw Ohio Date: Sept. 19, 1938

19. UNDERTAKER (Address): R.L. Street Kellogg Ida

20. FILED Oct. 10 1938 Mrs. Alice M. Bird Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Sept 19 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Heart failure due to	
Old age	
Other contributory causes of importance:	
Chronic nephritis	several years
Cardiac sclerosis	several years

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify.

(Signed) H. Flowers Coroner

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111030

OCT 10 1938

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 39
(No.) Providence Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriett Jane Colyers.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female
4. Color or Race White.
5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claude Colyers
6. DATE OF BIRTH (month, day, and year) Sept 25-1902
7. AGE Years 35 Months 11 Days 26 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cartwalls Mo.
(State or country)

FATHER
13. NAME N. M. Benton
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME Alice Fine
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Claud Colyers
(Address) Wallace Ida.
18. BURIAL, CREMATION, REMOVAL Wallace Cartwalls Mo. Date Sept 22, 1938
19. UNDERTAKER J A Bowers (Wards)
(Address) Wallace Ida.
20. FILED Sept. 22 1938 John A Bowers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 21 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938, to Sept 21, 1938.
I last saw her alive on Sept 21 1938.: death is said to have occurred on the date stated above, at 1:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatitis	8-13-38
Cholaemia	8-13-38

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Fred C. Harvey, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111031

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 40

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John M. Miller

(a) Residence No. St. Petersburg, Florida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 2 days

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Guadaple Miller

6. DATE OF BIRTH (month, day, and year) May 9 1882

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	56	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1920

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town)
(State or country) Pennsylvania

FATHER

13. NAME Chambers Miller

14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Jane Davis

16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Mrs James L. Leonard
(Address) 517 Sound St., Spokane, Wash

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place Spokane Date Sept 26, 1938

19. UNDERTAKER Hennessey & Calloway
(Address) Spokane, Washington

20. FILED Sept 26, 1938 John A Beyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 22 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1938, to Sept 22, 1938
I last saw him alive on Sept 22 1938 death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thombosis	9-22-38
Coronary Sclerosis	1935
Chronic Myocarditis	1935

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred E. Harvey, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Mineral Shoshone

City State or Montana Wallace

RECEIVED OCT 10 1938.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111032

Registration District No. 70

Primary Registration District No. 101 Local Registrar's No. 41

(No. Providence Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

186-b

2. FULL NAME Douglas Fry Steele

(a) Residence No. Soltese mont. St. Sallee Mont.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/30/1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (mo. and yr.) 9/23/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kendall, Mont
(State or country)

FATHER

13. NAME John W. Steele

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Christie McKay

16. BIRTHPLACE (city or town) Sutterton
(State or country) Nova Scotia

17. INFORMANT Christy Evans
(Address) Lock Box Wallace Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mace Ida Date Sept 27, 1938

19. UNDERTAKER B. G. Worstell
(Address) Wallace, Idaho

20. FILED Sept 27, 1938 John A Beers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/23/38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Proc Base Skull Fract	
Other contributory causes of importance:	
Fallen Pole	
Laceration	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 9-22 193...

Where did injury occur? Near Sallee Mont
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Workman Rail Road

Manner of injury Fallen Pole

Nature of injury Fract Base Skull & Laceration

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Christy Evans

(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Avery

RECEIVED
OCT 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2400

DO NOT WRITE IN THIS SPACE
State File No. 111033

Local Registrar's No. 42

(No. 210) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Stauffer

(a) Residence. No. , Avery Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	54	4	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tourist Guide

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Dairy

10. Date deceased last worked at this occupation (month and year) 9-24-38

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Daniel Stauffer

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Mary Muller

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT Maurice Stauffer
(Address) 55 - E. Washington - Chicago Ill.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place St. Maries, Ida. Date 9-28, 1938

19. UNDERTAKER Sapers Funeral Home
(Address) St. Maries Ida.

20. FILED 9/26, 1938 H. Hannan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-26 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193 ...., to ....., 193 ....

I last saw h ..... alive on ....., 193 ...; death is said to have occurred on the date stated above, at 12-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosed Skull Tuberculosis	Unknown
Other contributory causes of importance: Cardio Vascular Renal Disease	
Name of operation	Date of .....
What test confirmed diagnosis?	Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-24, 193 8
Where did injury occur? St. Maries Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place. Public Highway
Manner of injury Auto Driver
Nature of injury Head Injuries

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. W. Sapers Coroner
(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111034

Registration District No. 70
Primary Registration District No. 01 Local Registrar's No. 42
(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number) 93c

2. FULL NAME C. P. Miller
(a) Residence No. Burke Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed.
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 86 Months 0 Days 11 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milkman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelby Co.
(State or country) Indiana

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Over Johnston
(Address) Burke Ida
18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Sept. 28 1938
19. UNDERTAKER J. A. Bowers (Lords)
(Address) Wallace Ida.
20. FILED Sept 28 1938 John A. Bowers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Sept 26 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to Sept 26, 1938
I last saw h.. alive on 9/26 193.., death is said to have occurred on the date stated above, at 11 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremic Convulsions	10 days
Chronic	
Arteriosclerosis	
Chronic Nephritis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Dr. C. W. Early, M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111035

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 43
(No Coeur d'Alene)

(If death occurred in a hospital or institution, give its name instead of street and number) 114 a

2. FULL NAME Rufus Winfield Hall

(a) Residence No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Estella Hall

6. DATE OF BIRTH (month, day, and year) Nov 12 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	6	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida Kansas

FATHER
13. NAME William N. Hall
14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER
15. MAIDEN NAME Jane Martin
16. BIRTHPLACE (city or town) (State or country) So Carolina

17. INFORMANT Estella Hall
(Address) Mullan Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mullan Ida Date Sept 29 1938

19. UNDERTAKER J.A. Bower (Wards)
(Address) Wallace Ida

20. FILED Sept. 27 1938 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 26 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to Sept 26, 1938
I last saw him alive on Sept 24 1938: death is said to have occurred on the date stated above, at 12 PM m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Pulmo-TBc	Jan 1938
Chronic myocarditis	
& acarditis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Mitchell M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111036

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 56
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Fleming Shears 956-4
(a) Residence No. Wardner Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Charles Shears

6. DATE OF BIRTH (month, day, and year) Nov 18 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nevada Mo.
(State or country)

FATHER
13. NAME John Smithmeier

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Cecelia Roberts

16. BIRTHPLACE (city or town) Mo inf.
(State or country)

17. INFORMANT Charles Shears
(Address) Kellogg Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane Wash Date Oct. 1, 193 1938

19. UNDERTAKER L. Stout
(Address) Kellogg Idaho

20. FILED Oct. 10, 193 8 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Sept 28 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 27, 193 8, to Sept 28, 1938
I last saw h~~e~~r alive on Sept 28 1938: death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	one day
Other contributory causes of importance:	

Name of operation ~~—~~ Date of ~~—~~
What test confirmed diagnosis? ~~—~~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hazel T Anderson M. D.
(Address Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

DEC
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111037

Registration District No. 70
Primary Registration District No. 101 Local Registrar's No. 44
(No. Pearsonville)
(If death occurred in a hospital or institution, give its name instead of street and number) 930

2. FULL NAME. Katherine Caroline Monroe.

(a) Residence No. Gem Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Apr 6-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	5	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER
13. NAME — Brown
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME — Kelly.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMANT Everett Walker
(Address) Gem Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Oct 3, 1938

19. UNDERTAKER John A Beer (Wards)
(Address) Wallace Ida.

20. FILED Oct 3, 1938 John A Beer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Paralysis	

Other contributory causes of importance:

Chronic Colitis	
Senility	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Woolery (Wards)
(Address) Wallace Ida

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111038

Registration District No. 123
Primary Registration District No. 2 2 01
Local Registrar's No. 58

Oct 12 38

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Sweet

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec. 31 1868

7. AGE: Years 69 | Months 9 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Oregon

FATHER
13. NAME: Charles Sweet
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Edith Ann Dawson
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Mrs. Mary Gay Kellogg Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date 10-8, 1938

19. UNDERTAKER: P. J. Thornhill
(Address) Kellogg Idaho

20. FILED Oct. 10, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Oct 6 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-29-, 1938, to 10-6, 1938
I last saw him alive on Oct. 6 1938: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	

Other contributory causes of importance:

Chronic Nephritis	

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Landsay, M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE ..IX, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111039

County of Teton
City of Driggs Ida
SEP 1 8

Registration District No. 17
Primary Registration District No. 2176 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leslie Vern Shelley

(a) Residence. No. Driggs Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mt. Pleasant Utah
(State or country)

FATHER

13. NAME Joseph Leslie Shelley

14. BIRTHPLACE (city or town) Mt. Pleasant Utah
(State or country)

MOTHER

15. MAIDEN NAME Erma Clark

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT (Address) Joseph Leslie Shelley Mt Pleasant Utah

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Pleasant Utah Date Sept. 8, 1938

19. UNDERTAKER Wm. Harrison
(Address) St Anthony

20. FILED 9—9— 1938 Alvie M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at 7. P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidently Killed	Instantly
Ran Over By truck	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury Sept 5-th 193 38
Where did injury occur? Driggs R.F.D. Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. public Weighing Co
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John Cowan Coroner M. D.
(Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls,

RECEIVED OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111040

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 180

(No. Twin Falls County Hosp,

(If death occurred in a hospital or institution, give its name instead of street and number)

1598

2. FULL NAME Frederick John Brown

(a) Residence No. St. San Jose, Calif

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/1/38

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or 45 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, Idaho
(State or country)

FATHER

13. NAME Frederick Joseph Brown

14. BIRTHPLACE (city or town) Boston, Mass
(State or country)

MOTHER

15. MAIDEN NAME Grace Francis Well

16. BIRTHPLACE (city or town) Chico, Calif
(State or country)

17. INFORMANT Frederick J. Brown
(Address) San Jose, Calif

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Date 8-1-, 1938

19. UNDERTAKER None
(Address)

20. FILED 9-27-, 1938 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/1 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1938, to 8-1-, 1938

I last saw him alive on 8-1-, 1938; death is said to have occurred on the date stated above, at 8:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
#3 - 3 3/4	

Other **contributory causes of importance:** undetermined

Name of operation 0 Date of

What test confirmed diagnosis? 0 Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. A. Davis, M. D.

(Address Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111041

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 181
(No. Twin Falls County Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Nelson Brown

(a) Residence No. ..... St. San Jose, Calif
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/1/38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	3 hrs. 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER
13. NAME Frederick Joseph Brown
14. BIRTHPLACE (city or town) Boston, Mass
(State or country)

MOTHER
15. MAIDEN NAME Grace Francis Well
16. BIRTHPLACE (city or town) Chico,
(State or country) Calif

17. INFORMANT Frederick J. Brown
(Address) San Jose, Calif

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Date 8-1-, 1938

19. UNDERTAKER None
(Address)

20. FILED 8-27-, 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/1 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-1, 1938, to 8-1, 1938
I last saw ~~him~~ alive on 8-1- 1938: death is said to have occurred on the date stated above, at 9 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
#4-0-	
Other **contributory causes** of importance:	
undetermined	

Name of operation 0 Date of
What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Lewis M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111042

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 184

OCT 13 1938

(If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls General Hospital

2. FULL NAME Mrs. Virginia Alice Meyer Dillon

(a) Residence No. Rogerson, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of S.C. Dillon

6. DATE OF BIRTH (month, day, and year) 6-28-1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME Robert Meyer
14. BIRTHPLACE (city or town) Salem
(State or country) Illinois

MOTHER
15. MAIDEN NAME Mabel Claudim
16. BIRTHPLACE (city or town) El Paso
(State or country) Illinois

17. INFORMANT Mrs. Robert Meyer
(Address) Rogerson, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 8-22, 193 8

19. UNDERTAKER Clyde E. Hickok
(Address) Twin Falls, Idaho

20. FILED Oct 4 193 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-20 193 8

22 I HEREBY CERTIFY, That I attended deceased from Aug 4th 193 8, to Aug 20th 193 8
I last saw h[illegible] alive on Aug 193 8: death is said to have occurred on the date stated above, at 1-19 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchos)	
Other contributory causes of importance: Pleurisy with effusion.	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. E. Lamb, M. D.
(Address) Twin Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

RECEIVED OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 111045

Local Registrar's No. 163

(No. 330 4th Ave N)

(If death occurred in a hospital or institution, give its name instead of street and number)

95 b-4

2. FULL NAME Elmer Lloyd Vaughn

(a) Residence No. 330 4th Ave N St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~Mr.~~ Mrs. Loriene Vaughn

6. DATE OF BIRTH (month, day, and year) 12-25-1909

7. AGE: Years 28 | Months 8 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portland
(State or country) Oregon

FATHER

13. NAME E.R. Vaughn

14. BIRTHPLACE (city or town)
(State or country) Calffornia

MOTHER

15. MAIDEN NAME Lillian Miller

16. BIRTHPLACE (city or town) Lincoln
(State or country) Nebraska

17. INFORMANT E.M. Vaughn
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 9-6, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-9, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-3 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 2, 193[illegible], to Sept 3, 1938

I last saw him alive on Sept 2 193[illegible] death is said to have occurred on the date stated above, at 7:05A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of the Heart	Sept 2 1938
Pulmonary Edema	Sept 2 1938

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. [illegible] M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

RECEIVED OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111044

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 166

(No. 149a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes Lavina Alford

(a) Residence No. 311 4-ST. West St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elmer Alford

6. DATE OF BIRTH (month, day, and year) 24-3-1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bitterroot Valley
(State or country) Montana

FATHER

13. NAME Jhon Bradshaw

14. BIRTHPLACE (city or town)
(State or country) Montana

MOTHER

15. MAIDEN NAME Jennie Barnnet

16. BIRTHPLACE (city or town)
(State or country) Montana

17. INFORMANT Elmer Alford
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Sept 11, 1938

19. UNDERTAKER Fred E Drake
(Address) Twin Falls

20. FILED 9-10-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-6 1938

22 I HEREBY CERTIFY, That I attended deceased from March 1st, 1938, to 9-6, 1938

I last saw h-4 alive on 9-6 1938 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stock following an operation (Caesarean Section	

Other contributory causes of importance:

Septic Pelvis and hip joints	

Name of operation Caesarean Date of 9-6-38

What test confirmed diagnosis Cancer Was there an autopsy? No X Ray.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Lamb, M. D.

(Address Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

RECEIVED OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111045

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 168

(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd James Bachman, 89a

(a) Residence No. St. Kimberly, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 mos. 4 da. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-6-1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver,
(State or country) Colo.

FATHER

13. NAME Henry Bachman,

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Myrtle Gellatly

16. BIRTHPLACE (city or town) Stockham,
(State or country) Nebr.

17. INFORMANT Henry Bachman,
(Address) Kimberly, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sunset Mem- Date 9-12-, 1938
orial Park

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED Sept. 12-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/8 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1938, to Sept. 8, 1938

I last saw him alive on Sept. 8 1938: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Meningitis (Streptococcic	9/7/38

Other contributory causes of importance:

Otitis media	
Ethmoid sinusitis	Sept 1st to Aug 13, '38

Name of operation none Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lloyd E Oaks, M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer

OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111046

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 167

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irene Weaver

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. J. Weaver

6. DATE OF BIRTH (month, day, and year) Jan. 11 - 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
92	8	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edgewater Va.

FATHER
13. NAME Jesse Young
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Mazie Young
16. BIRTHPLACE (city or town) (State or country) Nathans Creek N.C.

17. INFORMANT (Address) E. J. Weaver Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Sept 11 1938

19. UNDERTAKER (Address) Eugene V. Johnson Buhl

20. FILED 9-9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9 - 9 / 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw h.. alive on ....., 193..; death is said to have occurred on the date stated above, at 9:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James W. Creed, M. D.
(Address) Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer (or) Twin Falls
R.D. OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111047

Registration District No. 38
Primary Registration District No. 2085
Local Registrar's No. 169
(No. Twin Falls Co. Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME Marleone Joy McKee
(a) Residence. No. Twin Falls County Hospital
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, and year): September 13 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Filer, Idaho

FATHER
13. NAME: Eugene Daniels
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Lovella McKee
16. BIRTHPLACE (city or town) (State or country): Shattuck Oklahoma

17. INFORMANT (Address): Mrs. S O. McKee

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem. Date 9-15- 1938

19. UNDERTAKER (Address): S.O. McKee (family) Filer Idaho

20. FILED 9-15- 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1938, to Sept. 14, 1938
I last saw her alive on Sept. 14, 1938: death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) James W. Creed, M. D.
(Address) Box 102, Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111048

PLACE OF DEATH

County of Twin Falls

City of Murtaugh

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 170

OCT 1 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

159

2. FULL NAME Sharron Graff

(a) Residence. No. Murtaugh, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Murtaugh, Idaho

FATHER

13. NAME: Lester Wm Graff

14. BIRTHPLACE (city or town) (State or country): Longmont, Colorado

MOTHER

15. MAIDEN NAME: ~~Phoebe~~ Anna May Sprague

16. BIRTHPLACE (city or town) (State or country): Okoee, Oklahoma

17. INFORMENT (Address): Lester Wm Graff, Murtaugh, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Mem. Park Date: 9-15- 1938

19. UNDERTAKER (Address): Parents Peter Wm Graff.

20. FILED 9-15-, 1938 J. Stevenson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1938, to Sept 14, 1938

I last saw her alive on Sept 14, 1938.: death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Sept 14, 1938

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harry Albaugh M. D.

(Address) Twin Falls, Idaho.

CE OF DEATH Twin Falls
Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11649

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

OCT 13 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

NAME Maria Rendla

(a) Residence No. 500 Blue St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of: Karel Rendla.

6. DATE OF BIRTH (Month, day and year): Aug 15, 1855

7. AGE: Years 83 | Months 1 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (mo. and yr.): July 1938
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town): Prague
(State or country): Czechoslovakia

FATHER

13. NAME: John Cipra
14. BIRTHPLACE (city or town): Unknown
(State or country): Czechoslovakia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town): Unknown
(State or country): Czechoslovakia

17. INFORMANT: Mrs. Herman Voss
(Address): Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl, Ida. Date: Sept 18, 1938

19. UNDERTAKER: B. F. Albertson
(Address): Buhl Ida

20. FILED 9/17, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9/15/1938

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to Sept 15, 1938
I last saw h.er alive on Sept 15, 1938; death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Cardiac decompensation	1938

Other contributory causes of importance:

Pneumonia, lobar, fulminant	9/14/38
Cardiac failure, fulminant	9/15/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John A. Watkins M. D.
(Address) 9/17/38 Buhl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111050

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 175

SEP 13 1938

(No. Kimberly, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Fanny Louise Brown

(a) Residence No. Kimberly, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) 2-18-1861

7. AGE — Years: 77 | Months: 6 | Days: 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Altamont
(State or country) Tennessee

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town)
(State or country) New Jersey

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Vance P. Brown
(Address) Kimberly, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 9-18, 193 8

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-22-, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-15 193 8

22 I HEREBY CERTIFY, That I attended deceased from 8-8, 1938, to 9-15, 1938

I last saw her alive on 9-13 1938: death is said to have occurred on the date stated above, at 2:40 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	8/5/38

Other **contributory causes** of importance:

Hypertention first aware	1934

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. A. Davis, M. D.

(Address Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111051

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No.) Found in City Park Lake - Buhl

(If death occurred in a hospital or institution, give its name instead of street and number)

1617

2. FULL NAME Baby (Unknown)

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----- Not known

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ? hrs. or ? min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dft

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not Known
(State or country)

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 9-17, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9/29, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH. Found

21. DATE OF DEATH (month, day and year) 9-16 1938 ~~Found~~ deceased

22 I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ 9/16, 1938, to, 193

I last saw h alive on 193: death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probably hemorrhage from umbilical cord - not tied at time of delivery	not known

Other **contributory causes** of importance:

none

Name of operation none Date of

What test confirmed diagnosis? from Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Hally, M. D.

(Address Twin Falls Ida.

over

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Hansen

RECEIVED OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 111052

Local Registrar's No. 171

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Billy John Hughes

92a

(a) Residence No. Hansen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/17/27

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hansen
(State or country) Idaho

FATHER

13. NAME Carl Hughes
14. BIRTHPLACE (city or town) Mulhall
(State or country) Oklahoma

MOTHER

15. MAIDEN NAME May Tolby
16. BIRTHPLACE (city or town) Golden
(State or country) Mo.

17. INFORMANT Mrs. Carl Hughes
(Address) Hansen, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 9-18, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 9-16, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) September 16, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Sept. 16, 1938

I last saw him alive on Sept. 16 1938: death is said to have occurred on the date stated above, at 4:30A. M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic endocarditis	July 1935
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Albaugh M. D.
(Address) Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls.
City of Buhl.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111055

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Catherine Fisher
(a) Residence No. R. F. D. St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 22, 1864
7. AGE: Years 74 | Months 5 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home.
10. Date deceased last worked at this occupation (mo. and yr.): Sept. 1937
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) New Brunswick (State or country) Canada

FATHER
13. NAME: Alexander Fisher
14. BIRTHPLACE (city or town) New Brunswick (State or country) Canada

MOTHER
15. MAIDEN NAME: Mary Chern
16. BIRTHPLACE (city or town) New Brunswick (State or country) Canada

17. INFORMANT: Mr. Frank Fisher (Address) Buhl, Idaho
18. BURIAL, CREMATION OR REMOVAL: Place Buhl, Ida. Date Sept. 21, 1938
19. UNDERTAKER: B. T. Albertson (Address) Buhl, Idaho
20. FILED 9/20, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9/18 1938
22 I HEREBY CERTIFY, That I attended deceased from 12/28, 1937, to 9/18, 1938
I last saw h[er] alive on 9/18, 1938: death is said to have occurred on the date stated above, at 9:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1935
Cachexia	1937

Other contributory causes of importance:

Bronchitis, Coronary Failure	9/14/38

Name of operation Mastectomy Date of 1937
What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Glenn W. Wyeth M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111054

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 174

OCT 13 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Ada Miller

(a) Residence No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jesse Miller

6. DATE OF BIRTH (month, day, and year) June 13 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	4	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Koon Speak
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Laura Speak
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mable Luthi (Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Sept 20, 1938

19. UNDERTAKER Fred E Drake (Address) Twin Falls Ida.

20. FILED 9-21-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Sept 19 1938

22 I HEREBY CERTIFY, That I attended deceased from May 24, 1938, to Sept 19th, 1938
I last saw her alive on Sept 12 1938: death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus & metastases (abdominal)	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. [illegible] M. D.
(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111055

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 173

OCT 13 1938

(No. Twin Falls Co. Gen'l. Hosp.
(If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Henderson Turner

(a) Residence No. Twin Falls, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/26/1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marysville
(State or country) Ohio.

FATHER

13. NAME Henry Turner
14. BIRTHPLACE (city or town) Unknown
(State or country) Penn.

MOTHER

15. MAIDEN NAME Martha Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Mr. C. W. Turner
(Address) Fairfield, Ohio

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL Removal
Place Milford Centre, Ohio Date 9/22/38, 193

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 9-24-, 193 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 20, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 9-17, 193 8, to Sept. 20, 193 8
I last saw him alive on Sept. 20, 38, death is said to have occurred on the date stated above, at 7:40A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9-17-38
Other contributory causes of importance: Senility	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No Physical

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No
Manner of injury No
Nature of injury No

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11056

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. Buhl Hospital + Clinic
(If death occurred in a hospital or institution, give its name instead of street and number) 157a

2. FULL NAME Rodney Edward Brown
(a) Residence No. ~~Buhl Hospital + Clinic~~ St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb. 6, 1938
7. AGE: Years 0 | Months 7 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (mo. and yr.): None
11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Buhl Idaho

FATHER
13. NAME: Harold Brown
14. BIRTHPLACE (city or town) (State or country): Buhl Idaho

MOTHER
15. MAIDEN NAME: Bernette Pyik
16. BIRTHPLACE (city or town) (State or country): Guttenburg Iowa

17. INFORMANT (Address): Harold Brown Buhl, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Filer, Ida. Date: Sept. 24, 1938
19. UNDERTAKER (Address): D. Y. Albertson Buhl, Idaho
20. FILED: 9/23, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9/22 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938, to Sept 22, 1938
I last saw him alive on Sept 22 1938; death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Hydrocephalus	2/6/38
Other contributory causes of importance:	
Inanition Convulsions Respiratory Failure	8/15/38 9/20/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) John A. Wingfield M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Kimberly

RECEIVED OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111057

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 179

(No. Kimberly, Ida R.F.D.)

(If death occurred in a hospital or institution, give its name instead of street and number)

95 b

2. FULL NAME Mrs. Ane Jensine Olsen Petersen

(a) Residence No. Kimberly, Ida R.F.D. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 4-12-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Niels Nielsen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Petronelle Johansen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT N.A. Olsen
(Address) Kimberly, Ida R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 10-1, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9/28/1938
(Registrar)

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-24 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug., 1938, to Sept 22, 1938.

I last saw her alive on Sept 22 1938: death is said to have occurred on the date stated above, at 3:05P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1) Congestive heart failure	Sept 16, 1938
2) Senility	

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Albaugh M. D.

(Address) Kimberly, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111058

Oct 13 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 188
(No. Twin Falls County Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby girl Buckman 159

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/26/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER

13. NAME Ray Buckman
14. BIRTHPLACE (city or town) Filer
(State or country) Idaho

MOTHER

15. MAIDEN NAME Alberta Blacker
16. BIRTHPLACE (city or town) Afton,
(State or country) Wyoming

17. INFORMANT Lee McCracken
(Address) Twin Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 9/27/38, 193

19. UNDERTAKER (Family)(
(Address) Twin Falls, Idaho

20. FILED Oct 14, 1938
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/26/38

22 I HEREBY CERTIFY, That I attended deceased from Sept 27, 193 6, to Sept 27, 193 6
I last saw h.er alive on Sept 27 1938: death is said to have occurred on the date stated above, at 12:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	Sept 26, 1938
(Pneumonia) Congenital Heart Disease	

Other **contributory causes** of importance:

Name of operation none Date of —
What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? — If so, specify
(Signed) Dean W. Affleck M.D.
(Address 118 Main Ave So

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111059

OCT 13 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 178
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Cordelia Telford,

(a) Residence No. Filer, Idaho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Geo. H. Telford (deceased)

6. DATE OF BIRTH (month, day, and year) 7-22-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Indiana

FATHER
13. NAME Granville C. Denny
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Rachel Marrs
16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Marsh J. Wilbur,
(Address) Jerome, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer Date 9-28, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 9-27, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-26 1938

22 I HEREBY CERTIFY, That I attended deceased from July, 1937, to September, 1938
I last saw her alive on Sept 24 1938: death is said to have occurred on the date stated above, at 10 A.M. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Cardio - vascular renal disease	1937

Other **contributory causes** of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James W. Creed, M. D.
(Address) Box 102, Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Filer

RECEIVED OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111060

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 182

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

476

2. FULL NAME Ward Jerome Blakeslee

(a) Residence No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lois M. Blakeslee

6. DATE OF BIRTH (month, day, and year) 8/21-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Thresherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Castile, (State or country) N.Y.

FATHER

13. NAME Jerome Blakeslee

14. BIRTHPLACE (city or town) Castile, (State or country) N.Y.

MOTHER

15. MAIDEN NAME Mary Lyons

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Lois M. Blakeslee
(Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem. Date 9-29-, 1938

19. UNDERTAKER Drake Funeral Parlors
(Address) Twin Falls, Idaho

20. FILED 9/29/38 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/27-38

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to September 27 1938
I last saw h. im alive on 9/26/ 1938: death is said to have occurred on the date stated above, at 3:00a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	Probably 3 yrs ago
Other **contributory causes** of importance: None	

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no of Chest

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James W. Creed, M. D.

(Address) Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11106

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 186

OCT 13 1938

(No. 321 4th Ave E)
(If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Mrs. Bertha May Elrod

(a) Residence No. 321 4th Ave E St.
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~
(or) WIFE of F.M. Elrod

6. DATE OF BIRTH (month, day, and year) 5-18-1882

7. AGE: Years 56 | Months 4 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orangeville
(State or country) Indiana

FATHER
13. NAME Anderson Street
14. BIRTHPLACE (city or town) Orangeville
(State or country) Indiana

MOTHER
15. MAIDEN NAME Maria J. Mathers
16. BIRTHPLACE (city or town) Orangeville
(State or country) Indiana

17. INFORMANT Frank M. Elrod
(Address) 321 4th Ave E

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 9-30, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 10-6, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1938 to Sept 28, 1938
I last saw her alive on Sept 28 1938: death is said to have occurred on the date stated above, at 5:25P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-27-38
Other contributory causes of importance:	
Arterial Hypertension	1934

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify
(Signed) [signature] M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111062

Registration District No. 37

OCT 13 1938

Primary Registration District No. 2085

Local Registrar's No. 187

(No. T.F. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

160a

2. FULL NAME Glenna Charlotte Coleman

(a) Residence No. Burley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 9-29-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Craig Coleman

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Helen Ruscoe

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT O.H. Coleman
(Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 9-30, 193 8

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 10-6, 193 8 [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-30 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-29, 1938, to 9-30, 1938

I last saw her alive on 9-30 1938: death is said to have occurred on the date stated above, at 10 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intra-cranial hemorrhage of new born	9-29-38

Other contributory causes of importance:

Lack of Clotting Power
Bled from Cord Stump

Name of operation Was Caesarean Date of 9-29-38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John T. Laughlin M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111063

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 185

OCT 13 1938

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cornelius West

11a

(a) Residence No. Rogerson, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Anna West

6. DATE OF BIRTH (month, day, and year) 8/26-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Mills, Neb.

FATHER
13. NAME James West
14. BIRTHPLACE (city or town) (State or country) Washington, Md.

MOTHER
15. MAIDEN NAME Margaret J. Mann
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Anna West
(Address) Rogerson, Idaho

18. BURIAL ~~XXXXXXXXXXXXXXXX~~
Place Twin Falls Cem. Date 10/5/, 1938

19. UNDERTAKER Brake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED 10-4-, 1938 J. O. Crumbaker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/1 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 28th, 1938, to 10/1/, 1938
I last saw h. im. alive on 10/1/ 1938.: death is said to have occurred on the date stated above, at 10:10p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Other contributory causes of importance:	
Cardiorrhexis	
Renal disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. F. Lee M. D.
(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111064

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 189

OCT 13 1938

(If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls General Hospital 159

2. FULL NAME Betty Jean Rogers

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 10-3-1938

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

MOTHER FATHER
13. NAME Fay Rogers
14. BIRTHPLACE (city or town) .....
(State or country) Colorado
15. MAIDEN NAME Chloey Daniels
16. BIRTHPLACE (city or town) .....
(State or country) Idaho

17. INFORMANT Fay Rogers
(Address) 136 3rd Ave E

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Memorial Date 10-5, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 10/8, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-3 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-3, 1938, to 10-3, 1938
I last saw her alive on 10-3 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth at 6 mos gestation	birth
Other contributory causes of importance: Premature rupture of membranes — Cause unknown	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature], M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111065

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 190
(No. ____)

OCT 13 1938

59

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Frederick Graves

(a) Residence No. 340 4th ave. north (Usual place of abode) Twin Falls, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~ELIZABETH~~ Lillian Graves

6. DATE OF BIRTH (month, day, and year) 11/21-1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate & Ins.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leigh, Neb.

FATHER

13. NAME Frederick C. Graves

14. BIRTHPLACE (city or town) (State or country) Springfield, Mo.

MOTHER

15. MAIDEN NAME Minnie M. Walling

16. BIRTHPLACE (city or town) (State or country) Leigh, Neb.

17. INFORMANT Lillian Graves
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 10/10/, 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED 10-9-38, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/7/1938

22 I HEREBY CERTIFY, That I attended deceased from August 13, 1938, to 10/7/, 1938

I last saw him alive on 10/6/ 1938.: death is said to have occurred on the date stated above, at 2:40a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1934
Other **contributory causes** of importance:	

Name of operation None Exam Date of ---
What test confirmed diagnosis? & Lab. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ---, 193...

Where did injury occur? -----
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ----

Manner of injury -----

Nature of injury -----

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ----

(Signed) Geo C. Nalley, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Cascade Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111066

Registration District No. 13
Primary Registration District No. ____ Local Registrar's No. 6

OCT 6 - 1938

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

186b

2. FULL NAME Sidney L Coleman

(a) Residence No. Cascade Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or ~~WIFE of~~) Mabel Coleman

6. DATE OF BIRTH (month, day, and year) Sept. 25/1898

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	39	II	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woods man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER

13. NAME William R Coleman

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Estella Dennis

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Wm R Coleman
(Address) Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill, Boise Date Sept. 5th 1938

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Sept 4, 1938 Myrtle Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/I 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw h... alive on ____ 193...: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull caused by falling limb of tree while working in woods	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury 193... 9/I/#

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place While working in woods

Manner of injury Fractured skull

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify ____

(Signed) A.D. Robb Coroner Valley Co. M.D.

(Address) Cascade Idaho

ase

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of McCall Idaho
RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 9

DO NOT WRITE IN THIS SPACE
State File No. 111067

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dan M=Kay

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) # (State or country)

17. INFORMENT (Address) Thomas McCall McCall Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cascade Idaho Date 9/20, 1938

19. UNDERTAKER C. S. Robb (Address) Cascade Idaho

20. FILED Oct 6, 1938 Myrtle M Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/19 1938

22. I HEREBY CERTIFY, That I attended deceased from ... on ~~Sept~~ 9/19, to 9/19, 1938
I saw h... alive on 9/19, 1938; death is said to have occurred on the date stated above, at 8 3. P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure.	
Due to	
Other contributory causes of importance: Gastric ulcers.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. F. Munsey, M. D.
(Address) McCall, Idaho

Richardson

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111068

OCT 10 1938

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 9

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura A Swasher

(a) Residence No. 919 E Park St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of C.H. Swasher

6. DATE OF BIRTH (month, day, and year) 2-4-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Wm Nash
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Knox
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT C.H. Swasher
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Richland, Ore. Date 1-30-, 1938

19. UNDERTAKER L.C. Northam
(Address) Weiser Idaho

20. FILED Oct 8, 1938 Marie Hawthorne Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-28-1938

22. I HEREBY CERTIFY, That I attended deceased from 3/4, 1937, to 1-28-, 1938
I last saw her alive on 1-27- 1938: death is said to have occurred on the date stated above, at 4:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sarcoma	1935
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagn Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. A. Richardson M. D.
(Address) Weiser, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Midvale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11106

RECEIVED
OCT 8 - 1938

Registration District No. 88
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____ If death occurred in a hospital or institution, give its name instead of street and number) 131 b

2. FULL NAME Minnie L Jackson

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 17-1884

7. AGE: Years 53 | Months 9 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Medale (State or country) Ida

FATHER
13. NAME Robert Jackson
14. BIRTHPLACE (city or town) Kentucky (State or country)

MOTHER
15. MAIDEN NAME Clara Stubble
16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Minnie Jackson (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Midvale Date Aug 7, 1938

19. UNDERTAKER J A Studebaker (Address) Cambridge Idaho

20. FILED 8/5/38, 193 W. H. Coleman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/5/38

22 I HEREBY CERTIFY, That I attended deceased from 7/29/38., 193..., to 8/5/38., 193...
I last saw her alive on 8/5/38 193...: death is said to have occurred on the date stated above, at 11:00P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation-acute	8/5/38
Other **contributory causes** of importance:	
Cardio-vascular-renal disease ?	
Chronic interstitial nephritis ?	

Name of operation None Date of -
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. H. Coleman, M. D.
(Address) Cambridge, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111070

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 10

OCT 10 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

95 b²

2. FULL NAME Luther Lemon Carnell

(a) Residence No. 801 N. 2nd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M

4. Color or Race: Wht

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of: Delia Carnell

6. DATE OF BIRTH (month, day, and year): June 5—1872

7. AGE: Years 66 | Months 2 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mo.

FATHER

13. NAME: Charles Carnell

14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER

15. MAIDEN NAME: Martha Lucier

16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMANT: Mrs Delia Carnell
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 10-3-, 1938

19. UNDERTAKER: L. C. Northam
(Address) Weiser Idaho

20. FILED Oct 8, 1938 Marie Heathcock
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-31-1938

22 I HEREBY CERTIFY, That I attended deceased from 8-17, 1938, to 8-31, 1938

I last saw him alive on 8-30 1938: death is said to have occurred on the date stated above, at 11:00 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-17-38
Other **contributory causes** of importance:	
Cerebral Hemorrhage & Hypertention	1931

Name of operation: Date of:
What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Northam, M. D.

(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111071

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 14

OCT 8 - 1938

(No. Little Flower Hospital-Weiser, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Idella Niemyer

(a) Residence No. Cambridge, Idaho St. 11a

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of: Wm. Niemyer Dec'd

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 64 — Months: 8 — Days: — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (mo. and yr.): I

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Unascertained

14. BIRTHPLACE (city or town) (State or country): Unascertained

MOTHER

15. MAIDEN NAME: Unascertained

16. BIRTHPLACE (city or town) (State or country): Unascertained

17. INFORMANT: Wm. Keeler (Address) Missouri

18. BURIAL, CREMATION OR REMOVAL Place: Cambridge (Date) Oct 5, 1938

19. UNDERTAKER: J.C. Anderson (Address) Cambridge, Ida.

20. FILED: 10/7/38, 193 — Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/2 193 8

22 I HEREBY CERTIFY, That I attended deceased from 8/26/38, 193..., to 9/1/38, 193... I last saw her alive on 9/1/38 193...: death is said to have occurred on the date stated above, at 5:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Influenza	8/20/38.
Broncho-pneumonia	8/27/38
Other **contributory causes** of importance:	
Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Otto Thomas M. D.

(Address) Cambridge, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Washington

City of Weiser

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111072

Registration District No. 86

Primary Registration District No. 1810 Local Registrar's No. 11

(No. E-10th St.) 119

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura Marie Lipton

(a) Residence No. East-10th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 13-1938

7. AGE Years — Months 8 Days 3 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Myrtle Point
(State or country) Oregon

FATHER

13. NAME R.E. Lipton

14. BIRTHPLACE (city or town)
(State or country) Ky

MOTHER

15. MAIDEN NAME Anna Bennett

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT R.E. Lipton
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mednick Cem. Date 9-17- 193 8

19. UNDERTAKER L.C. Northam
(Address) Weiser Idaho

20. FILED Oct 8, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-16-1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to Sept 15, 1938

I last saw him alive on Sept 15 1938: death is said to have occurred on the date stated above, at 2 9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastrointeritis	9-3-38
Other **contributory causes** of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F A Hemingway, M. D.

(Address Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OCT 10 1938

Registration District No. 86
Primary Registration District No. 1010

DO NOT WRITE IN THIS SPACE
State File No. 111073

Local Registrar's No. 12

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Robert Taylor

(a) Residence No. 328 W. Court St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: wht
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~: Ellen M. Taylor

6. DATE OF BIRTH (month, day, and year): Mch 14, 1868

7. AGE: Years: 70 | Months: 6 | Days: 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Utah

MOTHER FATHER
13. NAME: Robert Taylor
14. BIRTHPLACE (city or town) (State or country): Don't Know
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): Don't Know

17. INFORMANT: Melvin Taylor
(Address): Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Weiser Idaho (Date): 9-20-, 1938

19. UNDERTAKER: L. C. Northam
(Address): Weiser Idaho

20. FILED: Oct 8, 1938 Marie Smithson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 9-18-1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, to Sept 18, 1938
I last saw h. alive on Sept 17 1938: death is said to have occurred on the date stated above, at 5:15A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Myocardial degeneration	?
Other **contributory causes** of importance:	
Complete Decompensation (?)	

Name of operation: None Date of: ....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or **in public place** ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Hyden Hamby, M. D.
(Address) Weiser - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111074

RECEIVED
OCT 10 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 13
(No. Weiser General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillie Belle Brown 9562

(a) Residence No. 206 W Court St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marcella Brown

6. DATE OF BIRTH (month, day, and year) May 10 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	4	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Separator Co
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME James J. Brown
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Marian Belle
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Marcella Brown
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Ida. Date 9-25-, 1938

19. UNDERTAKER L. C. Northern
(Address) Weiser Idaho

20. FILED Oct 8, 1938 E. Marie Hutchens
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-23-1938

22 I HEREBY CERTIFY, That I attended deceased from January 1, 1936, to Sept 23, 1938
I last saw him alive on Sept 23 1938: death is said to have occurred on the date stated above, at 9:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Mon. 26, 1938
Pulmonary thrombosis	?
Other **contributory causes** of importance:	
Hypertension	1936

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury Monday 1938
Where did injury occur? Caldwell Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public place
Manner of injury Lifting on car
Nature of injury Coronary thrombosis

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. C. Northern, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls.
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111094

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 172

OCT 13 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Parker Stillborn

(a) Residence No. ..... St. Filer, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Premature Stillborn Baby
6. DATE OF BIRTH (month, day, and year) Sept. 4, 1938
7. AGE — Years: — Months: — Days: — If LESS than 1 day 5 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.) "
11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Filer Idaho

FATHER
13. NAME Ray Elden Parker
14. BIRTHPLACE (city or town) (State or country) Seward Okla.

MOTHER
15. MAIDEN NAME Alice May Decker
16. BIRTHPLACE (city or town) (State or country) Wantonga Okla.

17. INFORMANT Mrs. O. L. Parker
(Address) Filer, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Buhl Ida. Date Sept. 4, 1938

19. UNDERTAKER B. F. Albertson
(Address) Buhl, Idaho

20. FILED 9-17-1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-4 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillbirth	
Other contributory causes of importance:	
X Cause of stillbirth unknown	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James W. Reed, M. D.
(Address) Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Maries.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE
State File No. 111097

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 21

OCT 21 1938

(No. 1127 Colleges Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95 h 2

2. FULL NAME John [redacted] Armstrong

(a) Residence No. 1127 College Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Martha Armstrong

6. DATE OF BIRTH (month, day, and year) Nov. 28- 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
75	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [redacted] Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining
10. Date deceased last worked at this occupation (mo. and yr.) 923
11. Total time (years) spent in this occupation 20 yr.

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME D. B. Armstrong
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Anna Kegler
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs. Martha Armstrong St. Maries Ida

18. BURIAL, CREMATION OR REMOVAL
Place St. Maries Ida Date Oct. 14, 1938

19. UNDERTAKER STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED Oct. 21, 1938 Walter Coberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/12 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1938., to 10/12, 1938.
I last saw h[redacted] alive on 10/12 1938.: death is said to have occurred on the date stated above, at 9:45 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-renal-Vascular disease	March-1938
Other contributory causes of importance: arteriosclerosis hypertension	1928

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify
(Signed) [redacted], M. D.
(Address) St. Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111098

Registration District No. 87
Primary Registration District No. 7159
Local Registrar's No. 35
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

85

2. FULL NAME Fred Martin

(a) Residence. No. ..... St. Ida. Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Martin

6. DATE OF BIRTH (month, day, and year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Mail

10. Date deceased last worked at this occupation (mo. and yr.) July 1938

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Unk.

FATHER

13. NAME Sandy Martin

14. BIRTHPLACE (city or town) (State or country) Unk. "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Lewis Eaton
(Address) Shelley, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Ida. Falls, Ida. Date Sept. 23, 1938

19. UNDERTAKER O. Buck
(Address) Idaho Falls, Ida.

20. FILED 10/1, 1938 D. Russell Tingey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/23/38 193

22. I HEREBY CERTIFY, That I attended deceased from 9/20/38, 193..., to 9/23/38, 193...
I last saw him alive on 9/23/38, 193...: death is said to have occurred on the date stated above, at 4AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epileptic Convulsions	
Other contributory causes of importance:	
0	

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) Ellis Keckley, M. D.
(Address) Soda Springs, Idaho

Beamer & Murphy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111099

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 38
Primary Registration District No. 2085
Local Registrar's No. 199

(No. Twin Falls General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

201 j

2. FULL NAME William Thomas Roberts

(a) Residence. No. Bellevue, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Carrie Dreger

6. DATE OF BIRTH (month, day, and year) 1-3-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 10-15-1938

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) North Wales Great Britain

FATHER

13. NAME Joseph Roberts

14. BIRTHPLACE (city or town) (State or country) North Wales

MOTHER

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country) North Wales

17. INFORMENT (Address) Mrs Van Peterson 106 Warm Springs Ave. Burley, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Bellevue Ida Date 10-18-, 1938

19. UNDERTAKER (Address) Ray McGoldrick Hailey, Idaho

20. FILED Oct 21, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-16-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1938, to 10-16, 1938
I last saw him alive on 10-15, 1938; death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock.	10-15-38

Other contributory causes of importance: Compound - Comminuted fracture - both bones left tibia & fibula

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury 10-15 1938
Where did injury occur? Twin Falls
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Ex Plosion.
Nature of injury Extensive fracture both bones left leg
24. Was disease or injury in any way related to occupation of deceased? yes. If so, specify His regular work.

(Signed) [signature], M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111100

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111100

OCT 25 1938

Registration District No. 34
Primary Registration District No. 1085
Local Registrar's No. 192

(No. 143 Pierce St)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Walter Eugene Dodge

(a) Residence No. 143 Pierce St St.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Mrs. Marie F. Dodge

6. DATE OF BIRTH (month, day, and year) 4-1-1878

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clarks
(State or country) Nebraska

FATHER

13. NAME William Dodge
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Pauline King
16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT Mrs. W.E. Dodge
(Address) 143 Pierce St - City

18. ~~BURIAL~~, CREMATION ~~REMOVAL~~
Place Ogden, Utah Date 10-12, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 10-11, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-10 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug., 1930, to 10-10, 1938

I last saw h. alive on 9-30 1938: death is said to have occurred on the date stated above, at 9 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	

Other contributory causes of importance:

Myocardial Infarction	
Myocarditis, Chr.	

Name of operation none Date of
What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related of deceased? no If so, specify.
(Signed) [signature]
(Address) [signature]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111101

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

DEPARTMENT OF PUBLIC WELFARE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111101

OCT 25 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 121

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

95b2

2. FULL NAME Richard H. Whitt

(a) Residence No. ____ St. Homedale, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Roberta E. Whitt

6. DATE OF BIRTH (month, day, and year) July 13, 1897

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	41	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ____ (State or country) Texas

FATHER
13. NAME John Whitt
14. BIRTHPLACE (city or town) ____ (State or country) Missouri

MOTHER
15. MAIDEN NAME Virginia Mauzey
16. BIRTHPLACE (city or town) ____ (State or country) Arkansas

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Morris Hill Date Oct. 22, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-21, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-19-1938

22 I HEREBY CERTIFY, That I attended deceased from October 7, 1938, to October 19, 1938
I last saw him alive on Oct. 19 1938: death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular-renal disease	Unknown
Other contributory causes of importance:	

Name of operation ---- Date of ----
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. McClellan, M. D.
(Address V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111102

OCT 25 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 119

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME Samuel T. Sellers

(a) Residence No. 1033 - 6th Street St. Baker, Oregon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of Mrs. Adele Sellers

6. DATE OF BIRTH (month, day, and year) Aug. 30, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) North Carolina

FATHER
13. NAME Rage Sellers
14. BIRTHPLACE (city or town)
(State or country) North Carolina

MOTHER
15. MAIDEN NAME Hester Rogers
16. BIRTHPLACE (city or town)
(State or country) North Carolina

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Baker, Oregon Date Oct. 19, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-19, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-17 1938

22 I HEREBY CERTIFY, That I attended deceased from September 16, 1938, to October 17, 1938
I last saw him alive on Oct. 17 1938: death is said to have occurred on the date stated above, at 5:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized, severe with Cardiac Hypertrophy; Contracted Kidneys	Unknown

Other **contributory causes** of importance:

Name of operation ---- Date of ---
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased, if so, specify

(Signed) J. H. McClellan, M. D.
(Address) V.A., Boise, Idaho

111103

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111103

1. PLACE OF DEATH
County of Twin Falls — Registration Dist. No. 37
City of Twin Falls — Primary Reg. Dist. No. 1085
313 5th Ave E — Local Registrar's No. 202
(Home, ~~Hospital~~ or ~~Institution~~).

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 24 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Edgar J Brosseau
(a) Residence: 313 5th Ave E (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — Husband of (or ~~Wife of~~): Mrs. Kate Brosseau
6. Date of Birth (Month, day and year): June 2 - 1880
7. AGE: Years 58 | Months 4 | Days 16 | If less than 1 day hrs. ____ min. ____

Occupation
8. Trade, profession, or particular kind of work done: Retired Barber
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Montreal Canada

Father
13. NAME Noah Brosseau
14. BIRTHPLACE (City or Town, County and State, or Country): Montreal - Canada

Mother
15. MAIDEN NAME Olive Marcell
16. BIRTHPLACE (City or Town, County and State, or Country): Canada

17. SIGNATURE OF INFORMANT: Mrs. Kate Brosseau
(Address) 313 5th Ave E

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls - Ida Date 10-20 1938

19. UNDERTAKER: L. E. Phillips
(Address) Twin Falls - Ida

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 10 24 1938 (Date) by _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 18 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 4 - 18 1938 to 10 - 18 1938
I last saw him alive on 9 - 14 1938 Death is said to have occurred on the date stated above, at 6:15 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
(1) Hypertension			
(2) Cerebral Hemorrhage	1938	April	19th
(3) Cerebral Hemorrhage	1938	Aug	18
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Home April 1938
Name of operation None date of ____
Condition for which performed —
What test confirmed diagnosis? —
Was there an autopsy? Yes Was there an inquest? ____

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Dean H. Affleck M. D.
(Address) 111 Main Ave So.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111104

PLACE OF DEATH
County of Bonneville
City of Near Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111104

NOV - 2 1938

Registration District No. 3
Primary Registration District No. 2 1 7
Local Registrar's No. 226

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

192

2. FULL NAME Francis M. Hales

(a) Residence. No. Route # 4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Hales

6. DATE OF BIRTH (month, day, and year) January 16, 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agricultural
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1938
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Spanish Fork
(State or country) Utah

FATHER
13. NAME Lester J. Hales
14. BIRTHPLACE (city or town) Spanish Fork
(State or country) Utah

MOTHER
15. MAIDEN NAME Lillian Stone
16. BIRTHPLACE (city or town) Sulfur
(State or country) Ky.

17. INFORMANT Lester J. Hales
(Address) Magna, Utah

18. [illegible] REMOVAL
Place Salt Lake City, Ut. Date Oct. 7, 1938

19. UNDERTAKER O. C. Buck O. C. Buck
(Address) Idaho Falls, Idaho

20. FILED Oct 6, 193[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by Freight Car	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
(Accident) suicide, or homicide? ..... Date of injury Oct 5, 1938
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On the Farm
Manner of injury Railroad
Nature of injury Burned

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Fred Taylor (Coroner) M.D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111105

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111105

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 287
(No. Died at 608 E. Highland St.
(If death occurred in a hospital or institution, give its name instead of street and number) 95 b 2

2. FULL NAME Lawrence Knudsen

(a) Residence No. 608 E. Highland St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Knudsen

6. DATE OF BIRTH (month, day, and year) 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME H.C. Knudsen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Minnie Larson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT M.H. Knudsen
(Address) 603 Franklin St. Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/12, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-11, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-8 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-17, 1938, to 10-8, 1938
I last saw him alive on 10-8 1938: death is said to have occurred on the date stated above, at 1:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with left sided Hemiplegia	1934
Cerebral Hemorrhage	10-7-38
Other contributory causes of importance:	
Arterial Arteriosclerosis	
Hypostatic pneumonia	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ralph A. Jones, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111106

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

NOV -3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111106

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 310
(No. St. Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)
93c

2. FULL NAME Edith Strait Farrer

(a) Residence. No. 1402 Cleveland Blvd. St. Caldwell
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas D. Farrer

6. DATE OF BIRTH (month, day, and year)
Sept. 20, 1870

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
68	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roseville, Penn.

FATHER

13. NAME Chas. L. Strait

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Cordelia Watkins

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Thomas C. Farrer Boise, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Canyon Hill Date Nov. 1 1938

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED 11-3-, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/30/38 193

22. I HEREBY CERTIFY, That I attended deceased from 12/29/33..., 193..., to 10/30/38, 193....
I last saw he alive on 10/29/38 193...: death is said to have occurred on the date stated above, at 6:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Failure of Compensation	

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thomas Stewart M. D.
(Address) 103 N. 8th, Boise

Copy

114107

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111107

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 5

NUV

(No. Cottage Hospital 108)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Philip S Hirschler

(a) Residence. No. Burley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 1 - 1907

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
30	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School Instructor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME J A Hirschler

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Alta Kelley

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT A F Hirschler Ohio
(Address) Blackfoot Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date Jan 21, 1938

19. UNDERTAKER Jos P Bryn
(Address) Burley

20. FILED Jan 28, 1938 Lamar Strocher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937, to Jan 18, 1938.

I last saw h.. alive on Jan 18 1938.: death is said to have occurred on the date stated above, at 2P..m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 25-37

Other **contributory causes** of importance:

Acute Bronchitis	Dec 25-37
Cerebral embolism (sysis)	Jan 14-38

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ... L M Meldrum ..., M. D.

(Address) ..... Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

NOV -5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2110
(No. Idaho Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

111108

DO NOT WRITE IN THIS SPACE
State File No. 111108

Local Registrar's No. 245

8201

2. FULL NAME William Silas Berrett.

(a) Residence No. Roberts, Idaho. St. Roberts, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE OF~~ Rachel Beach Berrett.

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1878

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Raiser.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cattle & Sheep.
10. Date deceased last worked at this occupation (mo. and yr.) 10/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Pleasantview, Ut.
(State or country)

FATHER

13. NAME Samuel F. Berrett.
14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Newby.
16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT W. Russell
(Address) Roberts, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 10/28, 1938

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED Oct 29, 1938 Otto Funnemann
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/28 38

22. I HEREBY CERTIFY, That I attended deceased from 10, 25, 1938, to 10-25-1938
I last saw h..... alive on 10, 25 1938. death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10.25.38

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. Ray Hatch, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

111109

DO NOT WRITE IN THIS SPACE
State File No. 111109

Registration District No. 8 G
Primary Registration District No. 1212 Local Registrar's No. 20
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 210 i

2. FULL NAME Edgar Buchanan

(a) Residence No. Hass District St. Weiser, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mary Lee Buchanan

6. DATE OF BIRTH (month, day, and year) Jan. 14, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town)
(State or country) Kansas, Oklahoma

FATHER
13. NAME Joe Buchanan
14. BIRTHPLACE (city or town) Cherokee,
(State or country) Oklahoma

MOTHER
15. MAIDEN NAME Josephine England
16. BIRTHPLACE (city or town) Oklahoma
(State or country)

17. INFORMANT Mary Lee Buchanan
(Address) Weiser, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Ida. Date 10/31/, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED 11-4, 1938 Marie Hawthorn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/27/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
While walking on highway one mile west of Weiser, Idaho, was struck by a car and killed. Died from effect of broken left leg and a fractured skull.	
Other **contributory causes** of importance:	
no inquest	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193...
Where did injury occur? Weiser, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Hit by Car
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. C. Northam M. D.
(Address) Weiser Idaho

111 110

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111110

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 85
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

94 L

2. FULL NAME William Higgins
(a) Residence No. C/o Orlando Higgins, Twin Falls - Ida
(Usual place of abode) In Idaho 43 yrs. (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-12-1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 10/27
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Plad
(State or country) Missouri

FATHER
13. NAME Rose Higgins
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER
15. MAIDEN NAME Amanda Pulley
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Orlando Higgins
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Preston Home, Date 11-4-, 1938

19. UNDERTAKER Vern B. McCulloch
(Address) Burley - Ida.

20. FILED 10-31-, 1938 Laura D. Sprague
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/27 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-27, 1938, to 10-27, 1938
I last saw him alive on 10-27 1938 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10-27-38
Other contributory causes of importance:	

Name of operation No. Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. R. Schuyler M. D.
(Address) Burley Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111 111

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111111

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME Richard Sutton

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 28 mos. ds. How long in U. S., if of foreign birth? yrs. 63 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emily A. Sutton

6. DATE OF BIRTH (month, day, and year) Oct. 28, 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	10	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City
10. Date deceased last worked at this occupation (mo. and yr.) 6 mo. ago
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Richard Sutton
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Ann Whiston
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT R. W. Sutton
(Address) Los Angeles Calif.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett, Ida. Date Sept. 18 1938

19. UNDERTAKER C. D. Buchanan
(Address) Emmett

20. FILED 9/17, 1938 J. R. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/16 1938

22 I HEREBY CERTIFY, That I attended deceased from June 19 37, 193..., to Sept 16, 193 8
I last saw h. alive on Sept 15 1938. death is said to have occurred on the date stated above, at 6:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart	4-5 yrs.
Arteriosclerosis -	4-5 yrs.
Chronic Bronchitis, Pyelonephritis	2 yrs.
Other contributory causes of importance:	
Old age -	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H. R. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111112

PLACE OF DEATH
County of Canyon
City of Caldwell

RECEIVED
NOV - 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111112

Registration District No. 1
Primary Registration District No. 12 02 Local Registrar's No. 122
(No. Memorial Park Hos (Dead on arrival)
(If death occurred in a hospital or institution, give its name instead of street and number)

2109

2. FULL NAME Freeman James Francis
(a) Residence. No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of Mary L. Francis

6. DATE OF BIRTH (month, day, and year) June 26-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ida Grove
(State or country) Iowa

FATHER
13. NAME Wm Francis
14. BIRTHPLACE (city or town) Not Known London
(State or country) England

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Mary Parks
(State or country) Ireland

17. INFORMANT Willie Jr. Francis
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 10-26 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 11-3, 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-20 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.. to ....., 193..
I last saw him Dead 10/22 8 alive on ....., 193..: death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bodily Injuries Sustained In An Automobile Collision	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? Ada Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) Jas. M. Cain Coroner M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING 7/12

111113

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111113

Registration District No. 126
Primary Registration District No. 2304 Local Registrar's No. 31

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anthony P. Driessen
(a) Residence No. Harrison Ida St. At Home
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary C. Driessen

6. DATE OF BIRTH (month, day, and year) July 3-1868

7. AGE Years 70 | Months 3 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 10-14-38
11. Total time (years) spent in this occupation 6 or 7 yr.

12. BIRTHPLACE (city or town) Stevensville
(State or country) Wisconsin

FATHER
13. NAME Peter Driessen
14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME Gertrude Ballering
16. BIRTHPLACE (city or town)
(State or country) Do not know

17. INFORMANT John P. Driessen
(Address) Harrison, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Harrison Ida Date 10-15, 1938

19. UNDERTAKER Casey Funeral Home
(Address) Coeur d'Alene Ida

20. FILED Nov 5, 1938 Ruth Connolly
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/15 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to April, 1938
I last saw h. alive on April 1938: death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary heart disease	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No Bacteriol + clinical

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold J. Sturgeon M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111114

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111114

PLACE OF DEATH
County of Valley
City of McCall, Idaho
RECEIVED
NOV - 8 1938

Registration District No. 5
Primary Registration District No. ____ Local Registrar's No. 7
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.) 9564

2. FULL NAME Mrs. Albert Allen

(a) Residence. No. McCall, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leah E. Allen

6. DATE OF BIRTH (month, day, and year) July 23 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Cleaner & Dyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ____
10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Wheatland Missouri

FATHER
13. NAME Thomas Allen
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Martha E. Barnett
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs. Leah E. Allen McCall, Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place Livingston, Mont. Date Oct. 5, 1938

19. UNDERTAKER (Address) A. D. Robb Cascade, Idaho

20. FILED Oct 3, 1938 Mazelle M. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 2 1938

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Examined Body Oct. 2, 1938
I last saw her alive on Oct. 1, 1938; death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows: acute Cardiac failure. — Date of onset 10/2/38

Other contributory causes of importance: None

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 .
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W. S. Thurston, M. D.
(Address) Cascade, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111115

OCT 24 1938

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No. 167

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Edwin Harvey

(a) Residence. No. N. Broadway - (Usual place of abode) Buhl St.

Length of residence in city or town where death occurred. 8 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrna Harvey

6. DATE OF BIRTH (month, day, and year) Jan. 4th. 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Most of Life

12. BIRTHPLACE (city or town) (State or country) Pullman Wash.

FATHER

13. NAME W.H.Harvey

14. BIRTHPLACE (city or town) (State or country) Milford, Ohio.

MOTHER

15. MAIDEN NAME Lula May Ringer,

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT (Address) W. H. Harvey Buhl, Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL Place Salt Lake City Utah Date 10/17, 1938

19. UNDERTAKER Evans & Johnson (Address) Buhl, Johnson

20. FILED 10/15, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 11 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him ~~she~~ alive on Oct. 12, 1938: death is said to have occurred on the date stated above, at 6 to 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound in head	Oct. 11, 1938
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following: Accident, suicide, or homicide? Suicide Date of injury Oct. 11 '38

Where did injury occur? Buhl, Idaho (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gunshot wound in head

Nature of injury Self inflicted 38 calibre revolver wound

24. Was disease or injury in any way related to occupation of deceased? No If so, specify --

(Signed) George C. Talley M. D.
Coroner Twin Falls Co.

(Address) Twin Falls, Idaho

111116

PLACE OF DEATH
County of Cassia
City of Burley

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111116

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 76
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 144a

2. FULL NAME Minnie Berniece Williams
(a) Residence No. Burley - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of W. W. Williams
6. DATE OF BIRTH (month, day, and year) 7-11-1903
7. AGE: Years 35 | Months 2 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 10/10/38
11. Total time (years) spent in this occupation 10½

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER
13. NAME C. P. Spencer
14. BIRTHPLACE (city or town) —
(State or country) Virginia

MOTHER
15. MAIDEN NAME Minnie R. Hamm
16. BIRTHPLACE (city or town) — — —
(State or country) Virginia

17. INFORMANT W. W. Williams
(Address) Burley Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley Idaho Date 10/12/, 1938
19. UNDERTAKER Wm B. McCulloch
(Address) Burley Idaho
20. FILED 10/11/, 1938 Laura T. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 10 1938
22 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 10, 1938
I last saw her alive on Oct 10 1938: death is said to have occurred on the date stated above, at 3:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Pneumonia	Oct 10 - 1938

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hugh E Dean, M. D.
(Address Burley Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111117

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111117

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No. 165)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Georgia Lee Hopper
(a) Residence No. Hazelton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dr S Hopper

6. DATE OF BIRTH (month, day, and year) Nov 20 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

FATHER
13. NAME James Harvey Anderson
14. BIRTHPLACE (city or town)
(State or country) Mo

MOTHER
15. MAIDEN NAME Mary Jeffries
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Dr S. Hopper
(Address) Hazelton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Oct 21, 193 8

19. UNDERTAKER White Mortuary
(Address) Twin Falls Idaho

20. FILED 10/20, 193 8 C.A. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 18 193 8

22 I HEREBY CERTIFY, That I attended deceased from ——, 193—, to ——, 193—
I last saw h— alive on —— 193—; death is said to have occurred on the date stated above, at 9:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide - Strangulation by Hanging	
Other **contributory causes** of importance:	

Name of operation —— Date of ——
What test confirmed diagnosis? —— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, suicide, or ~~homicide?~~ Date of injury 10/18/38
1938
Where did injury occur? Hazelton Idaho
(Specify city or town, county, and state)
Specify whether injury occurred ~~in industry,~~ in home, or ~~in public place~~
Manner of injury:
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? —— If so, specify
(Signed) J R Wiley (Coroner) M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111118

PLACE OF DEATH

County of Canyon

City of 7 miles north of Nampa

NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111118

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 172

(No.) In Corn field 5mi. North of Nampa.

(If death occurred in a hospital or institution, give its name instead of street and number)

95 b 3

2. FULL NAME Richard J. Haines

(a) Residence No. 1415 East Franklin Street (Usual place of abode) Boise Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Blanche Haines

6. DATE OF BIRTH (month, day, and year) 4-15-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Veterans Administration

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Madison.
(State or country) Illinois

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT W. McGaffney
(Address) 1407 E. Franklin Boise Ida

18. BURIAL, CREMATION OR REMOVAL Boise Idaho
Place Morris Hill Date 11-9, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED Nov. 11, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-6 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h..... alive on ....., 193..., death is said to have occurred on the date stated above, at about 4:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Found lying in Cornfield. Died while hunting. History of acute Heart trouble Probably Cardiac Dilation.	
Other **contributory causes** of importance:	
Probably Over Exertion.	

Name of operation No Date of —

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193...

Where did injury occur? as above.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place In Cornfield.

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. D. Talley Coroner.

(Address) Nampa Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111119

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111119

Registration District No. 38 1085
Primary Registration District No.
Local Registrar's No. 208

(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number) 95 hr 2

2. FULL NAME Julius Herman Huettig

(a) Residence (No.) Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Minna Huettig

6. DATE OF BIRTH (month, day, and year) 12-21-1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leipzig,
(State or country) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT William A. Huettig,
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Cem Date Nov 2, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED Nov 1, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-30 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1938, to Oct. 30, 1938
I last saw him alive on Oct 30 1938: death is said to have occurred on the date stated above, at 3.17 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Cardiovascular Renal disease	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. E. Lamb, M. D.
(Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111120

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111120

1. PLACE OF DEATH

County of Adams. NOV 1 1938 Registration Dist. No. 71

City of Cuprum Primary Reg. Dist. No.

(Home, Hospital or Institution) Local Registrar's No. 196

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Anne Brueck Zeigler

(a) Residence: 622. North 10 th Street, Boise, Idaho. (If non-resident give city or county and state)

210 f

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Raymond. W. Zeigler.

6. Date of Birth (Month, day and year): February. 2. 1915.

7. AGE: Years: 23 | Months: 8 | Days: 21. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Secretary

9. Industry or business in which work was done: Submarine Gold Mining Company.

10. Date deceased last worked at this occupation (month and year): Oct. 23. 1938.

11. Total time (yrs.) spent in this occupation: Since Dec. 15. 1937.

12. BIRTHPLACE (City or Town, County and State, or Country): ~~Westfield, Iowa.~~ Battle Creek, Iowa

Father

13. NAME: Louis. A. Brueck.

14. BIRTHPLACE (City or Town, County and State, or Country): Aurora Ill. ~~Indiana.~~

Mother

15. MAIDEN NAME: Mary ~~S~~ Saar

16. BIRTHPLACE (City or Town, County and State, or Country): Germany.

17. SIGNATURE OF INFORMANT: Raymond W Zeigler

(Address) 622 North 10th St Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Boise, Idaho. Date: Oct. 24. 1938

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Oct 25 1938 (Date) by ALVIN S. MURSTON, COUNCIL, IDAHO, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19____ to ____ 19____

I last saw h____ alive on ____ 19____ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset: Yr.	Mo.	Day
Accidental Traumatism by falling	1938	Oct	23
Antemortem Accident.	1938	Oct	23
Contributory causes of importance not related to principal causes			
Re Renal Shock	1938	Oct	23
Cerebral Concussion	1938	Oct	23

Where was disease first diagnosed? ____

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Accident Date of injury Oct 23 1938

____, 19____ Where did injury occur? Adams Co. Idaho (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury Public Place

Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

Coroner

(SIGNED) Joe. B. Lunn M. D.

(Address) Cuprum Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111121

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Milner.

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111121

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 90
(No. Known as Milner Lake)
(If death occurred in a hospital or institution, give its name instead of street and number) 183

2. FULL NAME Robert W. Mc Clure.
(a) Residence No. Twin Falls St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced (write the word)~~
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 25th 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penn.
(State or country)

FATHER
13. NAME J. P. Mc Clure.
14. BIRTHPLACE (city or town) Penn
(State or country)

MOTHER
15. MAIDEN NAME Cora Glenn
16. BIRTHPLACE (city or town) Grove City
(State or country) Penn.

17. INFORMANT Cora Mc. Clure.
(Address) Twin Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 11-9, 1938

19. UNDERTAKER L. A. Payne
(Address)

20. FILED 11-7, 1938 Laura A. Gooch
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-6 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw h... alive on ....., 193..: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	11-3
Coronary Thrombosis	

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) ....., M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111122

NOV 14 1938

Registration District No. 90
Primary Registration District No. 2167 Local Registrar's No. 97

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

107a

2. FULL NAME Harriet Orcutt

(a) Residence No. ..... St. Sandpoint, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. 6 mos. 6 ds. 11 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Oliver Orcutt

6. DATE OF BIRTH (month, day, and year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emporia
(State or country) Kandas

FATHER

13. NAME Isaiah Stackhouse or Holloway

14. BIRTHPLACE (city or town) .....
(State or country) Unascertained

MOTHER

15. MAIDEN NAME Diannah Eliott

16. BIRTHPLACE (city or town) .....
(State or country) Pa.

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. Cemetery Date 11-5, 1938

19. UNDERTAKER Fred A. Billberg, Hosp. Attd.
(Address) State Hosp., Orofino, Ida.

20. FILED 11-7, 1938 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11, 1938

22 I HEREBY CERTIFY, That I attended deceased from April 18, 1938, to November 1, 1938
I last saw her alive on Nov. 1 1938: death is said to have occurred on the date stated above, at 9:15a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3 dys ago
Other contributory causes of importance: Entrocolitis	10 dys ago
Cerebral arteriosclerosis with psychosis	1 yr. ago

Name of operation ..... Date of .....
What test confirmed diagnosis? clin- Was there an autopsy? no ical

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Frank McKelway M. D.
(Address) Orofino, Idaho

111123

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111123

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37
City of Twin Falls — Primary Reg. Dist. No. 1085
Snake River Canyon (Home, Hospital or Institution) — Local Registrar's No. 217

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	25		

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Frank T. McAuley
(a) Residence: Rogerson Hotel City of Twin Falls Ida
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of ~~or Wife of~~ Mrs. Inez McAuley

6. Date of Birth (Month, day and year) February 4, 1884

7. AGE: Years 54 | Months 8 | Days 30 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Retired Barber
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year) 1918
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country) Americus - Kansas

Father

13. NAME W.S. McAuley
14. BIRTHPLACE (City or Town, County and State, or Country) Illinois

Mother

15. MAIDEN NAME Mary Edmiston
16. BIRTHPLACE (City or Town, County and State, or Country) Illinois

17. SIGNATURE OF INFORMANT H Ellen Auley
(Address) Jerome Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 11-6 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Nov 9 (Date) 1938 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__
I last saw h/m ~~alive~~ on Nov 3 1938 Death is said to have occurred on the date stated above, at 3 15 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Fractured cervical vertebrae, femure & pelvic fractures	1938	Nov	3
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Twin Falls Ida
Name of operation none date of ____
Condition for which performed none
What test confirmed diagnosis? Exam & History
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident ~~Suicide~~ ~~Homicide~~? Date of injury Nov 3 38
____ 19__ Where did injury occur? Twin Falls Co.
(Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place X
Manner of injury Fractures of many bones
Nature of injury Deceased jumped from high

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) George C Halley M.D.
(Address) Twin Falls County Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Ririe

NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
(No. on highway.)

DO NOT WRITE IN THIS SPACE
State File No. 111124

Local Registrar's No. 40

(If death occurred in a hospital or institution, give its name instead of street and number) 210 c

2. FULL NAME Leonard Wayne Branson.

(a) Residence No. Thornton, Idaho. R. #1 St. Thornton, Ida. R. #1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/7/1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) 10/38

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) Hazelton, Ida.
(State or country)

FATHER

13. NAME Eugene Branson.

14. BIRTHPLACE (city or town) Arco, Ida.
(State or country)

MOTHER

15. MAIDEN NAME Nellie B. Searle.

16. BIRTHPLACE (city or town) Payson, Ut.
(State or country)

17. INFORMANT Nell B. Buchanan
(Address) Thornton, Ida. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date ....., 193..

19. UNDERTAKER A B Buchanan
(Address) Rigby, Idaho.

20. FILED 11-1, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/30 1938

22 I HEREBY CERTIFY, That I attended deceased from [illegible] dead
saw him alive on 10/30 1938: death is said to have occurred on the date stated above, at 2:30A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck following automobile accident	10/30/38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 10/30 1938.
Where did injury occur? Jefferson Co. Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public place.
Manner of injury Auto accident.
Nature of injury Broken Neck.

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Durand Jacobson Coroner. M. D.
(Address) Rigby, Idaho.

111125

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111125

PLACE OF DEATH
County of Jerome
City of Jerome
NOV 14 1938
Registration District No.
Primary Registration District No. Local Registrar's No. 12
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Silk C Larsen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Bertha E Larsen

6. DATE OF BIRTH (month, day, and year) May 16 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Unknown Larsen
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Bertha Larsen, Jerome, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date 10, 18, 1938

19. UNDERTAKER Del L Harrison
(Address) Jerome, Ida

20. FILED 10/13/38, 193 C. A. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/13/38 193

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw him alive on 7 mo. ago, 193: death is said to have occurred on the date stated above, at 11 00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	?
Bronchial asthma	?

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carlyle Shuel, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada (Near)

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111126

OCT 10 1938

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 100

(No.) Canal Crossing Vista Ave, Rt. 4

(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Charline Ray Carr

(a) Residence No. Vista Ave Route 4 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-22- 1937

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Ida.
(State or country)

FATHER

13. NAME Walter F. Carr

14. BIRTHPLACE (city or town) Oklahoma
(State or country)

MOTHER

15. MAIDEN NAME Viola Lindenmuth

16. BIRTHPLACE (city or town) Neb.
(State or country)

17. INFORMANT Walter F. Carr
(Address) Boise Idaho Route 4

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/12, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-12, 1938 R. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/10 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-10, 1938, to 9-10, 1938

I last saw h..... alive on Never 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
accidental	
drowned	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Hist. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 9/10, 1938

Where did injury occur? Reids home
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Drowning drowned

Nature of injury Drowning drowned

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S W Tonnell, M. D.

(Address) Boise

Budge

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED NOV -4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111127

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 284

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

212 F

2. FULL NAME Mabel Fontes

(a) Residence No. Pearl, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rufus R. Fontes

6. DATE OF BIRTH (month, day, and year) 2-11-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Council,
(State or country) Idaho

FATHER

13. NAME Miles S. Bramblee

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Emily Moser

16. BIRTHPLACE (city or town) Tennessee
(State or country)

17. INFORMANT Rufus R. Fontes
(Address) Pearl, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-3-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10-5, 1938 N. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-29 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 12-38, 193..., to Sept. 29-38, 193...

I last saw her alive on Sept 29 193 8: death is said to have occurred on the date stated above, at 2:45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	9/29/38

Other **contributory causes** of importance:

Fracture Femur - Rt	9/12/38
Chronic Nephritis - Rt	1936

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury 9/12/38, 193...

Where did injury occur? Pearl - Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Home

Manner of injury Fell from bed

Nature of injury Fracture femur

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bruce A Budge, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111128

RECEIVED NOV -4 1938

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 111

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 2006

2. FULL NAME Mary A. Smith

(a) Residence No. 10th near Alturas St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ed S. Smith

6. DATE OF BIRTH (month, day, and year) Dec. 7, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Florence
(State or country) Missouri

FATHER

13. NAME William C. Stevens

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME Anna Elizabeth Cheatham

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Ed S. Smith
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-4-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10-5, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-1 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 5:45 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause unknown but natural (died without medical attendance	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) J. J. McCann Coroner ~~M. D.~~

(Address) Boise Idaho

Pittenger

V

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111129

NOV -4 1938

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 280

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

46 b

2. FULL NAME William H. Campbell

(a) Residence No. 1711 North 25th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice K. Campbell

6. DATE OF BIRTH (month, day, and year) 1-2-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho Power Co.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Scott County
(State or country) Iowa

FATHER

13. NAME Cyrus C. Campbell

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hess

16. BIRTHPLACE (city or town) .....
(State or country) Pennsylvania

17. INFORMANT Mrs. W. H. Campbell
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 10-4-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10-4, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-1 193 8

22 I HEREBY CERTIFY, That I attended deceased from 8-4, 193 8, to 10-1, 193 8

I last saw h. alive on 10-1 193 8: death is said to have occurred on the date stated above, at 2:55 pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
with metastasis	

Other **contributory causes** of importance:

Chronic myocarditis	

Name of operation None Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193.....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) 508 Eastman Bldg., Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

West

PLACE OF DEATH

County of Ada

City of Boise

NOV - 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111130

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 281

(No. St. Lukes)

(If death occurred in a hospital or institution, give its name instead of street and number) 97

2. FULL NAME Lory Allan Rice

(a) Residence No. Route #1, Eagle St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie A. Rice

6. DATE OF BIRTH (month, day, and year) 6-2-1863

7. AGE — Years: 75 | Months: 3 | Days: 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Floyd County
(State or country) Iowa

FATHER

13. NAME Hirum Rice

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Sabry Billings

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT Mrs. Hattie A. Rice
(Address) Route #1, Eagle

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-3-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10-4 1938 R. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-1 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1938, to Oct 1, 1938

I last saw h[illegible] alive on Oct 1, 1938: death is said to have occurred on the date stated above, at 2:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gangrene of extremity Left foot.	Sept 17, 1938
Generalized arterio Sclerosis — 15 yrs	
Other **contributory causes** of importance:	

Name of operation Amputation of leg Date 9/26/38

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard M. Chaloupka M.D.

(Address) 411 Eastman Bldg Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111131

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 282

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 46 b

2. FULL NAME Charles Elsworth Blessinger

(a) Residence No. 422 So. 11th. St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Carrie May Blessinger

6. DATE OF BIRTH (month, day, and year): 11/21/1868

7. AGE: Years 69 | Months 10 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stockman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boise Idaho

FATHER
13. NAME: Alexander Blessinger
14. BIRTHPLACE (city or town) (State or country): Oregon

MOTHER
15. MAIDEN NAME: Mariah McClellan
16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): O.R. Blessinger Ola Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Star Idaho Date: Oct. 5th 193 8

19. UNDERTAKER: Schreiber & McCann
(Address): Boise Idaho

20. FILED: 10-4, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Oct 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 10- 1938, to Oct 3, 1938
I last saw him alive on Oct 3 1938: death is said to have occurred on the date stated above, at 7 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1936?
Other **contributory causes** of importance: Gastric Ulcer?	1930

Name of operation none Date of
What test confirmed diagnosis? Exp Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Bryce Budge M.D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

REGISTERED NOV 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111132

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 285

(No. St Alphonsus) 126

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gladys Marie Baird

(a) Residence. No. ..... S. Meridian Ada R I

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of S. Dean Baird

6. DATE OF BIRTH (month, day, and year) Jan 27, 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Grant City Missouri

FATHER

13. NAME M. H. Haas

14. BIRTHPLACE (city or town) (State or country) Grant City Mo

MOTHER

15. MAIDEN NAME Nellie Hall

16. BIRTHPLACE (city or town) (State or country) Grant City Mo

17. INFORMANT Boyle Baird (Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date Oct 8th 1938

19. UNDERTAKER C. Robinson (Address) Meridian Ida

20. FILED 10-6, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1938, to Oct. 5, 1938
I last saw ~~her~~ alive on Oct. 5, 1938; death is said to have occurred on the date stated above, at 7.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Gall Bladder & Duodenal Ulcer Chronic Cholecystitis

Name of operation Removal of G B Date of 9/23/38

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A Arthur M D, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

NOV -4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111133

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 112

(No. 1020 Vista Ave: Rt.4)
(If death occurred in a hospital or institution, give its name instead of street and number) 122 b2

2. FULL NAME Addie Florence Dunning

(a) Residence No. 1020 Vista Ave. Rt. 4 St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Eugene Merritt Dunning

6. DATE OF BIRTH (month, day, and year): 12/29/1863

7. AGE: Years 74 | Months 9 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Practical Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Philadelphia (State or country) Penn:

FATHER

13. NAME: Adam Keltz
14. BIRTHPLACE (city or town) (State or country): U.S.A.

MOTHER

15. MAIDEN NAME: Eliza Wilson
16. BIRTHPLACE (city or town) (State or country): Penn:

17. INFORMANT: Geo A Simmons (Address) Rt. 4 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 10/8, 1938

19. UNDERTAKER: Schreiber & McCann (Address) Boise Idaho

20. FILED 10-7, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 10-6 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-6, 1938, to 10-6, 1938
I last saw her alive on 10-6 1938: death is said to have occurred on the date stated above, at 6-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis-Lyrsago)	6-16-38
Hepatitis -	9-19-38
Stroke, right	8-26-38
Hemiplegia -	
Other contributory causes of importance:	
Intestinal obstruction.	6-16-38

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ———, 1938
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ———
Manner of injury ———
Nature of injury ———

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ———

(Signed) O. P. Hamilton M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

NOV -4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111134

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 113
(No. Ada Co: Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joe Kay 9562

(a) Residence No. 602 So. 17th. St. St.
(Usual place of abode) 20 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Dont Know " "
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records of Ada Co: Hospital
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 10/8, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-7, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/6 1938

22 I HEREBY CERTIFY, That I attended deceased from 10/4, 1938, to 10/6, 1938
I last saw h[illegible] alive on 9/6 1938: death is said to have occurred on the date stated above, at 11:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	9.10.38.
Rheumatic Myocarditis	10/2/37.
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph R. Jones, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111135

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 304

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles DeWitt Post 96
(a) Residence. No. 1509-14-12th St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Louise Post
6. DATE OF BIRTH (month, day, and year) March 15 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER
13. NAME Esra D. Post
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Margaret Wo[illegible]
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs. C. D. Post
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Barnes Date 10-9, 1938

19. UNDERTAKER E. V. Cashman
(Address) Caldwell Idaho

20. FILED 10-31, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1937, to 6-22, 1938
I last saw h[illegible] alive on 6-22, 1938; death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. ~~Cardiac~~ Arteriosclerosis	~~many years~~
2. Aneurysm of Aorta	1 wk.
Uremia	

Other contributory causes of importance:

1. Arteriosclerosis	Many years
2. Aneurysm of aorta	11 11
3. Arteriosclerosis	11 11

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. West, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111136

NOV -4 1938

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 114

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

124c

2. FULL NAME Alice Joyce Valentine

(a) Residence No. 108½ North 14th street St.

(Usual place of abode) 22 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roy E. Valentine

6. DATE OF BIRTH (month, day, and year) Oct. 19. 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alberta
(State or country) Canada

FATHER

13. NAME David Henry Caldwell

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Sarah Davis

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMANT Roy E. Valentine
(Address) 108½ north 14th street. Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Oct. 10, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise Idaho

20. FILED 10 - 11, 1938 C. A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH Oct.

21. DATE OF DEATH (month, day and year) 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938, to Oct 7, 1938

I last saw her alive on Oct 7 1938: death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy with effusion	Oct 1935
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ralph R. Jones, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111137

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 288

(No. 1210 N. 8th St.
If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth A. Hansen

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 4/29-1871

7. AGE: Years 67 | Months 5 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 9/15-38
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: Stephen W. Campbell
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Mary F. Jackson
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Mrs. Ida E. Franklin
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Emmett Date: 10/9, 1938

19. UNDERTAKER: C. O. Bruckner
(Address) Emmett Ida

20. FILED 10/13, 1938 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 10/7/1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1938, to Oct. 7, 1938
I last saw her alive on Oct. 5, 1938; death is said to have occurred on the date stated above, at 7:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septic Peritonitis	9/16/38
Probably appendiceal origin	
Secondary — Septic Pneumonia	10/2/38
Other **contributory causes** of importance:	

Name of operation: Primary Drainage Date of: 9/18/38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193✓
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) James H. Stewart M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111138

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 286

(No. St Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otis Parker.

(a) Residence No. Boise River. Near Fairview Bridge St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/4/1882

7. AGE Years	Months	Days	If LESS than 1 day — hrs. or — min.
56	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newton Co.
(State or country) Missouri

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) " "
(State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country) " "

17. INFORMANT W.P.A. Records
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/12, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-11, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 10/8, 193, to 10-8, 193.

I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture both bones leg, left.	
Possible internal injury.	
Other contributory causes of importance.	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 10/8/38 193...

Where did injury occur? Boise Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by Car

Nature of injury Shock etc

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. Formby, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111139

Registration District No. 1-10

Primary Registration District No. ____ Local Registrar's No. 1

NOV -5 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

Mr. Robert Morcom--residence
(No. One mile west of Star)

93c

2. FULL NAME Ida May Moore

(a) Residence No. Route #1, Eagle St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. C. Moore

6. DATE OF BIRTH (month, day, and year) 6-30-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salina County
(State or country) Nebraska

FATHER

13. NAME Perry S. Hulse

14. BIRTHPLACE (city or town) Picatonica,
(State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Emily Thomas

16. BIRTHPLACE (city or town) Miama,
(State or country) Indiana

17. INFORMANT Mr. Clifton Moore
(Address) Route #1, Eagle

18. BURIAL, CREMATION OR REMOVAL
Place Morris Mill Date 10-13-, 193 8

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10/15, 193 8 Emma Jo Nash
Registrar.
Eagle Idaho

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-8-193 8

22 I HEREBY CERTIFY, That I attended deceased from 10-8, 1938, to 10-8, 1938

I last saw her alive on 10-8 193 8; death is said to have occurred on the date stated above, at 6:00 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis - years ago.	
Saw her year ago.	
Other **contributory causes** of importance:	
Coronary sclerosis.	
Angina Pectoris.	

Name of operation — Date of

What test confirmed diagnosis? None. Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. P. Hamilton M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

NOV 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 2004

(No. St Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 111140

Local Registrar's No. 289

108

2. FULL NAME Edna Jeanne Walker

(a) Residence. No. St. Alphonse Hospital St. Glenn Ferry Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Albert Walker

6. DATE OF BIRTH (month, day, and year) June 27, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oelwien Iowa

FATHER

13. NAME Homer Moats

14. BIRTHPLACE (city or town) (State or country) Volga City Iowa

MOTHER

15. MAIDEN NAME Orpha Alice Lonie

16. BIRTHPLACE (city or town) (State or country) St. Paul Minn.

17. INFORMANT (Address) Mr. Albert Walker Glenn Ferry Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Glenn Ferry Date Oct. 10 1938

19. UNDERTAKER Taylor-Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED 10-13 1938 N. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-9-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to 10-9-1938

I last saw her alive on ..., 193 ... : death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred G. Jeffreys, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

NOV 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111141

Registration District No. 2
Primary Registration District No. 004
Local Registrar's No. 290

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

210 f

2. FULL NAME Robert G. McIntosh

(a) Residence No. Rt. 1. Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/11/1930

7. AGE: Years 8 | Months 6 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Roscoe A. McIntosh
14. BIRTHPLACE (city or town) Harrington
(State or country) Kan.

MOTHER
15. MAIDEN NAME Marie Miller
16. BIRTHPLACE (city or town) Boise
(State or country) Idaho

17. INFORMANT Roscoe A. McIntosh
(Address) Rt. 1. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date 10/14, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10/14, 1938 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/12/1938

22 I HEREBY CERTIFY, That I attended deceased from 10/1/38, 193..., to 10/12/38, 193...
I last saw h[illegible] alive on 10/2/38: death is said to have occurred on the date stated above, at 6A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture dislocation of Cervical Vertebra & Spinal injury	10/1/38
Other contributory causes of importance: Fracture Rt Femur	10/1/38

Name of operation Traction immobilization Date of 10/1/38
What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Y Date of injury 10/1/38
~~Injury~~
Where did injury occur? Boise, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place On Public Highway
Manner of injury Struck by Car.
Nature of injury As above.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ernest Rose, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of

NOV - 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111142

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 118

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Markus Severine Oliason 9562

(a) Residence No. Ustick, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Karen B. Oliason

6. DATE OF BIRTH (month, day, and year) 5-11-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orchardist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tromso,
(State or country) Norway

FATHER

13. NAME Olai Tarralson

14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER

15. MAIDEN NAME Gertrude ---------

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Melvin C. Oliason
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 10-17-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 11/1/38, 193 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-14 1938

22 I HEREBY CERTIFY, That I attended deceased from June 10-37, to Oct 14-38, 1938

I last saw him alive on 10-11- 1938: death is said to have occurred on the date stated above, at 1:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	
Other contributory causes of importance: Heart Lesions and High blood pressure	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Boeck M. D.

(Address) Boise Ida

A. Boecke

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111143

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 294

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sue Ann Nicholson 167a

(a) Residence No. 1722 Idaho Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) 6-3-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

FATHER
13. NAME Carl E. Nicholson
14. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

MOTHER
15. MAIDEN NAME Blanche Taylor
16. BIRTHPLACE (city or town) Burley
(State or country) Idaho

17. INFORMANT Carl E. Nicholson
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-17-1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10-20, 1938 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-15 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-15, 1938, to 10-15, 1938

I last saw her alive on 10-15 1938: death is said to have occurred on the date stated above, at 9:55 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobular Broncho Pneumonia.	10-13-38
(over)	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. W. Boord, M. D.
(Address) Box 20 Boise

Nokes

Amended 5/21/79

PLACE OF DEATH
County of Ada
City of Boise

NOV -4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111144

Registration District No. 2
Primary Registration District No. 100 1
Local Registrar's No. 291

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 469

2. FULL NAME Edward Bennett Arthur

(a) Residence No. 1008 North 6th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Myrtle A. Arthur

6. DATE OF BIRTH (month, day, and year) Aug. 16, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Toelle,
(State or country) Utah

FATHER
13. NAME Edward J. Arthur
14. BIRTHPLACE (city or town) Wales
(State or country)

MOTHER
15. MAIDEN NAME Catherine Bennett
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Julia Arthur
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 10-17, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10/18, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-15 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1938, to Oct. 15, 1938
I last saw him alive on 10-15 1938: death is said to have occurred on the date stated above, at 9:23 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ca. of Missentery	?

Other **contributory causes** of importance:

Intestinal Infection	

Name of operation Exploration Date of Oct 17-38
What test confirmed diagnosis? Surg. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible] M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 111144
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death

for Edward Bennett Arthur (Name on Original Certificate) who died (Was Born, Died, etc.) on Oct. 15, 1938 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
wife's name	Myrtle B. Arthur	Myrtle A. Arthur

Subscribed and sworn to before me this 1st day of May, 1979.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

C. Julia Arthurs
Signature of Applicant

[illegible] 2nd North, LC
Street Address, City, State

Utah 84103

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed __)
(Is not necessary __)

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

%5/21/79

Beech Pr. H

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111145

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 292

NOV -4 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

9311

2. FULL NAME Sarah Emma Dionne

(a) Residence No. 918 Franklin Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Barneg Dionne

6. DATE OF BIRTH (month, day, and year) 10-1-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Joplin,
(State or country) Missouri

FATHER

13. NAME Benjamin Franklin Hickman

14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. C.C.Knoepfle
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-18-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10-20, 1938 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-19 1938

22 I HEREBY CERTIFY, That I attended deceased from on 10-14, 1938, to 10-15, 1938

I last saw her alive on 10-14 1938; death is said to have occurred on the date stated above, at 12:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10-14-38
Hypertension.	
Myocarditis	9-15-38

Other **contributory causes** of importance:

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F B Pruett, M. D.

(Address Eastman Bldg. Baine.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111146

* **PLACE OF DEATH**
County of Ada
City of 3½ Miles S.E. Of Boise On U.P.R.R.

RECEIVED NOV - 4 1938

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 120

(No. Died 3½ Mi: S.E. of Boise)
(If death occurred in a hospital or institution, give its name instead of street and number)

170

2. FULL NAME LORENZO GARMENDIA

(a) Residence No. 124 E. JEFFERSON St.
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 8 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? ~~yrs.~~ 23 ~~mos.~~ 8 ~~ds.~~

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ FERMINA GARMENDIA

6. DATE OF BIRTH (month, day, and year) ~~June 1, 1889~~ MAY 22-1885

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	53	4 4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) Larrabezua
(State or country) Spain

MOTHER FATHER

13. NAME Julian Larrabezua

14. BIRTHPLACE (city or town)
(State or country) Spain

15. MAIDEN NAME Ana Larrauri

16. BIRTHPLACE (city or town)
(State or country) Spain

17. INFORMANT ~~Inguri~~
(Address) 103 W. Jefferson

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 10/21, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-21, 1938 R Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 18 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193.....

I last saw him alive on Dead 10/18 1938; death is said to have occurred on the date stated above, at About 1: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck By U.P. Train. Intentionally. (Suicide)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury 10/18 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. McCann Coroner
(Address) Boise Idaho

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111147

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

1020 Fort — Local Registrar's No. 293

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	28		

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

92a

2. FULL NAME Allyn Jacob Lash.

(a) Residence: 1020. Fort Street. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): February. 2. 1852.

7. AGE — Years: 86 | Months: 8 | Days: 16. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Retired Salesman.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year): 10 years.

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Bridgeport, Ohio.

Father

13. NAME: George Washington Lash.

14. BIRTHPLACE (City or Town, County and State, or Country): Bridgeport, Ohio.

Mother

15. MAIDEN NAME: Mary Bagga.

16. BIRTHPLACE (City or Town, County and State, or Country): Bridgeport Ohio.

17. SIGNATURE OF INFORMANT: Harry. D. Pope.

(Address) 1020. Fort Street, Boise.

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Cemetery. Date: Oct. 20. 1938

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise. Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 10-20 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 18th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930, to Oct 18 1938

I last saw h... alive on Oct 11 1938 Death is said to have occurred on the date stated above, at 4.20 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Arterio sclerosis	1930		
Valvular heart disease	1934		
and Cardiac Decompensation			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Boise Idaho

Name of operation None date of

Condition for which performed

What test confirmed diagnosis? None

Was there an autopsy? No Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19... Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry... home... public place...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) T. N. Bradfor M. D.

(Address) Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Meridian

RECEIVED

NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111148

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2006

2. FULL NAME George Marion Reed

(a) Residence. No. Home St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lizzie Reed

6. DATE OF BIRTH (month, day, and year) April 27 1880

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
58	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Spencer Iowa

FATHER

13. NAME Isaac Reed

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary McClay

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Lizzie Reed (Address) Meridian Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Meridian Ida. Date 10-22 1938

19. UNDERTAKER C. W. Robison (Address) Meridian Ida

20. FILED 10-22 1938 L. W. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 20 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.. to ..... 193..

I last saw him Alive on 10/22 8, 193..: death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural	
Died Without Medical Attendance. Ill	
Had Been in Health past	
Other contributory causes of importance:	
Two Years	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. L. McCain Coroner M. D.

(Address) Boise Idaho

Burnett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

NOV -4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111149

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 297
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Joseph Scanlon 107a

(a) Residence No. 820½ Idaho St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Della Scanlon

6. DATE OF BIRTH (month, day, and year) Dec 27. 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleveland
(State or country) Ohio

MOTHER FATHER
13. NAME James Scanlon
14. BIRTHPLACE (city or town) Limerick
(State or country) Ireland

MOTHER
15. MAIDEN NAME Hanora Lyons
16. BIRTHPLACE (city or town) New Castle West
(State or country) Ireland

17. INFORMANT Mrs M H Swartz
(Address) Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Date 10/24, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-24, 1938 L Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 20th 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1938, to Oct. 20, 1938
I last saw h[illegible] alive on Oct. 20 1938: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Sept. 19 38
Senility	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. Bonnett, M. D.
(Address) Boise, Idaho
Eastman Building

111150

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

1602 N. 5 — Local Registrar's No. 295

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

NOV 4 1938

Length of residence in County where death occurred: Yrs. | Mos. 18 | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

82 a1

2. FULL NAME Ada M. Putney Good

(a) Residence: 1602 North 5th street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): March 23, 1874

7. AGE — Years: 64 | Months: 6 | Days: 28 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Owatonna, Minnesota

Father

13. NAME: William Putney

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Elizabeth Lindersmith

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Mrs. Effie Brink

(Address) 1602 N. 5th St. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Minot, North Dakota Date 10/26/1938

19. UNDERTAKER: Summers Funeral Home

(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 10-24 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1937 to Oct 21 1938

I last saw her alive on Oct 20 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Arteriosclerosis	1929		
Cerebral Hemorrhage	1937	Sept	29
Cerebral Hemorrhage	1938	Oct	9
Contributory causes of importance not related to principal causes: Malnutrition & Acidosis	1938	Oct	9

Where was disease first diagnosed? Boise Idaho

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? None

Was there an autopsy? No Was there an inquest? None

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) T. H. Broxton M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Ralph Jones

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111151

May - 4 1938

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 296

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

18

2. FULL NAME Isabell Elizabeth Newell

(a) Residence No. 1311 Grove Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Lee Newell

6. DATE OF BIRTH (month, day, and year) 2-27-1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spokane,
(State or country) Washington

FATHER

13. NAME Mitchel Ruth

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Isabell Skinner

16. BIRTHPLACE (city or town) Nounan,
(State or country) Idaho

17. INFORMANT Mitchel Ruth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 10-24-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10-24, 1938 R. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-22 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-21, 1938, to 10-22, 1938

I last saw her alive on 10-22 1938; death is said to have occurred on the date stated above, at 6:10 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Fulminating Meningococcus Meningitis	10-19-38
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? (over) Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph Jones, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Sprague

PLACE OF DEATH
County of Ada
City of Boise

NOV - 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111152

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 298
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1195

2. FULL NAME Joseph Franklin Baker

(a) Residence No. Payette Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of Child
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/8/1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	4	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho

FATHER
13. NAME Joseph Franklin Baker Sr.
14. BIRTHPLACE (city or town) Cleveland
(State or country) Okalohma

MOTHER
15. MAIDEN NAME Helen Ritner
16. BIRTHPLACE (city or town) Montezuma
(State or country) Iowa.

17. INFORMANT J. F. Baker
(Address) Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 10/24, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-24, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/22 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-22, 1938, to 10-22, 1938
I last saw him alive on 10-22 1938: death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Infection	10-7-1938
(over)	
Other contributory causes of importance:	
Upper Respitory Infection	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Sprague, M. D.
(Address) Boise Idaho

NOV -4 1938

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111153

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 8

City of Residence — Primary Reg. Dist. No. 2004

(Home, Hospital or Institution) — Local Registrar's No. 122

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred — Yrs. | Mos. | Days

How long in U. S. if of foreign birth? — Yrs. | Mos. | Days

2. FULL NAME Alice. S. Longenecker 9562

(a) Residence: 3 Miles North West of Boise. 18 years in Idaho. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced Husband of (or) Wife of: A.M. Longenecker.

6. Date of Birth (Month, day and year): July. 3. 1890.

7. AGE: 48 — Years: 3 — Months: 19. — Days: — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: House wife.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Ottumwa Iowa.

Father

13. NAME: Johnson

14. BIRTHPLACE (City or Town, County and State, or Country): Sweden.

Mother

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

17. SIGNATURE OF INFORMANT: A.M. Longenecker.

(Address) R.D. # 3. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Cloverdale Memorial Park Date Oct. 25, 1938

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 10-24 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/22 '38

22. I HEREBY CERTIFY, That I attended deceased from never treated 19____

I last saw h[illegible] alive on 10/22 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

a Paralysis

Date of Onset	Yr.	Mo.	Day

Contributory causes of importance not related to principal cause: Highly blood pressure 1935

Where was disease first diagnosed? ____

Name of operation none Date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? no Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(SIGNED) A.J. Coats M. D.

(Address) Boise

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

B. Budge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

NOV 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111154

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 299

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hesper Isabelle Harper

95.2

(a) Residence No. Route #1, Boise St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred W. Harper

6. DATE OF BIRTH (month, day, and year) 5-3-1873

7. AGE — Years: 65 | Months: 5 | Days: 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbus,
(State or country) Wis.

FATHER

13. NAME Alfred E. Smith

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15 MAIDEN NAME ---------- Hoyt

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Earnest M. Harper
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-24-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 10-26, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-22 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-18-38, 193..., to 10-22-38, 193...

I last saw her alive on 10-22 193...: death is said to have occurred on the date stated above, at 1:15 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/10/38
Recurrent	10/15/38
	10/20/38

Other **contributory causes** of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bruce L. Budge M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111155

NOV - 4 1938

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 123
(No. Rt: 2: Boise Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

93 C

2. FULL NAME John Francis Halley
(a) Residence No. Franklin Dist: Rt: 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie C. Halley

6. DATE OF BIRTH (month, day, and year) 7/11/1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	3	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Live Oak
(State or country) Calif:

FATHER
13. NAME John Halley
14. BIRTHPLACE (city or town) Dublin
(State or country) Ireland

MOTHER
15. MAIDEN NAME Bridget Broderick
16. BIRTHPLACE (city or town) Co: Cork
(State or country) Ireland

17. INFORMANT Nellie E. Halley
(Address) Route #2 Boise

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 10/24, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-25, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/23 38

22 I HEREBY CERTIFY, That I attended deceased from 8/17/38, 193..., to 10/23/38, 193...
I last saw h. 9m. alive on 10/23 1938.: death is said to have occurred on the date stated above, at 8p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis Myocarditis - Chronic Terminate	1937
Other contributory causes of importance: Senility	1937

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bruce B. Budge M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Meridian.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111156

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 15

NOV 12 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Mason Maxwell.

(a) Residence No. ..... Meridian. ..... St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
90	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... Self

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Georgetown Ill's

FATHER

13. NAME Dillon Maxwell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Vermillion

16. BIRTHPLACE (city or town) (State or country) Green Castle, Indina

17. INFORMANT (Address) R. H. Bell.

18. BURIAL, CREMATION OR REMOVAL
Place Oakland. Iowa. Date 10/27, 1938

19. UNDERTAKER (Address) W. S. Mateer. Meridian, Ida.

20. FILED 10/27, 1938 W. H. Peer. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to Oct 25, 1938.
I last saw h. im alive on 10/24 1938: death is said to have occurred on the date stated above, at 10.00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis 10 yrs;	
Other contributory causes of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) L. E. Jewell., M. D.
(Address) Meridian. Idaho

111157

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise. — Primary Reg. Dist. No. 1004

St Alphonsus Hosp (Home, Hospital or Institution) — Local Registrar's No. 300

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. — Mos. 6 — Days

How long in U. S. if of foreign birth? 211 i — Yrs. — Mos. — Days

2. FULL NAME Raymond Carl Wiley.

(a) Residence: 2410. N. 24 Street. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced — Husband of (or) Wife of:

6. Date of Birth (Month, day and year): April. 15. 1920.

7. AGE — Years: 18 — Months: 6 — Days: 11 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Deliveryman, Merchants Delivery.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year): Oct. 20. 38.

11. Total time (yrs.) spent in this occupation: 2 Months.

12. BIRTHPLACE (City or Town, County and State, or Country): Faville Arkansas.

Father

13. NAME James. H. Wiley.

14. BIRTHPLACE (City or Town, County and State, or Country): Howard Kansas.

Mother

15. MAIDEN NAME Lulu. Smith.

16. BIRTHPLACE (City or Town, County and State, or Country): Missouri.

17. SIGNATURE OF INFORMANT: Frank Gilbreth.

(Address): 2410. N. 24 Street, Boise

18. BURIAL, CREMATION OR REMOVAL

Place: Cloverdale Memorial Park. Date: Oct. 28 19 38

19. UNDERTAKER: Summers Funeral Home.

(Address): Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 10-27 1938 (Date) by K. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH 10-26-38

21. DATE OF DEATH (month, day and year): 10-26-38

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1938 to 10-26 1938

I last saw h[illegible] alive on 10-26 1938 Death is said to have occurred on the date stated above, at 3.39 m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Compound fractur skull	1938	10	21

Contributory causes of importance not related to principal causes

Lobar pneumonia

Fractur L. scapula

Where was disease first diagnosed? 10-21

Name of operation Craniotomy date of 10-26-38

Condition for which performed Fractur skull

What test confirmed diagnosis? Autopsy

Was there an autopsy? Yes Was there an inquest? [illegible]

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury 10-21 19 38 Where did injury occur? Boise (Specify city or town, county and state)

Check whether injury occurred in industry — home — public place

Manner of injury Thrown from motorcycle

Nature of injury Fractur skull, fractur Scapula

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Delivery Cycle

(SIGNED) M. B. Shaw M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

NOV -4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111158

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 301

(No. 401 S. 3rd)

(If death occurred in a hospital or institution, give its name instead of street and number)

82 a 1

2. FULL NAME Catherine Jaynes

(a) Residence No. 416 S. 3rd Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of L. B. Jaynes

6. DATE OF BIRTH (month, day, and year) 11-5-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York, N. Y.
(State or country)

FATHER

13. NAME John Bresslin

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT L. B. Jaynes
(Address) 416 S. 3rd

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-29, 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-28 1938 A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-26 1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935, to Death, 193...

I last saw her alive on ..... 193...: death is said to have occurred on the date stated above, at 2:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	10-26-38
Sudden death.	

Other **contributory causes** of importance:

Arteriosclerosis.
old left hemiplegia.

Name of operation None Date of .....

What test confirmed diagnosis? Imp. Findings. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. F. Kelly, M. D.

(Address) Boise Idaho

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111159

Nov 4 1938

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1204

913 E. Jefferson (Home, Hospital or Institution) — Local Registrar's No. 303

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 18 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

1240

2. FULL NAME George. W. Rucker.

(a) Residence: 913. E. Jefferson Street. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Mable. F. Rucker.

6. Date of Birth (Month, day and year): Feb. 24. 1877.

7. AGE — Years: 61. | Months: 8. | Days: 3. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Retired Farmer.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Missouri.

Father

13. NAME: Larkin Rucker.

14. BIRTHPLACE (City or Town, County and State, or Country): Ohio.

Mother

15. MAIDEN NAME: Amanda. N. Lilly.

16. BIRTHPLACE (City or Town, County and State, or Country): Missouri.

17. SIGNATURE OF INFORMANT: Mrs. Mable. F. Rucker.

(Address): 913. E. Jefferson Street.

18. BURIAL, CREMATION OR REMOVAL

Boise Mausoleum. Oct 31 Date 1938. 19

19. UNDERTAKER: Summers Funeral Home.

(Address): Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 10-31 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-27-38

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1938, to Oct 27 1938

I last saw him alive on Oct 26 1938. Death is said to have occurred on the date stated above, at 7:00 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Chronic Myocarditis	Unknown		
Contributory causes of importance not related to principal causes: Cirrhosis of liver with ascites	Unknown		

Where was disease first diagnosed? Boise Idaho

Name of operation None date of

Condition for which performed

What test confirmed diagnosis? Clinical Exam. + Biopsy

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) O. F. Swindell M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111160

NOV -4 1938

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

815 W. Jeff. St. (Home, Hospital or Institution) — Local Registrar's No. 3021

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 10 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Sarah Frances Crosson. 94a

(a) Residence: 815. W. Jefferson Street. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced — Husband of (or) Wife of:

6. Date of Birth (Month, day and year): January. 31. 1863.

7. AGE — Years: 75 | Months: 8 | Days: 25. | If less than 1 day — hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Secretary State Rebekah Assembly.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year): Oct. 26. 1938.

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Salem Indiana.

Father

13. NAME: Joseph Lane.

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

Mother

15. MAIDEN NAME: Julia Pidgeon.

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

17. SIGNATURE OF INFORMANT: Mrs. June Haymond.

(Address): Genesee, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place: Pioneer Cemetery. Date: Oct29 1938

19. UNDERTAKER: Summers Funeral Home.

(Address): Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 10-31 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/27/1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1938 to Oct 27 1938

I last saw h[illegible]/alive on Oct 18 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute Angina Pectaris — Date of Onset: Yr. Mo. Day — Oct 27 38

Contributory causes of importance not related to principal causes

Injury Sept 1937 (Remote cause) 10/27/38

Where was disease first diagnosed? ____

Name of operation ~ date of ~

Condition for which performed ~

What test confirmed diagnosis? ~

Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury 9/30/37

____, 19____ Where did injury occur? 13th & Ridenbaugh

(Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury Automobile wreck

Nature of injury Fractured Skull ?

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) C. S. Allen M. D.

(Address) 905 N. 8th St

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Meridian

RECEIVED
NOV 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111161

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 8221

2. FULL NAME John Lewis Fountain

(a) Residence No. Meridian Ida Rt 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, and year) Feb 18, 1852

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
86	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pulaski Iowa

FATHER
13. NAME Joseph Fountain
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Elizabeth Hardisty
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Frances Fountain (Address) Meridian Ida

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Meridian Ida Date 11-4, 1938

19. UNDERTAKER B W Robinson (Address) Meridian Ida

20. FILED Nov. 4 1938 W N Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1938, to Nov 1, 1938
I last saw h... alive on Oct 31, 1938; death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harold W Jones, M. D.
(Address) 220 1st St Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County Adams

City of Cuprum

RECEIVED NOV 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111162

Registration District No. 71

Primary Registration District No. ____ Local Registrar's No. I95

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2105

2. FULL NAME Lorenzo Goicoechea

(a) Residence. No. ____ St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 10/23/38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Amorato

(State or country) Vizcayo Spain

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ____

(State or country) Spain

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ____

(State or country) Spain

17. INFORMANT J.C. Andaisza

(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Boise Idaho. Date 10/24/38, 193

19. UNDERTAKER Schriaber & McCann

(Address)

20. FILED NOV 4, 1938 DR. ALVIN S. THURSTON COUNCIL, IDAHO

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/23/38

22. I HEREBY CERTIFY, That I attended deceased from dead 193..., to ____, 193...

I last saw him alive on 10/23/38, 193...: death is said to have occurred on the date stated above, at 8:30 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism by falling from Automobile at Scene of accident	10/23/38
Other contributory causes of importance: General Schock	10/23/38
Cerebral Concussion	10/23/38

Name of operation none Date of 0

What test confirmed diagnosis? Clinical Was there an autopsy? none

23. If death was due to external causes (violence) fill in also the following: Accident 10/23/38

Accident, suicide, or homicide? Accident Date of injury ..., 193...

Where did injury occur? Cuprum Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Mountaine Road

Manner of injury Automobile Accident

Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. E. B. Davis, M. D.

(Address) Cuprum Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Council

RECEIVED NOV -5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111163

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 197

(No. 184
If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Stiburck

(a) Residence. No. 1115 Fourth Street St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 28 | Months: unknown | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: State- Hi-Way Dpt.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Survey Crew Time Checker

10. Date deceased last worked at this occupation (mo. and yr.): 10/25/38

11. Total time (years) spent in this occupation: unKnown

12. BIRTHPLACE (city or town): Spooner
(State or country): Wisconsin

FATHER

13. NAME: Charles Stiburck

14. BIRTHPLACE (city or town): ....
(State or country): Bohemia

MOTHER

15. MAIDEN NAME: Victoria Morwatz

16. BIRTHPLACE (city or town): ....
(State or country): Spinville Iowa.

17. INFORMANT: Ed Stiburck
(Address): Banks Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Cascade Idaho ... Date: Oct. 26, 1938

19. UNDERTAKER: A.D.Robb
(Address): Cascade Idaho

20. FILED ....., 193... NOV 4 1938 DR. ALVIN S. THURSTON ..... COUNCIL, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/25/38

22. I HEREBY CERTIFY, That I attended deceased from 8:00P.M. 10/25 1938 to 11:30P.M. 10/25/38.
I last saw him alive on 10/25/38, 193...: death is said to have occurred on the date stated above, at 11:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Gun Shot Wounds	
of right chest	10/25/38
Other **contributory causes** of importance:	
Generalized Shock	10/25/38
Acute Hemorhage	10/25/38

Name of operation: none Date of: .....
What test confirmed diagnosis? clinical Was there an autopsy? None

23. If death was due to exter'l causes (**violence**) fill in also the following: Accident 10/25/38
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? East of Fruitvale Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Woods
Manner of injury Hunting Deer
Nature of injury Gunshot Wound in Chest

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify. .....
(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lincoln

City of Grace

RECD NOV -5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111164

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 26

+ (No. Died at home)

(If death occurred in a hospital or institution, give its name instead of street and number) 48

2. FULL NAME Hannah Maria Green

(a) Residence No. Grace, Idaho St.

(Usual place of abode) (5) five months (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Levi Green

6. DATE OF BIRTH (month, day, and year) Apr. 27, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maysville
(State or country) Utah

FATHER

13. NAME John Forbes

14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Hannah Shinn

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Andrew Adams
(Address) Grace Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Maysville, Utah Date + 9-6, 1938

19. UNDERTAKER O. Sherwin Webb
(Address) Preston, Idaho

20. FILED Oct 31, 1938 Mrs. G. J. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-4 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-26, 1938, to 9-4, 1938

I last saw h[illegible] alive on 9-3 1938: death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the uterus with metastasis	about 1929
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Koelker, M. D.

(Address) Grace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111165

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 193
(No. ST. Anthony)

NOV 14 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

12201

2. FULL NAME Eva Ausich

(a) Residence No. Mackay, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louie

6. DATE OF BIRTH (month, day, and year) Mar 19 1889

7. AGE — Years: 49 | Months: 6 | Days: 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yugoslavia

FATHER

13. NAME Martin Butorac
14. BIRTHPLACE (city or town) (State or country) Yugoslavia

MOTHER

15. MAIDEN NAME ---
16. BIRTHPLACE (city or town) (State or country) ---

17. INFORMANT Anna Ausich
(Address) Mackay Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mackay Date Oct 4, 193 8

19. UNDERTAKER John N Lee
(Address) Mackay Ida

20. FILED 9-6, 193 8 J. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-30 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-24-38, 193..., to 9-30-38, 193...
I last saw her alive on 9-30 193 8: death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia, ventral, strangulated, with gangrene of small intestine.	
Other contributory causes of importance:	
Myocardial Degeneration	

Name of operation Laparotomy for strangulated ventral hernia. Date of 9-30-38
What test confirmed diagnosis? cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) B C Eisenberg, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111166

Registration District No.
Primary Registration District No. Local Registrar's No. 194
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

NOV 14 1938

2. FULL NAME Calvina Stewart

(a) Residence. No. 635 S. Grant St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James H.

6. DATE OF BIRTH (month, day, and year) April 9 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	5	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan
(State or country) Utah

FATHER
13. NAME Calvin Sly
14. BIRTHPLACE (city or town)
(State or country) Canada

MOTHER
15. MAIDEN NAME Nancy Brewster Hustin
16. BIRTHPLACE (city or town) St. Louis
(State or country) Mo.

17. INFORMANT Mrs. W. B. Berges
(Address) 657 W. Whitman

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Oct. 5, 1938

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED Oct 7, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935, to Oct 4, 1938
I last saw h.. alive on Oct 4, 1938: death is said to have occurred on the date stated above, at 11 30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma.	
Other contributory causes of importance:	
Cardio Vascular & Renal Disease	

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Brown M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Oxford

RECEIVED
NOV - 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 9

DO NOT WRITE IN THIS SPACE
State File No. 111167

(No. 952)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lyle Fisher Croshaw

(a) Residence No. Oxford St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 27, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford Idaho

FATHER

13. NAME John J. Croshaw

14. BIRTHPLACE (city or town) (State or country) Oxford Idaho

MOTHER

15. MAIDEN NAME May Fisher

16. BIRTHPLACE (city or town) (State or country) Bountiful Utah

17. INFORMANT (Address) John J Croshaw Oxford, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Oxford Ida. Date Oct. 10, 1938

19. UNDERTAKER (Address) Frank Hecker Preston Idaho

20. FILED Oct 10, 1938 Ada L. Caffin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938 to Oct 7, 1938
I last saw h[illegible] alive on Oct 7 1938: death is said to have occurred on the date stated above, at 3:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1918
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H B Barnes M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111168

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 195

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charley Maten 131

(a) Residence No. 548 East Hayden St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Buelah Maden

6. DATE OF BIRTH (month, day, and year) March 5 1896

7. AGE: Years 42 | Months 7 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beaustop
(State or country) Texas

FATHER
13. NAME Charley Maten
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Winnie Haygood
16. BIRTHPLACE (city or town)
(State or country) Texas

17. INFORMANT Buelah Maten
(Address) Pocatello Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Oct 12 1938

19. UNDERTAKER J. L. McHan
(Address) Pocatello Idaho

20. FILED Oct 11, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 10, 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-6-, 1938, to 10-10-, 1938

I last saw him alive on 10-10 1938: death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	
myocardial Degeneration	
arteriolarnephrosclerosis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B C Eisenberg, M. D.
(Address) Pocatello Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111169

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 196
(No. St. Anthonys Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number) 92a

2. FULL NAME Blanche Evelyn Tidcock

(a) Residence. No. ..... St. Inkom Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willard B.

6. DATE OF BIRTH (month, day, and year) June 3, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER
13. NAME J. A. Wright
14. BIRTHPLACE (city or town) Bloomfield
(State or country) Iowa

MOTHER
15. MAIDEN NAME Martha Tackett
16. BIRTHPLACE (city or town) .....
(State or country) Utah

17. INFORMANT Willard B. Tidcock
(Address) Inkom Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Inkom, Idaho Date Oct 15, 1938

19. UNDERTAKER Dawsons Funeral Home
(Address) Pocatello, Idaho

20. FILED 10-14, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Oct 13, 1938
I last saw her alive on Oct 15, 1938; death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Compensation	
Coronal Heart	
Myocardial insufficiency	

Other contributory causes of importance:

Intestinal flu	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) O. T. Call, M. D.
(Address) Pocatello Ida.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111170

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 200

(No. 645 North Lincoln)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lettie Coles

(a) Residence No. 645 North Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Coles

6. DATE OF BIRTH (month, day, and year) Sept. 7 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
72	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country) Kentucky

FATHER

13. NAME William- Brizendine

14. BIRTHPLACE (city or town) unknown
(State or country) Tennessee

MOTHER

15. MAIDEN NAME — Barton

16. BIRTHPLACE (city or town) unknown
(State or country) Tennessee

17. INFORMANT George Coles (son)
(Address) Pocatello Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL removal
Place Weiser Idaho Date 10/18, 1938

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED 10-17, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/16 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Oct 16, 1938

I last saw her alive on Oct 14 1938: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	
Chronic Nephritis	
Hypertension	

Other contributory causes of importance:

Arteriosclerosis	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) H H Hoyt, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111171

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 201

NOV 14 1938

(No. Pocatello General Hospital
If death occurred in a hospital or institution, give its name instead of street and number) 107a

2. FULL NAME Janice Tueller

(a) Residence No. Paris, Idaho. St. Paris, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 6, 1938.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paris,
(State or country) Idaho.

FATHER

13. NAME Palmer Tueller

14. BIRTHPLACE (city or town) Paris,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Dorothy Burton

16. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

17. INFORMANT Palmer Tueller
(Address) Paris, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Paris, Idaho. Date Oct. 21, 1938.

19. UNDERTAKER F. M. Williams
(Address) Montpelier, Idaho.

20. FILED Oct. 19, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) October 18, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1938, to October 18, 1938
I last saw him alive on Oct 18 1938: death is said to have occurred on the date stated above, at 9:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Oct 13
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 1938
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W C McDougall, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111172

1938

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 203

(No. St Anthony Hosp. 210 i)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward D. Hart
(a) Residence No. 347 North 4 th. St.
(Usual place of abode about 1 Ryears in Pocatello (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pauline Hart

6. DATE OF BIRTH (month, day, and year) March 22 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	6	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Memphis
(State or country) Tennessee

FATHER
13. NAME (unknown) Hart
14. BIRTHPLACE (city or town) unknown
(State or country) Tennessee

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country) Tennessee

17. INFORMANT Mrs. Pauline Hart
(Address) 347 North 4th.
18. BURIAL, ~~CREMATION~~ GIVE ROUTE burial
Place Mountainview Date Oct 23, 1938
19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho
20. FILED 10-21, 1938 D C Kay Registrar

Informant - Pauline Hart

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 19 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-18, 1938, to 10-19, 1938
I last saw him alive on 10-19 1938: death is said to have occurred on the date stated above, at 12:01 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	10-18-38
Fracture, multiple, skull, vertex	10-18-38
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 10-18, 1938
Where did injury occur? Bannock County Highway.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Turned over in auto
Nature of injury Skull fracture

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) B.C. Eisenberg, M. D.
(Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111173

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 202

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Anna Rudolph Meyers

(a) Residence No. 229 West Lovejoy St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 years yrs. mos. ds. How long in U. S., if of foreign birth? 61 years yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Frank Meyers

6. DATE OF BIRTH (month, day, and year) May 18, 1878.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Franz Rudolph

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Bacon

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Mabel Johnson
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Oct. 21, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Oct. 20, 1938. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 19, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1938, to Oct 19, 1938
I last saw her alive on Oct 18 1938: death is said to have occurred on the date stated above, at 12:40 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dea Cellus	
Gangrene,	
Other **contributory causes** of importance:	
Arteriosclerosis	
—	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J N Hymas, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannack
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111174

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 205
(No. Pocatello General Hosp. 121 a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Verna Bowen

(a) Residence No. ... St. Grace Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rulon Bowen

6. DATE OF BIRTH (month, day, and year) Oct 10, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31		13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lago Idaho
(State or country)

FATHER
13. NAME Larse Rasmussen
14. BIRTHPLACE (city or town) Minkcreek
(State or country) Idaho

MOTHER
15. MAIDEN NAME Anna Anderson
16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMANT Rulen Bowen
(Address) Thatcher Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grace Id. Date Oct 26, 1938

19. UNDERTAKER M. W. Henriksen
(Address) Preston Idaho

20. FILED 10-24, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 23 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1938, to Oct. 23, 1938.
I last saw her alive on Oct 23 1938: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Influenza with Septicemia & Thrombosis,	Aug 1 1938
Abscess Jejunum & Peritonitis,	
Other contributory causes of importance:	
Pregnancy (6 mo) with Edematous Legs.	Aug 7 1938.

Name of operation Appendectomy Date of Aug 1, 1938
What test confirmed diagnosis Clinical. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. A. Urquhart M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111175

Registration District No.
Primary Registration District No. Local Registrar's No. 204
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

160 c

2. FULL NAME Squire Lorin Crockett

(a) Residence No. 122 McKinley Avenue — St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 24, 38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	16 hours		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Squire F. Crockett

14. BIRTHPLACE (city or town) Salma
(State or country) California

MOTHER

15. MAIDEN NAME Elizabeth Bailey

16. BIRTHPLACE (city or town) Malad
(State or country) California

17. INFORMANT Squire F. Crockett
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Oct. 27 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello Idaho

20. FILED 10-26, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/24 38

22 I HEREBY CERTIFY, That I attended deceased from 10-24, 1938, to Oct 24, 1938
I last saw him alive on 10-24 1938; death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	

Other contributory causes of importance:

Probably birth injury to respiratory Centers.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D C Ray, M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock.
City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111176

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 208

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 200 F

2. FULL NAME Herman Buck.

(a) Residence No. Fort Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone Ind. 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — —

6. DATE OF BIRTH (month, day, and year) Sept. 6, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

FATHER

13. NAME Charlie Buck.

14. BIRTHPLACE (city or town) (State or country) Fort Hall, Ida.

MOTHER

15. MAIDEN NAME Nettie Use.

16. BIRTHPLACE (city or town) (State or country) Fort Hall, Ida.

17. INFORMANT Mother.
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cedar Cem. Date Io-29- , 1938

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall Idaho

20. FILED Nov. 5, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 27 1938

22 I HEREBY CERTIFY, That I attended deceased from Not attended, 193..., to ..., 193...

I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at 3: P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown	
No attending physician.	

Other **contributory causes** of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Herman M. Johnson M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111177

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 206
(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse Class Perdue

(a) Residence No. ..... St. Blackfoot, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/24/1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aulville,
(State or country) Missouri.

FATHER
13. NAME J. H. Perdue
14. BIRTHPLACE (city or town) Aulville,
(State or country) Missouri.

MOTHER
15. MAIDEN NAME Martha Opal Class
16. BIRTHPLACE (city or town)
(State or country) Indiana.

17. INFORMANT J. H. Perdue
(Address) Blackfoot Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cem. Nov. 2, 1938.

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED 11-1, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-30-38

22 I HEREBY CERTIFY, That I attended deceased from 10-3-38, 193..., to 10-30-38, 193...
I last saw him alive on 10-30 1938: death is said to have occurred on the date stated above, at 10: A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid fever	9-28-38
Other **contributory causes** of importance:	
Numerous severe intestinal hemorrhages	10-30-38

Name of operation none Date of
What test confirmed diagnosis? Cl. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) William J. Howard M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111178

NOV 14 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 207

(No.) Saint Anthony's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

932

2. FULL NAME Harold Danforth Wright

(a) Residence No. 545 North Johnson Ave. St. Pocatello, Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred 4 Yrs. (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month) September 12, 1912.

7. AGE — Years: 26 | Months: 1 | Days: 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank-Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. First Security Bank, Pocatello.
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1938.
11. Total time (years) spent in this occupation Four

12. BIRTHPLACE (city or town) Rexburg,
(State or country) Idaho.

FATHER

13. NAME James R. Wright
14. BIRTHPLACE (city or town)
(State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Alice M. Danforth
16. BIRTHPLACE (city or town) Moline,
(State or country) Illinois.

17. INFORMANT James R. Wright
(Address) Rexburg, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg, Idaho Date Nov. 4, 1938.

19. UNDERTAKER Flamm Mortuary
(Address) Rexburg, Idaho

20. FILED Nov. 1, 1938. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) November 1, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1938, to Nov. 1, 1938
I last saw him alive on Nov. 1 1938.: death is said to have occurred on the date stated above, at 5:00a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
chronic Prostatitis	1934

Other **contributory causes** of importance:

Toxic myocarditis
Infectious arthritis

Name of operation none Date of
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) B. C. Eisenberg, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 111179

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution give its name instead of street and number)

186a

2. FULL NAME Mrs. Karen Johnson

(a) Residence No. Riverdale Dist. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W.

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ole Johnson

6. DATE OF BIRTH (month, day, and year) Dec. 25 - 1859

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
78	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 44 yrs.

12. BIRTHPLACE (city or town) (State or country) Norway

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Walter Johnson St. Maries Ida.

18. BURIAL, CREMATION OR REMOVAL
Place St. Maries Ida. - Date Oct. 1 -, 1938

19. UNDERTAKER (Address) Stapely Funeral Home St. Maries Ida.

20. FILED Oct. 8, 1938 Walter Boleeny
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/13, 1938, to 9/26, 1938.

I last saw h.. alive on 9/25 1938.: death is said to have occurred on the date stated above, at 12 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary obstruction	9/26-38
Other contributory causes of importance: Fractures left humerus & left radius	9/13/38

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 9/13 1938
Where did injury occur? Home St Maries
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Fell off porch
Naturc of injury Fract. left humerus & radius

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) W. Cornwall M.D.
(Address) St Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111180

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 20

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 210

2. FULL NAME Lowell Roy Omyer

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26, 1932

7. AGE — Years: 6 | Months: 2 | Days: 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbia Falls
(State or country) Montana

FATHER
13. NAME Roy F. Omyer
14. BIRTHPLACE (city or town) Leounce
(State or country) Mich.

MOTHER
15. MAIDEN NAME Leona Barry
16. BIRTHPLACE (city or town) Kalispell
(State or country) Montana

17. INFORMANT Mrs. Roy E. Omyer
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Woodlawn Date Oct. 6, 1938 St. Maries

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Oct. 8, 1938 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) October 4, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 10-4, 1938, to 10-4, 1938

I last saw him alive on 10-4 1938: death is said to have occurred on the date stated above, at 5:20 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Traumatic Shock	10-4-38
Struck by Large truck	
about 4:40 P.m.	
10-4-1938	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-4-38 193
Where did injury occur? St. Maries, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Alley
Manner of injury Struck by Large truck
Nature of injury Traumatic shock

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. A. Lewis, M. D.
(Address) St. Maries, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah

City of De Smet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111181

Registration District No. 91

Primary Registration District No. 91 Local Registrar's No. 8

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

1190

2. FULL NAME Roberta Jean Falcon

(a) Residence. No. De Smet, Idaho, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ##########

6. DATE OF BIRTH (month, day, and year) March 31, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) No

11. Total time (years) spent in this occupation No

12. BIRTHPLACE (city or town) De Smet (State or country) Idaho.

FATHER

13. NAME Elmer Falcon

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Margaret Joseph

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT Elmer Falcon
(Address) De Smet, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place De Smet, Idaho, Date Oct 17, 193 8

19. UNDERTAKER Kimball Funeral Home
(Address) Tekoa, Washington.

20. FILED Oct 18 38 93... John Post
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 193 8, to Oct 5, 193 4

I last saw her alive on Oct 5, 193...: death is said to have occurred on the date stated above, at 6:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cholera Infantum	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. C. Nelson M. D.

(Address) Tekoa, Washington.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of Emida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 111182

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 22

(No. Logging Camp)

(If death occurred in a hospital or institution, give its name instead of street and number)

1948

2. FULL NAME James Edgar Gronman

(a) Residence (Usual place of abode) No. ____ St. Pomeroy Wn.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Gronman

6. DATE OF BIRTH (month, day, and year) 12-25-1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
33	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging

10. Date deceased last worked at this occupation (mo. and yr.) 10-7-38

11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) (State or country) Asotin Wn. Wash

FATHER

13. NAME Bert Gronman

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Viola Patterson

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT (Address) Mrs. O. Scoggins Pomeroy Wn.

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Pomeroy Wn. Date 10-8, 1938

19. UNDERTAKER C. M. Nasser (Address) Pomeroy Wn.

20. FILED Nov. 9, 1938 Walter Coberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-7 1938

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw h— alive on ____ 193..; death is said to have occurred on the date stated above, at 1:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractures of Frontal and Temporal bones of Head.	
Other **contributory causes** of importance:	
No inquest	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 10-7 1938

Where did injury occur? Benewah Co. Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry

Manner of injury Struck by falling snag.

Nature of injury Skull fractures

24. Was disease or injury in any way related to occupation of deceased yes If so, specify Occupational Hazard

(Signed) C. S. Stapert - Coroner

(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE
State File No. 111183

Registration District No. 32
NOV 14
Primary Registration District No. 2049
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Elden Sawyer

(a) Residence No. ..... St. Fernwood Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pauline

6. DATE OF BIRTH (month, day, and year): July 21 - 1900

7. AGE — Years: 38 | Months: 3 | Days: 11 | If LESS than 1 day ..... hrs or ..... min

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Logging
10. Date deceased last worked at this occupation (mo. and yr.): 10-7-38
11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Setzoa Wash

FATHER
13. NAME: Harben Sawyer
14. BIRTHPLACE (city or town) (State or country): Athens Illinois

MOTHER
15. MAIDEN NAME: Lettie Cogles
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Emmett Sawyer Fernwood Ida.

18. BURIAL, CREMATION OR REMOVAL
Place St. Maries Ida Date 10-14, 1938
STAPISH FUNERAL HOME
19. UNDERTAKER (Address): ST. MARIES, IDAHO

20. FILED Nov 7, 1938 Walter Peterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 - 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1938, to 10/11, 1938.
I last saw h. alive on 10/11 1938. death is said to have occurred on the date stated above, at 1:20 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory collapse	10/11/38
Other contributory causes of importance: Lobar transplantation under ether anesthesia	10/11/38

Name of operation Lobar transplant Date of 10/11/38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Lobar transplant with ether anesthesia
Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased Yes If so, specify Logging

(Signed) H. E. Brownell, M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

NOV 3 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111184

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 198

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number) 94b

2. FULL NAME George McMiller

(a) Residence No. St. Drummond, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 13 mos. 11 ds. 23 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) --/--/64

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Menlo
(State or country) Iowa

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) No data
(State or country)

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) No data
(State or country)

17. INFORMANT Records, State Hospital South
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place State Cem. Date Oct. 7, 1938

19. UNDERTAKER acting Eskimo Ledbetter
(Address) Blackfoot, Idaho

20. FILED Oct. 7, 1938 Wm. Hales Falconer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/4 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Oct. 4, 1938

I last saw him alive on Oct. 3 1938: death is said to have occurred on the date stated above, at 1:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Oct. 4
Coronary sclerosis	Indefinite
Other contributory causes of importance:	
Enteritis Acute	Sept. 30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** none

Manner of injury

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) J. Cromwell, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111185

NOV -5 1938

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 151

(No. Fort Hall Agency Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

128

2. FULL NAME Angelita Marie Pizoka.

(a) Residence No. Fort Hall, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Ban.-Sho. 7/8	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) Apr. I8, I938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	5	I8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho.

FATHER

13. NAME Dave Pizoka,

14. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

MOTHER

15. MAIDEN NAME Addie Stone

16. BIRTHPLACE (city or town) (State or country) Fort Hall, Ida.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall, Idaho Date I0- 8-, 1938

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho.

20. FILED Nov 3, 1938 Mrs Helen E Tafoya
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) I0-6 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1938, to Oct. 6, 1938

I last saw her alive on Oct. 6 1938: death is said to have occurred on the date stated above, at I0:4) A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar,	Unknown
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herman Schwegler M.D.

(Address Fort Hall Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen

RECEIVED

NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116

Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

State File No. 111186

Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

160 c

2. FULL NAME Joseph Ira Copeland

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 6, 1938

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 30 min.
			8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen, Idaho

FATHER

13. NAME Carlisle Calvin Copeland

14. BIRTHPLACE (city or town) (State or country) Bassett Nebraska

MOTHER

15. MAIDEN NAME Nedra Esther Vargason

16. BIRTHPLACE (city or town) (State or country) Bassett, Nebraska.

17. INFORMENT (Address) Nedra Copeland Aberdeen, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen, Idaho Date Oct. 7, 1938

19. UNDERTAKER Friends
(Address) Aberdeen, Idaho.

20. FILED Oct. 28, 1938 McCurtain
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 5:30 A.M. October 6, 1938, to 6:10 AM October 6, 1938

I last saw him alive on October 6, 1938: death is said to have occurred on the date stated above, at 6:10A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head injury:	
Rupture of Tentorium cerebelli	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Oscar L. Jackson, M. D.

(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

NOV - 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111187

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 139

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number) 84

2. FULL NAME Hilda Johnson

(a) Residence No. ..... St. Heyburn, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~No data~~

6. DATE OF BIRTH (month, day, and year) June 22 1878

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Ola Carlson

14. BIRTHPLACE (city or town) No data (State or country) Sweden

MOTHER

15. MAIDEN NAME Matilda Eglon Ola Carlson No data Sweden

16. BIRTHPLACE (city or town) No data (State or country) Sweden

17. INFORMANT Records, State Hospital South (Address) Blackfoot, Idaho

18. BURIAL, CREMATION or REMOVAL Place Rupert Date Oct. 193 8

19. UNDERTAKER John C. Lyndley (Address) Blackfoot, Idaho

20. FILED Oct 8, 1938 Wm Nalen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/7/1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Oct. 7, 1938

I last saw her alive on Oct. 7 1938: death is said to have occurred on the date stated above, at 10:25 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Schizophrenia, catatonic	Indefinite
Other **contributory causes** of importance:	
Malnutrition	Indefinite

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** None

Manner of injury .....

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. O. Cromwell, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

NOV 2 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111188

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 140.

(No. County Hosp. South Ash)

(If death occurred in a hospital or institution, give its name instead of street and number) 93c

2. FULL NAME Alfred Owen Sessions

(a) Residence No. Sterling, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Polson Sessions

6. DATE OF BIRTH (month, day, and year) 2/10/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Heber, (State or country) Utah.

FATHER

13. NAME Daniel Alexander Sessions

14. BIRTHPLACE (city or town) Nauvoo, (State or country) Illinois.

MOTHER

15. MAIDEN NAME Jeanetta Balm

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Roy Sessions (Address) Idaho Falls R5

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Taylor Cem. Date Oct. 14, 1938.

19. UNDERTAKER E. T. Peck (Address) Blackfoot, Idaho.

20. FILED Oct. 12, 1938 M. Walker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-11-1938

22 I HEREBY CERTIFY, That I attended deceased from 9-21, 1938, to 10-12, 1938.

I last saw h— alive on 10-10 1938. death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with hypertension	2 yrs.

Other contributory causes of importance: Bronchitis 2 wks & Colitis

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. E. Humpherys M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111185

Registration District No. 121

Primary Registration District No. 2192

Local Registrar's No. 141.

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number)

NOV - 3 '38

108

2. FULL NAME Ernest Wason

(a) Residence No. ..... St. Caldwell, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 27 mos. 1 ds. --

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. E. Wason

6. DATE OF BIRTH (month, day, and year) --/--/73

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records, State Hospital So.
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cal Fairview Date Nov 1, 1938

19. UNDERTAKER G. F. Peck
(Address) Blackfoot, Idaho

20. FILED Nov 1, 1938 M. Mathews Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/12 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Oct. 12, 1938

I last saw him alive on Oct. 12 1938: death is said to have occurred on the date stated above, at 6:25 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct. 6
Other **contributory causes** of importance:	
Chronic bronchiectasis	Indefinite
Manic depressive psychosis	Indefinite

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** None

Manner of injury .....

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify No.

(Signed) J. E. Cranwell, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111190

Registration District No. I2I-R
Primary Registration District No. 2194-R
Local Registrar's No. 152

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pearl Mosho

(a) Residence No. Fort Hall Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho.Ind.4/4	S.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) 6- 6- 38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER

13. NAME Snooks Mosho.
14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME Bessie Jack.
16. BIRTHPLACE (city or town) Fort Hall Ida.
(State or country)

17. INFORMANT Hospital Records,
(Address) Fort Hall, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall Ida Date Oct. I8, 193 8

19. UNDERTAKER Agency Carpenter Ft. Hall
(Address) Blackfoot Idaho

20. FILED Nov 2, 1938 Mrs. Nadine E. Bennie
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) IO-I5 38

22 I HEREBY CERTIFY, That I attended deceased from Not attended, 193..., to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 5: P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown.	
No physician attending.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Herman P. Schweizer M. D.
(Address Fort Hall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED NOV - 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111191

Registration District No. 121

Primary Registration District No. 9194

Local Registrar's No. 142

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number) 57

2. FULL NAME Ida S. Vandenbark

(a) Residence No. St. Twin Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) 2/26/56

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Dresden
(State or country) Ohio

FATHER

13. NAME William G. Smith

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Louise Tomlinson

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Records, State Hospital So.
(Address) Blackfoot, Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Twin Falls, Idaho Date Oct. 16 193 8

19. UNDERTAKER John C. Laughlin
(Address) Blackfoot, Idaho

20. FILED Nov. 5, 1938 Wm. Nalder
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/15 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 15 193 8, to Oct. 15 193 8

I last saw her alive on Oct. 14 193 8: death is said to have occurred on the date stated above, at 5:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	Indefinite
Other **contributory causes** of importance:	
Coronary sclerosis	Indefinite
Diabetes Mellitus	Indefinite

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury None

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. O. Cranwell M.D., M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot
R.F.D. #3.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111192

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 143

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

82 a 1

2. FULL NAME Rosalie L. Bischoff

(a) Residence No. Box 125 St. Blackfoot, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: John P. Bischoff

6. DATE OF BIRTH (month, day and year): March 2, 1874

7. AGE: Years 64 | Months 7 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (mo. and yr.): 10-16-38
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Louisville Kentucky

FATHER
13. NAME: Jacob Jacoby
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Barbara Amelia
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): John P. Bischoff Box 125 Blackfoot, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Blackfoot Cem. Date: Oct. 19, 1938

19. UNDERTAKER (Address): John C. Handley Blackfoot Idaho

20. FILED: Oct. 18, 1938 Nellie Fannie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938, to Oct. 16, 1938
I last saw her alive on Oct. 15 1938: death is said to have occurred on the date stated above, at 2:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Apoplexy.	4 hours 10:30 P.M. Oct. 15-38

Other **contributory causes** of importance:

Name of operation No Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193...
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**: At Home
Manner of injury: — none.
Nature of injury: — none.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. E. Davis, M.D.
(Address) Blackfoot, Ida.

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111193

1. PLACE OF DEATH

County of Bingham — Registration Dist. No. 131

City of Blackfoot — Primary Reg. Dist. No. 2194

(Home, Hospital or Institution) — Local Registrar's No. 144

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? (Hobley) Yrs. — | Mos. — | Days —

2. FULL NAME James W Hobbley 108

(a) Residence: Blackfoot RFD #2 (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Minnie Ann Hobbley

6. Date of Birth (Month, day and year): Sept 11, 1877

7. AGE: Years 61 | Months | Days | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year): 6/9/38

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Cottonwood, Utah

Father

13. NAME: James Hobbley

14. BIRTHPLACE (City or Town, County and State, or Country): England

Mother

15. MAIDEN NAME: Lyra Stevens

16. BIRTHPLACE (City or Town, County and State, or Country): Howard

17. SIGNATURE OF INFORMANT: Mrs J. W. Hobbley

(Address) Blackfoot RFD #1

18. BURIAL, CREMATION OR REMOVAL

Place Ucon, Idaho — Date Oct 20 1938

19. UNDERTAKER: Jack A. Wood

(Address) Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Oct. 20 1938 (Date) by Mrs Nellie E Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/13/38 19__, to 10/16/38 19__

I last saw h__ alive on 10/13/38 19__ Death is said to have occurred on the date stated above, at 8-25 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
a Cerebral Hemorrhage			

Contributory causes of importance not related to principal causes: None

Where was disease first diagnosed? 10/13/38, Sacred Heart Hospital

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Ellis Kapp Fox M. D.

(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

NOV -5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111194

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 145

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 956

2. FULL NAME Lee Baron Dillard

(a) Residence No. South Fisher St.
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Alice Della Sutton

6. DATE OF BIRTH (month, day, and year) 8/16/1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sylvia, (State or country) North Carolina.

FATHER

13. NAME Thomas Dillard

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Julia Gibson

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Della Dillard (Address) Blackfoot Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL. Place Blf't. Ida. Date Oct. 20, 1938

19. UNDERTAKER Howard Packham (Address) Blackfoot, Idaho

20. FILED Oct. 18, 1938 Mrs Hales Dennis Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-16 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-16, 193 6., to , 193

I last saw h alive on 10-16 193 6 death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-16-38
Other contributory causes of importance:	
Hypertension	3 yrs

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify V

(Signed) J. E. Thompson M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

NOV 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111195

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 146

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number) 92a

2. FULL NAME Mark Jones

(a) Residence No. ..... St. Ucon, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. 27 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of No data
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/16/50

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	88	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Charlotte Watkins

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Records, State Hospital So. (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Ucon, Idaho Date Oct 22 193 8

19. UNDERTAKER Jack G. Wood
(Address) Idaho Falls Idaho

20. FILED Oct 20, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/18 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1938, to Oct. 18, 1938

I last saw him alive on Oct. 18 1938: death is said to have occurred on the date stated above, at 820 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis, chronic	Indefinite
Coronary sclerosis with thrombosis.	Indefinite

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** none

Manner of injury .....

Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Moreland

NOV 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111196

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 147
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

91a2

2. FULL NAME Robert L. Thorpe

(a) Residence No. ..... St. Moreland, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 21 1910

7. AGE: Years 22 | Months 9 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ephriam (State or country) Utah

FATHER
13. NAME David L. Thorpe
14. BIRTHPLACE (city or town) Ephriam (State or country) Utah

MOTHER
15. MAIDEN NAME Edith Belle Irie
16. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

17. INFORMANT Mrs. Edith B. Thorpe (Address) Moreland Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date Oct 23, 1938

19. UNDERTAKER John C. Sandberg (Address) Blackfoot Idaho

20. FILED Oct 24, 1938 W. Hatley [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1938, to Oct 19, 1938
I last saw h[illegible] alive on Oct 19 1938; death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute endocarditis	7-1-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

RECEIVED NOV - 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111197

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 148

(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number) 34

2. FULL NAME James D. Beall

(a) Residence No. St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of No data
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/5/66

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
72	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bozier Parish
(State or country) Louisana

FATHER

13. NAME Washington Benson Beall

14. BIRTHPLACE (city or town)
(State or country) Mississippi

MOTHER

15. MAIDEN NAME Mary Anetta

16. BIRTHPLACE (city or town)
(State or country) No data

17. INFORMANT Records, State Hospital So.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place State Hosp. S. Cem. Date Oct. 21, 1938

19. UNDERTAKER Edmon Sedgwick
(Address) Blackfoot, Idaho

20. FILED Oct. 21, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/20/1938

22 I HEREBY CERTIFY, That I attended deceased from December 18, 1937, to Oct. 20, 1938
I last saw him alive on Oct. 20 1938: death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo-Vascular Syphilis	Indefinite

Other contributory causes of importance:

Cerebral Thrombosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Cranmer, M. D.
(Address Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

NOV -5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111198

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 149

(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number) 85

2. FULL NAME Aaron Wine

(a) Residence No. ..... St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/16/04

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER
13. NAME D. K. Wine
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Mary C. Gross
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Records, State Hospital South
(Address)

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Nampa, Idaho Date Oct. 24, 1938

19. UNDERTAKER Keith Galley
(Address) Nampa, Idaho

20. FILED Oct. 24, 1938 Wm. Hales Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/24 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Oct. 24, 1938
I last saw him alive on Oct. 23 1938: death is said to have occurred on the date stated above, at 5:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epileptic convulsion	Oct. 24

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Mcammwell, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot.

NOV -5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11119

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 150

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

9502

2. FULL NAME Amelia Arthur,

(a) Residence No. 243 North University, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Frank Arthur,

6. DATE OF BIRTH (month, day, and year) 6-14-70

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	4	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 10-24-38

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) Berlin,
(State or country) New York

FATHER

13. NAME Nicholas Miller

14. BIRTHPLACE (city or town) Renslear Co.,
(State or country) New York.

MOTHER

15. MAIDEN NAME Elizabeth Patris

16. BIRTHPLACE (city or town) Baden, Alcase*Loraine
(State or country) Germany-France

17. INFORMANT Mrs Etta Miller Webb
(Address) (sister) Ontario, Oregon.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Blackfoot, Cem. Date Oct.30, 1938

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho

20. FILED Oct.29, 1938 Mrs Wallace Prince
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 25, 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to Oct. 24, 1938

I last saw her alive on Oct.24 1938: death is said to have occurred on the date stated above, at 2: 3: A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion,	Instant.
Hypertention,	10 yrs.
Other contributory causes of importance:	
Asthma- chronic,	40 years
Arterio sclerosis,	10 years.

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 1938
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury - - -
Nature of injury - - -

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. O. Prince, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen, Idaho.

RECEIVED

NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111200

Registration District No. 116

Primary Registration District No. 2195 Local Registrar's No. 13

161 b

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald D. Mitchell

(a) Residence. No. ..... St. Aberdeen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year)
October 26, 1938

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ---

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ----

10. Date deceased last worked at this occupation (mo. and yr.) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Aberdeen, Idaho

MOTHER FATHER

13. NAME Ross Mitchell

14. BIRTHPLACE (city or town) (State or country) McKeesport, Pa.

15. MAIDEN NAME Esther Alice Phillips

16. BIRTHPLACE (city or town) (State or country) American Fork, Utah.

17. INFORMANT Ross Mitchell
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place. Aberdeen, Idaho. Date. Oct. 30 1938

19. UNDERTAKER Friends
(Address) Aberdeen, Idaho.

20. FILED Oct. 31, 1938 M E MacKenna
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1938, to Oct. 29, 1938.
I last saw him alive on Oct. 29, 1938: death is said to have occurred on the date stated above, at 3:00 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Jaundice of the Newborn	2 Days.
Acute Sepsis of Umbilical Cord	2 Days

Other **contributory causes** of importance:

Name of operation. None Date of. ---

What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) M. E. MacKenna M. D.
(Address) Aberdeen, Idaho Aberdeen, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Bellevue

NOV - 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE

State File No. 111201

Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Meller Diebenow

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Julius

6. DATE OF BIRTH (month, day, and year) 1-14-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kerpen near Cologne Germany

FATHER

13. NAME Engelbert Meller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Irmagard Glazein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) W. M. Diebenow Bellevue, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hailey Date 10-16, 1938

19. UNDERTAKER (Address) Ray J. McGoldrick Hailey, Ida.

20. FILED 11-1, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-2-1938

22. I HEREBY CERTIFY, That I attended deceased from ~ 1938, to ~, 1938
I last saw her alive on , 1938; death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1925(?)

Other contributory causes of importance:

Senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1938.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph A. Goodwin, M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 111202

Local Registrar's No. 50

NOV - 3 1938

(No.) 186a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John C. Fox

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2 - 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Columbia County Bloomsburg Penn.

FATHER

13. NAME Daniel Fox

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Jane Morris

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) H. C. Fox Idaho Falls, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hailey, Ida. Date 10 - 10, 1938

19. UNDERTAKER (Address) Ray McGoldrick Hailey Idaho

20. FILED 11 - 1, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10 - 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/1/38, to 10/8/38
I last saw him alive on 10-8, 1938: death is said to have occurred on the date stated above, at 11:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	10/7/38
Other contributory causes of importance: Fracture Surgical neck Femur	10/1-38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 10/1, 1938
Where did injury occur? Twin Falls Highway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Fell. Truck. Hwy.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Bellevue

NOV 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
111203
State File No.

Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Fof 93c

2. FULL NAME John Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Nelson

6. DATE OF BIRTH (month, day, and year) May 4 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Section Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 41 yrs

12. BIRTHPLACE (city or town) (State or country) Allborg Denmark

MOTHER FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) C. P. Nelson Pocatello Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Date Oct 10, 1938

19. UNDERTAKER G. Harris (Address) Hailey Idaho.

20. FILED 11 - 1, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 10 - 1, 1937, to 10 - 8, 1938

I last saw him alive on 10 - 5, 1938; death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Other contributory causes of importance: Cardiac Asthma	1 yr

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Wright, M. D.

(Address) Hailey, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111204

NOV -5 1938

PLACE OF DEATH
County of Blaine
City of Carey
Registration District No. 57
Primary Registration District No. 2025
Local Registrar's No. 46
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

157 C

2. FULL NAME CLAUDE HARKINS, Jr.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 7th, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Carey, Idaho
(State or country)

PARENTS

10. NAME OF FATHER CLAUDE HARKINS

11. BIRTHPLACE OF FATHER (city or town) Carey, Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER DOROTHY SIBYL GRAVIET

13. BIRTHPLACE OF MOTHER (city or town) Plain City, Utah
(State or Country)

14. Informant Charles E. Tulloch
(Address) Carey, Idaho.

15. Filed 11-1, 1938 Robert H. Wright Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 11 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 7th, 1938, to Oct. 11, 1938
that I last saw h[illegible] alive on 10/8/, 1938
and that death occurred, on the date stated above, at 8 a. m.
The CAUSE OF DEATH* was as follows:
Congenital heart disease
..... (duration) ..... yrs. ..... mos. 4 ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? Symptoms & autopsy
(Signed) at Little Ralph A. Gardner M. D.
10-11-38, 19 (Address) Hailey, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Carey Cemetery	10-11 1938
20. Undertaker	Address
L.D.S. Church	Carey, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111205

PLACE OF DEATH
County of Blaine
City of Carey NOV 3 1938

Registration District No. 57
Primary Registration District No. 2025
Local Registrar's No. 47

(No.) 97
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Clark

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	English	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Clark

6. DATE OF BIRTH (month, day and year) March 16th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7 months	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) New Tupton England

PARENTS

10. NAME OF FATHER William W. Clark
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Walcote England
12. MAIDEN NAME OF MOTHER Eliza Limb
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Derbyshire England

14. Informant Alice Clark
(Address) Carey Idaho

15. Filed 11-1 1938 Robert H. Wright Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 27 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8/10, 1938, to 10-27, 1938
that I last saw h[illegible] alive on 10-27, 1938
and that death occurred, on the date stated above, at 4 4 m.
The CAUSE OF DEATH* was as follows:
Gangrene of lower limbs
(Senile) arteria sclerosis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) E. W. Fox, M. D.
10/27, 1938 (Address) Hailey, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Carey Cemetery	Oct. 28 1938
20. Undertaker	Address
L.D.S. Church	Carey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BONNER
City of COOLIN RIVER

RECEIVED
OCT 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185
(No. Coolin, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 111206

Local Registrar's No. 23-38

2. FULL NAME JESSE PAUL BOYD

(a) Residence No. 108½ E. Third Ave St. SPOKANE, WASH.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of CHARLOTTE BOYD

6. DATE OF BIRTH (month, day, and year) June 10, 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator-Logloader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 15, 1938
11. Total time (years) spent in this occupation 6 mo.

12. BIRTHPLACE (city or town) Spokane
(State or country) Washington.

FATHER
13. NAME James Boyd
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER
15. MAIDEN NAME Mary Lindgren
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mrs. Mary Boyd
(Address) 108½ E. Third Spokane, Wn

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Spokane, Wn Date Oct. 17, 193 8

19. UNDERTAKER Thornhill-Carey
(Address) Spokane, Wash.

20. FILED 10-17, 193 8 D E Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) October 15, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Automobile Collision	
3 mi. South Coolin, Idaho.	
East River Road. Bonner County.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? none. Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? acc. Date of injury 10/15/38 193.....
Where did injury occur? near Coolin, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** public place
Manner of injury Auto accident
Nature of injury Skull Fracture

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) H. E. Wilson Coroner, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111207

Registration District No. 73
Primary Registration District No. 21 N D
Local Registrar's No. 227

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Marks 159 Mary Weeks
(a) Residence No. Irwin, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months | Days | If LESS than 1 day 8 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls Idaho
(State or country)

FATHER
13. NAME Chas A Marks
14. BIRTHPLACE (city or town) Rexburg Idaho
(State or country)

MOTHER
15. MAIDEN NAME Louisa Ann Clark
16. BIRTHPLACE (city or town) Bedford Wyo
(State or country)

17. INFORMANT Mrs Chas Marks
(Address)

18. ~~BURIAL~~, CREMATION OR REMOVAL Crematory
Place Idaho Falls Date 7/29, 1938

19. UNDERTAKER none
(Address)

20. FILED July, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/28 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to July 28, 1938
I last saw her alive on July 28 1938: death is said to have occurred on the date stated above, at 2:25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Prematurity 7½ mo	7/27/38
(2) Malnutrition Mother	
Other contributory causes of importance:	
Dry birth Premature Rupt. of Membranes 7/10	7/10/38

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111208

NOV - 7 1938

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 220

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 94 b

2. FULL NAME Sarah Matilda Call

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John Omer Call

6. DATE OF BIRTH (month, day and year) May 19, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 9/38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER

13. NAME Robert Dinsdale
14. BIRTHPLACE (city or town) Ogden
(State or country) Utah

MOTHER

15. MAIDEN NAME Sarah Lowder
16. BIRTHPLACE (city or town) Tazwell Cp
(State or country) Virginia

17. INFORMANT Deanna Call Fleiss
(Address) Rigby Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho Date 10/x, 193 8

19. UNDERTAKER Rolland Weiser
(Address) Rigby, Idaho.

20. FILED Oct 1-, 193 8
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/29/38 193

22 I HEREBY CERTIFY, That I attended deceased from 9-10, 193 8, to 9-29, 193 8
I last saw h. alive on 9-29 193 8; death is said to have occurred on the date stated above, at 3:00a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	9-20-38
Other **contributory causes** of importance:	
Cholelithiasis	
Hypertension	

Name of operation Cholecystectomy Date of 9-15-38
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. B. Abbott, M. D.
(Address) Idaho Falls, Ida
C. C. Erickson M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

NOV - 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111209

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 221

(No. Spencer Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

46e

2. FULL NAME Otto M. Kinney.

(a) Residence No. ..... St. Rigby, Ida.
(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia Kinney.

6. DATE OF BIRTH (month, day, and year) Nov. 9, 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper Office.
10. Date deceased last worked at this occupation (mo. and yr.) 9/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Columbus, Ind.

FATHER
13. NAME John M. Kinney.
14. BIRTHPLACE (city or town) (State or country) Columbus, Ind.

MOTHER
15. MAIDEN NAME Elizabeth Day.
16. BIRTHPLACE (city or town) (State or country) Columbus, Ind.

17. INFORMANT Mrs. R. H. Kinney
(Address) Rigby, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 10/3, 1938

19. UNDERTAKER Rolland Wesser
(Address) Rigby, Idaho

20. FILED Oct 4, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-10, 1938, to 9-30, 1938
I last saw him alive on 9-30 1938; death is said to have occurred on the date stated above, at 9 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Cancer of gall bladder and liver	D. K.
Pneumonia hypostatic	

Other **contributory causes** of importance:

Senility	

Name of operation Cholecystotomy Date of 9-22-38
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Allen, M. D.
(Address) Idaho Falls, Ida
Per C. C. Erickson M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111210

Registration District No. 23
Primary Registration District No. 2-1-17 Local Registrar's No. 225
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number) 2068

2. FULL NAME Blanche Hariett Carter

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec. 1 1920
7. AGE: Years: 11 | Months: 10 | Days: | If LESS than 1 day .... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ammon Idaho

FATHER
13. NAME: James A. Carter
14. BIRTHPLACE (city or town) (State or country): Sevier County Utah

MOTHER
15. MAIDEN NAME: Maude Gardner
16. BIRTHPLACE (city or town) (State or country): Thistle Valley Utah

17. INFORMANT (Address): James A. Carter Ammon, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Ammon Date: Dec. 5 1938
19. UNDERTAKER (Address): Jack A. [illegible] Idaho Falls, Idaho
20. FILED: Dec 6, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec. 1 1938
22 I HEREBY CERTIFY, That I attended deceased from ...., 193...., to ...., 193....
I last saw h.... alive on .... 193....: death is said to have occurred on the date stated above, at 7 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Auto accident	
by running into	
moving train	
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
(Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Highway
Manner of injury Car and Train
Nature of injury Body Crushed

24 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) Fred Foster (Coroner) M.D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111211

Registration District No. 73
Primary Registration District No. 21-2 Local Registrar's No. 222

OCT 10 1938

(No. 2068)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mildred Carter

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12 1928

7. AGE: Years 10 | Months 3 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ammon (State or country) Idaho

FATHER
13. NAME James A. Carter
14. BIRTHPLACE (city or town) Sevier County (State or country) Utah

MOTHER
15. MAIDEN NAME Maude Gardner
16. BIRTHPLACE (city or town) Teasdale Valley (State or country) Utah

17. INFORMANT (Address) James A. Carter Ammon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Date Oct 5, 1938

19. UNDERTAKER Jack A. Hood
(Address) Idaho Falls, Idaho

20. FILED Oct 6, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 1 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cuts accidental	
by running into moving train	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in public place On Highway
Manner of injury Car Accident
Nature of injury Bodys crushed.

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred Postal Coroner M.D.
(Address Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Ammon

OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111212

Registration District No. 73
Primary Registration District No. 12-0
Local Registrar's No. 223
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2069

2. FULL NAME Harold Ronald Woodhouse

(a) Residence No. Ammon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 27, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME Wilford H. Woodhouse
14. BIRTHPLACE (city or town) Lehi
(State or country) Utah

MOTHER

15. MAIDEN NAME Laura Cook
16. BIRTHPLACE (city or town) Wingford
(State or country) Kentucky

17. INFORMANT Mrs. W. W. Woodhouse
(Address) Ammon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Oct 6, 1938

19. UNDERTAKER Jack C. Woods
(Address) Idaho Falls, Idaho

20. FILED Oct 6, 1938 Cyril Funk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 1 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 7:15A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, accident	
by Running into a moving train	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 193 Oct 1 Idaho Falls Idaho
Where did injury occur? Ammon Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** on Highway
Manner of injury Car Accident
Nature of injury Body Crushed

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Fahl (Coroner) M. D.
(Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111213

Registration District No. 73
Primary Registration District No. 7170
Local Registrar's No. 224

Oct 10 1938

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2069

2. FULL NAME Kenneth Gardner Carter

(a) Residence No. Ammon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ammon, Idaho

FATHER
13. NAME James A. Carter
14. BIRTHPLACE (city or town) (State or country) Sevier County, Utah

MOTHER
15. MAIDEN NAME Maude Gardner
16. BIRTHPLACE (city or town) (State or country) Thistle Valley, Utah

17. INFORMANT (Address) James A. Carter, Ammon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Date Oct. 5, 1938

19. UNDERTAKER (Address) Jack A. Hood, Idaho Falls, Idaho

20. FILED Oct 6, 1938 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 2 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 12:47 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cysto Accident,	
by car running into	
moving train	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
(Accident), suicide, or homicide? ..... Date of injury Oct 2, 193.....
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in (**public place**) on highway
Manner of injury Car & train
Nature of injury Body crushed.

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Fouts (Coroner) M. D.
(Address Idaho Falls Idaho

11121

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 231

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 13
City of Idaho Falls — Primary Reg. Dist. No. 2 1 N-O
(Home, Hospital or Institution) 330 — Local Registrar's No. 231

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? 1572 — Yrs. | Mos. | Days

2. FULL NAME Infant Lovent

(a) Residence: Idaho ave, Idaho Falls, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): Oct 4, 1938

7. AGE — Years | Months | Days: - | - | 1 — If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Infant
9. Industry or business in which work was done
10. Date deceased last worked at this occupation (month and year)
11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Idaho Falls, Idaho

Father

13. NAME: Hugh Lovent
14. BIRTHPLACE (City or Town, County and State, or Country): Idaho

Mother

15. MAIDEN NAME: Hattie Edwards
16. BIRTHPLACE (City or Town, County and State, or Country): Thistle, Utah

17. SIGNATURE OF INFORMANT: B. F. Lovent
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL — Place Idaho Falls — Date Oct 8 1938

19. UNDERTAKER: Jack G. W and
(Address) Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Oct 6 (Date) 1938 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1938, to Oct 5 1938

I last saw her alive on Oct 5 1938 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset: Yr.	Mo.	Day
Malformation of Heart.			
Blue Baby			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? ____

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(SIGNED) [illegible]

(Address) 382 Whitney Way, Palo Alto, Calif

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Near Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111215

Registration District No. 73

Primary Registration District No. 217-D

Local Registrar's No. 233

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number) 192

2. FULL NAME Joe Erlandson

(a) Residence No. Route #4 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 35 yrs 2 mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 19, 1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and year)	11. Total time (years) spent in this occupation
Oct. 1938	15

12. BIRTHPLACE (city or town) (State or country) Algutsboda, Smaland Sweden

FATHER

13. NAME Karl Erlandsson

14. BIRTHPLACE (city or town) (State or country) Smaland Sweden

MOTHER

15. MAIDEN NAME Hannah Jonson

16. BIRTHPLACE (city or town) (State or country) Smaland Sweden

17. INFORMANT (Address) Victor Carlson Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls, Ida. Date Oct. 7, 1938

19. UNDERTAKER (Address) O.O. Bush Idaho Falls, Ida.

20. FILED Oct 11, 193.. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 5 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....; death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by Lightening Bolt	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
(Accident), suicide, or homicide? Accident Date of injury Oct 5 193 8

Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In farm

Manner of injury Lightening

Nature of injury Burned to death

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Peter (Coroner) M. D.

(Address) Idaho Falls Idaho

111216

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 232

1. PLACE OF DEATH
County of Bonneville
City of Idaho Falls
(Home, Hospital or Institution)
Registration Dist. No. 73
Primary Reg. Dist. No. 2-1-4-0
Local Registrar's No. 232

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

NOV 4 1938

2. FULL NAME Pulon Ford Cook
(a) Residence: Rigby Rt #2 (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE ~~FEMALE~~ | 4. White ~~Black, Yellow, Red~~ | 5. Single ~~Married, Widowed, or Divorced~~ (write the word)
Male | White | Single

5a. If married, widowed, or divorced
Husband of (or) Wife of

6. Date of Birth (Month, day and year) Oct 10, 1912

7. AGE: Years 25 | Months 11 | Days 25 | If less than 1 day: hrs. ____ min. ____

Occupation
8. Trade, profession, or particular kind of work done: Farmer
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country) Centerville, Utah

Father
13. NAME James H. Cook
14. BIRTHPLACE (City or Town, County and State, or Country) Salt Lake City, Utah

Mother
15. MAIDEN NAME Edna Ford
16. BIRTHPLACE (City or Town, County and State, or Country) Centerville, Utah

17. SIGNATURE OF INFORMANT James H. Cook
(Address) Rigby Rt 2 Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Oct 9 19 38

19. UNDERTAKER Jack G. Wood
(Address) Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Oct 6 1938 by Guy Inman Registrar
(Date)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1938 to Oct. 5 1938
I last saw him alive on Oct. 3 1938 Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Streptococcus Meningitis			
Septicemia			
Suppuration infection of neck			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?
Name of operation Draining date of Sept. 24
Condition for which performed Draining gland
What test confirmed diagnosis?
Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry____ home____ public place____
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(SIGNED) W. R. Allett M. D.
(Address) Idaho Falls, Idaho
Per. C. C. Erickson M.D.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111217

Registration District No. 13

Primary Registration District No. 21-D

Local Registrar's No. 235

(No. ....)

(If death occurred in a hospital or institution give its name instead of street and number)

82a1

2. FULL NAME Susan Elizabeth Cooper

(a) Residence. No. 2242 5th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Wht.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Henry Cooper

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augustine Illinois

FATHER

13. NAME Alexander McKinnon

14. BIRTHPLACE (city or town) (State or country) Queensbury Kentucky

MOTHER

15. MAIDEN NAME Emily Hagan

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Mrs. Ola Cooper Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Ida. Falls Ida. Date Oct. 9, 1938

19. UNDERTAKER (Address) V. F. McHan Idaho Falls

20. FILED Oct 9, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct 6, 1938

I last saw h[illegible] alive on Oct 5, 1938; death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 4
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111218

Registration District No. 13
Primary Registration District No. 21 V-D
Local Registrar's No. 230
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

NOV 1 1938

12201

2. FULL NAME Beatrice Lucy Hogenson

(a) Residence No. ..... St. Logan, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jul 27, 1912

7. AGE — Years: 26 — Months: 4 — Days: 11 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

FATHER
13. NAME: James C. Hogenson
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Lydia Baker
16. BIRTHPLACE (city or town) (State or country): Mendon Utah

17. INFORMANT (Address): James C. Hogenson Logan, Utah

18. BURIAL, CREMATION OR REMOVAL
Place: Logan, Utah Date: Oct 11, 1938

19. UNDERTAKER (Address): Alonzo Lindquist Logan, Utah

20. FILED Oct 11, 1938 Lyman Summers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 10/8 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1938, to 10/8, 1938
I last saw her alive on 10/8 1938: death is said to have occurred on the date stated above, at 4-5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated intestines Mesenteric hernia	Oct 4
Other contributory causes of importance: Acut Appendicitis	Sept 29
Operation Appendectomy Strangulation	Sept 29

Name of operation Appendectomy Strangulation Date of Operation Oct 5
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonn.

City of Ida. Falls

RECEIVED NOV 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111219

Registration District No. 3

Primary Registration District No. 21-D

Local Registrar's No. 237

(No. 118 c)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George H. Monroe

(a) Residence. No. None St. Transient

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 6 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	Unk.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	8	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.) Unk.

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) (State or country) St. Louis Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Coline Burgess

(Address) Ida. Falls Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Ida. Falls, Ida. Date Oct. 11, 1938

19. UNDERTAKER O. L. Buck

(Address) Ida. Falls, Ida.

20. FILED Oct 11, 1938 (Signature)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 9 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 3 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Attack	
Caused by ruptured	
Ox Erosion middle	
East	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? Idaho Falls Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. City Jail

Manner of injury.....

Nature of injury... Heart Attack

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Fred Yates (Coroner) M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

RECEIVED NOV -7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111220

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 236

(No. 158)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Jean Foster

(a) Residence. No. Boise ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Wht.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME James Freemon Foster

14. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho.

MOTHER

15. MAIDEN NAME Myrtle Leone Jenkins

16. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho.

17. INFORMANT (Address) Myrtle Foster Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Idaho Falls, Ida. Date Oct. 11, 1938

19. UNDERTAKER (Address) O. Buck Idaho Falls, Ida.

20. FILED Oct 11, 1938 A. Quigley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1938, to Oct. 9, 1938

I last saw h~~e~~ alive on Oct. 7, 1938; death is said to have occurred on the date stated above, at 7:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	Few days.
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death ~~was due to exter'l causes (violence) fill in also the~~ following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. C. Erickson, M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonn.

City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111221

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 238

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME Jennie A. Kates

(a) Residence. No. Nelson Apts. - Park Ave St. Idaho Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. M. Kates

6. DATE OF BIRTH (month, day, and year) October 5, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (mo. and yr.) 3/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver Utah

FATHER

13. NAME David Pollock

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Cecilia McGowan

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Wm Shipp (Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Ida. Falls, Ida. Date Oct. 18, 1938

19. UNDERTAKER O. Bruce (Address) Ida. Falls, Ida.

20. FILED Oct. 16, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938 to Oct 14, 1938

I last saw h[illegible] alive on Oct 14, 1938; death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance:	
Chronic Nephritis	7

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. O. Ellis, M. D.

(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED NOV - 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111222

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 243

(No. Idaho Falls L.D.S.Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME John William Haywood.

(a) Residence No. ..... St. Rigby, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Anna Eliza Haywood.

6. DATE OF BIRTH (month, day, and year) 10/5/1880

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	0	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (mo. and yr.) 10/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) England.
(State or country)

FATHER
13. NAME Joseph Haywood.
14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER
15. MAIDEN NAME Martha Lakin.
16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT Stephen A. Haywood
(Address) Rigby, Idaho. R. #2

18. BURIAL, CREMATION OR REMOVAL
Place Bountiful, Utah, 10/18, 193 8

19. UNDERTAKER C. B. Eckersell
(Address) Rigby, Idaho.

20. FILED Oct 24, 193 8 Jay Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/15 193 8

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1938, to 10/15, 1938
I last saw h. alive on 10/15 1938: death is said to have occurred on the date stated above, at 8:32A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	

Other **contributory causes** of importance:
Chr. Nephritis. Chr. Myocarditis. Chr. Arteriosclerosis & Hypertension

Name of operation None Date of
What test confirmed diagnosis? Ob. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. A. Veal, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED NOV 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111223

Registration District No. 13
Primary Registration District No. 1-D
Local Registrar's No. 244

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1336

2. FULL NAME Henry Cooper Beesley

(a) Residence No. Driggs St. Idaho
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 27-1894

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	43	10	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER
13. NAME Ebenezer Beesley
14. BIRTHPLACE (city or town) Provo
(State or country) Utah

MOTHER
15. MAIDEN NAME Emily Jane Cooper
16. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

17. INFORMANT Spencer Little
(Address) Driggs Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Driggs Idaho Date 10/19, 1938

19. UNDERTAKER W. McFarlane
(Address) St. Anthony Idaho

20. FILED Oct. 26, 1938 John Finnamore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 16 1938 10/16/1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938 to Oct 16, 1938
I last saw h alive on Oct 16 1938; death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Streptococcic Septicaemia	Oct 8

Other contributory causes of importance:
Acute Right Pyelitis Renal and nephritis (Pyogenic)

Name of operation ..... Date of .....
What test confirmed diagnosis? Cult. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Ray Hatch, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Idaho Falls

REC NOV -7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111224

Registration District No. 13

Primary Registration District No. 2170 Local Registrar's No. 239

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Olive Eldora Pendleton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grant N. Pendleton

6. DATE OF BIRTH (month, day, and year) December 24 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1938

11. Total time (years) spent in this occupation 4 2

12. BIRTHPLACE (city or town) (State or country) Des Moines Iowa

FATHER

13. NAME W. A. Johnson

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Morrison

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) H. D. Pendleton Idaho Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls, Ida. Date Oct. 23 1938

19. UNDERTAKER (Address) O. D. Buck Ida. Falls Ida.

20. FILED Oct 21, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to Oct 18, 1938

I last saw h[illegible] alive on Oct 18, 1938; death is said to have occurred on the date stated above, at 9:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Colitis of large intestine	Oct 13-38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Woolley M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

REC'D NOV -7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111225

Registration District No. 73
Primary Registration District No. 210
Local Registrar's No. 240
(No. 162)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvina Ellen Davis

(a) Residence. No. 188 2nd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs 4 mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Davis

6. DATE OF BIRTH (month, day, and year) July 16, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) 1920
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Illinois

FATHER
13. NAME Thomas Hampton
14. BIRTHPLACE (city or town) (State or country) London England

MOTHER
15. MAIDEN NAME Charlotte Madden
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Lois Hampton Idaho Falls, Idaho

18. [redacted] REMOVAL
Place Butte, Mont. Date Oct. 22, 1938

19. UNDERTAKER (Address) O. C. Buck Idaho Falls, Idaho

20. FILED Oct 21, 1938 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 19 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1938 to Oct 19, 1938
I last saw her alive on Oct 19, 1938: death is said to have occurred on the date stated above, at 7:20 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1934
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physician ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. G. Swift M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Poplar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111226

Registration District No. 13
Primary Registration District No. 1213 Local Registrar's No. 241

(No. 108)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane A Harris

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Enoch Harris

6. DATE OF BIRTH (month, day, and year) Feb. 11, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	8	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Oliver Hoskins
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Lucinda Howell
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Wilford T. Harris
(Address) Preston Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Malad, Ida. Date Oct 23, 193 t

19. UNDERTAKER Roland Wimmer
(Address) Rigby, Idaho

20. FILED Oct 20, 193 t C. Guy Fremont
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) October 20 193 8

22 I HEREBY CERTIFY, That I attended deceased from Oct 5, 193 t, to Oct 20 -, 193 8
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 10:45A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Lobar Pneumonia	
Other **contributory causes** of importance:	
Jaundice	

Name of operation NC Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible], M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111227

Registration District No. 73

Primary Registration District No. 214-0

Local Registrar's No. 247

(No. 174) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bill Williams

(a) Residence. No. ..... St. Toppenish, Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Nov. 8, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agricultural

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1938

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Unknown Iowa

FATHER

13. NAME Fred Williams

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Vera Brown
(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls, Ida. Date Oct 31, 193 8

19. UNDERTAKER O. E. Buck
(Address) Ida. Falls, Ida.

20. FILED Oct 31, 193 8 Guy Fuss
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 26 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Knife Wounds.	
To Wrist & Long	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 26 1938
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. While on farm
Manner of injury Knife Wounds
Nature of injury To Chest

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Sutro (Coroner) M.D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11122

Registration District No. 13
Primary Registration District No. 2147-D Local Registrar's No. 246
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Hazel Lucille Johnson

(a) Residence No. ..... Randolph Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 25, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) L.D.S. Hospital
(State or country)

FATHER

13. NAME Vero Hans Johnson

14. BIRTHPLACE (city or town) Basalt Ida
(State or country)

MOTHER

15. MAIDEN NAME Hazel Lucille Whitmill

16. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

17. INFORMANT Mr. and Mrs. Vero Johnson
(Address) Basalt Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Basalt Ida. Date 10-29, 1938

19. UNDERTAKER Name .....
(Address) .....

20. FILED Oct 29, 1938 O. J. Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/27 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to Oct 27, 1938.

I last saw her alive on Oct 27 1938: death is said to have occurred on the date stated above, at 12:35 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 8½ mo	
Hydramnios	

Other contributory causes of importance:

Mother fell down 1 wk before birth

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. Wolk, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 2170

(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 11122

Local Registrar's No. 248

145a

2. FULL NAME Nellie Viola "Mitchell" Tew

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alfred Tew

6. DATE OF BIRTH (month, day, and year) 10-23, 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Shelley, (State or country) Idaho

FATHER

13. NAME John Henry Mitchell

14. BIRTHPLACE (city or town) Hooper (State or country) Utah

MOTHER

15. MAIDEN NAME Mary Elizabeth Hull

16. BIRTHPLACE (city or town) Hooper (State or country) Utah

17. INFORMANT Alfred Tew (Address) Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley. Date ....., 193..

19. UNDERTAKER L.M.Nalder
(Address) Shelley, Idaho

20. FILED Oct 31, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-30 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-20 –, 1938, to 10-30 –, 1938

I last saw her alive on 10-29 – 1938; death is said to have occurred on the date stated above, at 12-45 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of Onset
Puerperal Septicemia complicated by Bronchial Pneumonia	10-12-38 / 10-20-38
Other **contributory causes** of importance: Secondary Anemia	8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Cutler, M. D.

(Address) Shelley, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonn.

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111230

Registration District No. 73

Primary Registration District No. 21-D

Local Registrar's No. 249

(No. 11a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Ann Smith

(a) Residence. No. 170 - 5th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ted Smith

6. DATE OF BIRTH (month, day, and year) January 9, 1878

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Millinery

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Fayette Utah

FATHER

13. NAME Albert Swain

14. BIRTHPLACE (city or town) (State or country) Coventry England

MOTHER

15. MAIDEN NAME Eliz Ellen Gee

16. BIRTHPLACE (city or town) (State or country) Leicester England

17. INFORMANT Ted Smith (Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Idaho Falls, Ida. Date Nov. 4, 1938

19. UNDERTAKER O. Buck (Address) Ida. Falls, Ida.

20. FILED Oct 31, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 30 1938

22. I HEREBY CERTIFY, That I attended deceased from October 24, 193[illegible], to October 30, 193[illegible]

I last saw h[illegible] alive on Oct. 30, 193[illegible]: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Colon pneumonia	Oct 24/38
Other contributory causes of importance:	
Influenza	Oct 24/38

Name of operation ——— Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible], M. D.

(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111231

Registration District No. 29
Primary Registration District No. 2156
Local Registrar's No. 159

NOV 12 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Beardy

(a) Residence. No. Guest River St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 3 - 1938

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
			1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bonners Ferry
(State or country) Idaho.

FATHER

13. NAME Robert Edgar Beardy
14. BIRTHPLACE (city or town) Spokane
(State or country) Wash.

MOTHER

15. MAIDEN NAME Norma Koehler
16. BIRTHPLACE (city or town) Milwaukee
(State or country) Wisc.

17. INFORMANT Robert E. Beardy
(Address) Guest River Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Guest River Date Oct 3, 1938

19. UNDERTAKER R. E. Beardy
(Address) Guest River

20. FILED Oct 3, 1938 Eva Bonsall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 3 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on Oct 3, 1938; death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 6 mo.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eva Bonsall M. D.
(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Moravia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111232

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.

NOV 12 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131 b

2. FULL NAME Joseph Henry Howerton

(a) Residence. No. Moravia St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1852

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	85	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Adams County Ill.

FATHER

13. NAME Philip Henry Howerton

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Sarah Margaret Rhodes

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Mrs. I. Robinson Moravia, Idaho.

18. BURIAL, ~~CREMATION~~, REMOVAL
Place Moravia Date Oct. 12, 193 8

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED Oct 12, 193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 10 38

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 193 8, to Oct 10, 193 8.
I last saw h alive on Oct 10, 193 8; death is said to have occurred on the date stated above, at 2: P. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis ?	
Other **contributory causes** of importance:	
Myocardial failure	Oct 1:

Name of operation Laparotomy exam: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address) Bonners Ferry Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111233

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.

NOV 12 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 93 c

2. FULL NAME Martha Fisher Gray

(a) Residence. No. Bonners Ferry Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Gray

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harriaville
(State or country) Michigan

FATHER

13. NAME Joseph Fisher

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Raechel Taylor

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. Raechel Rosebaugh
(Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry, Date Oct. 26 193.8

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED Oct 24, 193.8 E.M. Bonner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 23 193 8

22. I HEREBY CERTIFY, That I attended deceased from Oct, 193.7, to Oct 23, 193.8.
I last saw her alive on Oct 22, 193.8; death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	June-1938
Other **contributory causes** of importance:	
Chronic Bronchiectasis	

Name of operation Physical Examination Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm Gowell M.D.
(Address) Bonners Ferry Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

NOV 12 '38

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111234

Registration District No. 79

Primary Registration District No. 2154 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

8162

2. FULL NAME Alfred J Farmer

(a) Residence. No. Bonners Ferry Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced (HUSBAND of (or) WIFE of):

6. DATE OF BIRTH (month, day, and year): Feb 6 1879

7. AGE: Years 59 | Months 8 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Day Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Islandcreek S. Dak.

FATHER

13. NAME: John Farmer

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Dora Sherburne

16. BIRTHPLACE (city or town) (State or country): Belville Minn.

17. INFORMANT (Address): Mrs J J Farmer Kalamath Falls, Ore

18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry Date Oct 27 1938

19. UNDERTAKER (Address): H R Crouch Bonners Ferry Ida

20. FILED Oct 26, 1938 Ben Bonner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 25 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.5., to Oct 24, 193.8..

I last saw h.. alive on Oct 25, 193.8.; death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ira Bowell, M. D.

(Address) Bonners Ferry Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111235

Registration District No. 79

Primary Registration District No. 2154 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

NOV 12 [illegible]

123

2. FULL NAME Samuel Raymond Miller

(a) Residence. No. Naples Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 29 1925

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	10	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelby Co.
(State or country) Missouri

FATHER

13. NAME O F. Miller

14. BIRTHPLACE (city or town) Ill.
(State or country)

MOTHER

15. MAIDEN NAME Fannie Stephenson

16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT O F Miller
(Address) Naples, Idaho

18. BURIAL, CREMATION OR REMOVAL
Bonners Ferry Date Nov. 1, 1938

19. UNDERTAKER A P Peaney
(Address) Bonners Ferry Ida

20. FILED Oct 30, 1938 Rm Bowlby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 193 8, to Oct 30, 193 8.

I last saw him alive on Oct 29 193 8; death is said to have occurred on the date stated above, at 1:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Severe Intestinal hemorrhages	

Other **contributory causes** of importance:

Exploratory Laparotomy

Name of operation Exploratory Laparotomy Date of Nov 1

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Rm Bowlby M. D.
(Address) Bonners Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111236

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 112

(No. 72 Memorial Park Hospt

(If death occurred in a hospital or institution, give its name instead of street and number)

NOV 7 1938

157c

2. FULL NAME Baby Griffith

(a) Residence. No. ..... St. .....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 24, Oct 1 - 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Caldwell Ida.

FATHER

13. NAME Boyd Griffith

14. BIRTHPLACE (city or town) (State or country) Addington Oklahoma

MOTHER

15. MAIDEN NAME Arline Wilson

16. BIRTHPLACE (city or town) (State or country) Kagur Nebr.

17. INFORMANT (Address) Boyd Griffith Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Oct 2, 1938

19. UNDERTAKER (Address) Paul L. Case Caldwell Ida

20. FILED 10-11, 1938 H. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 1 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ Sept 24 1938 to Oct 1 1938

I last saw him alive on Sept 30 1938 death is said to have occurred on the date stated above, at 11 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Patent foramen ovale (Blue baby)	Sept 24, 1938
Prematurity 7½ months gestation	

Other **contributory causes** of importance:

2

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. P. Whittenberger M.D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111237

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 113

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar Evans

(a) Residence. No. Caldwell Ida St. 3rd & Grant

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary E. Evans

6. DATE OF BIRTH (month, day, and year) 2-14-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walla
(State or country) Oregon

FATHER

13. NAME Peter Evans

14. BIRTHPLACE (city or town) Valley Spring
(State or country) Missouri

MOTHER

15. MAIDEN NAME Mary McKay

16. BIRTHPLACE (city or town) Breaks
(State or country) Ind.

17. INFORMANT Harry D. Evans
(Address) Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Cem. Date 10-3, 1938

19. UNDERTAKER C. V. Pettyjohn
(Address) Caldwell Ida

20. FILED 10-7, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-1 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 193.. to Oct 1, 1938

I last saw h.. alive on July, 193..: death is said to have occurred on the date stated above, at 8-35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Lungs.	1
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. R. Fewkes, M. D.

(Address) Caldwell Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111236

Registration District No. 1

Primary Registration District No. 1025

Local Registrar's No. 114

NOV - 7 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Charles O. Picard (Charlotte) 93c

(a) Residence. No. 415 Albany St. Caldwell, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: C. O. Picard (dead)

6. DATE OF BIRTH (month, day, and year): November 1865

7. AGE: Years (72) 73; Months 11; Days ; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Home Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Trondhaus Norway.

MOTHER FATHER

13. NAME: Torolf Mod

14. BIRTHPLACE (city or town) (State or country): Norway

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. Asher Hetchelt Twin Falls, Ida niece

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Oct. 5, 1938

19. UNDERTAKER (Address): Case Fun. & Mtr. Undg. Co. Caldwell

20. FILED Oct 5, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1938, to Oct 2, 1938.
I last saw h.. alive on Oct 2, 1938.: death is said to have occurred on the date stated above, at 10 ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr myocarditis	
Other **contributory causes** of importance:	
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. E. Doan M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11123

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 160
(No.) 8201
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edw L Plambeck

(a) Residence. No. R F D Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME C. F. Power
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Gordon
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT A. L. Powers
(Address) Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rapid City, S. Dak. Date 10-8, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Oct 8, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1938, to Oct 5, 1938
I last saw her alive on Oct 5, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 5 38
Other contributory causes of importance:	
none	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edw L Powers, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111240

Registration District No. /

Primary Registration District No. 1025

Local Registrar's No. 115

NOV - 7 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

46 c

2. FULL NAME Sally Rose Burger

(a) Residence. No. 923 Blaine St. Caldwell Ida

(Usual place of abode) Blaine (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John E. Burger

6. DATE OF BIRTH (month, day, and year) 7-5-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Germain

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Frey

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John E. Burger (Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rest Haven Cem Date , 193
Undertaker Nelson

19. UNDERTAKER W. Nicholson (Address) Caldwell Ida

20. FILED 10-8, 1938 Emma Gomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan , 193 , to Oct 7 , 193 8

I last saw h alive on Oct 7, 1938; death is said to have occurred on the date stated above, at 9:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2
Operation for Acute Abdomen	10-1-38
Acute Obstruction of Ascending Colon due to Malignancy	
Other contributory causes of importance:	
Carcinoma Hepatic Flexure	

Name of operation Laparotomy - Acute Abd Date of 10-1-38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. A. Meader, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City or ~~Village~~

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111241

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 171
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elinor Fay Fuhrmann

(a) Residence. No. Kuna, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-12-38

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
#	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME Owen Fuhrmann
14. BIRTHPLACE (city or town) (State or country) # Nampa Kuna Idaho

MOTHER

15. MAIDEN NAME Jorgason
16. BIRTHPLACE (city or town) (State or country) Nampa Idaho

17. INFORMANT (Address) Owen Fuhrmann Kuna Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 10-9, 1938

19. UNDERTAKER F. S. Robinson
(Address) Nampa Idaho

20. FILED Nov 8, 1938 Lyda L. Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-7 1938 #

22. I HEREBY CERTIFY, That I attended deceased from #10-8, 1938, to 10-7, 1938
I last saw h~~e~~ alive on 10-#7, 1938; death is said to have occurred on the date stated above, at 6 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (5 mo.)	10-8-38

Other contributory causes of importance:

None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. L. Pruey, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow / Edwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111242

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 116

(No. Sanitarium 130 131)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Matilda Stephenson,

(a) Residence. No. Marsing St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E Stephenson

6. DATE OF BIRTH (month, day, and year) Oct 20 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Nicholas Lyle Crist

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Dager

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Charles E. Stephenson
(Address) Marsing Ida

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 10-11 1938

19. UNDERTAKER E. V. Peckham
(Address) Caldwell Ida

20. FILED 10-12 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-8 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1938, to Oct 10, 1938
that I saw h[illegible] alive on Oct 8, 1938; death is said to have occurred on the date stated above, at 3:40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3 day
Other contributory causes of importance: Chronic Nephritis	
Mitral Regurgitation	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Cox
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111243

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 117

NOV - 7 1938

(No. 1415 So 9th) (If death occurred in a hospital or institution, give its name instead of street and number)

158

2. FULL NAME Glen Howard Ragsdale

(a) Residence. No. 1415 So 9th Caldwell Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. Sept. 30 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

FATHER

13. NAME Wm Ragsdale
14. BIRTHPLACE (city or town) Walla Walla
(State or country) Washington

MOTHER

15. MAIDEN NAME Evan Sealy
16. BIRTHPLACE (city or town) Greenwood Ill
(State or country) Oregon

17. INFORMANT Wm Ragsdale
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 10-11 1938

19. UNDERTAKER C V Cockburn
(Address) Caldwell Ida

20. FILED 10-14 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10—9 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1938 to Oct 9, 1938
I last saw him alive on Oct 8, 1938; death is said to have occurred on the date stated above, at 1:10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Immersion Foot	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Opinion Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. F. Ross M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

RECEIVED

NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111244

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 164

(No. State School)

(If death occurred in a hospital or institution, give its name instead of street and number)

157C

2. FULL NAME ---------- Margaret Cerny ----------

(a) Residence No. ---221- Fourth Ave. North------ St. Payette, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not married

6. DATE OF BIRTH (month, day, and year) 3-1-1923.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Patient

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Never

12. BIRTHPLACE (city or town) (State or country) Choppel, Neb.

FATHER

13. NAME Frank J. Cerny

14. BIRTHPLACE (city or town) (State or country) Keyopha, Co. Nebraska.

MOTHER

15. MAIDEN NAME Cecelia R. Getzemeyer

16. BIRTHPLACE (city or town) (State or country) Bancroft, Neb.

17. INFORMANT (Address) Records of State School

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Payette Idaho Date 10-15 1938

19. UNDERTAKER J. K. Robinson
(Address) Nampa Idaho

20. FILED Nov. 2, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-14 '38

22 I HEREBY CERTIFY, That I attended deceased from July 26-1938 to Oct. 14-'38

I last saw her alive on 10-14 1938: death is said to have occurred on the date stated above, at 10:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease ~~Art. 91 (b)~~	Birth

Other contributory causes of importance:

Malnutrition, infected gums

Deformity of head, body and limbs.

Name of operation None Date of ---

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ---, 193...

Where did injury occur? No injury
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place No injury

Manner of injury None

Nature of injury Not injured

24 Was disease or injury in any way related to occupation of deceased? If so, specify ------

(Signed) M. Calloway, M. D.

(Address State School, Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

NOV 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111245

Registration District No. 1007

Primary Registration District No. 3

Local Registrar's No. 119

(No. 94a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Elizabeth Bradberry

(a) Residence. No. Caldwell St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 12/27/1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) (Queried) Unknown

FATHER

13. NAME Deister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME (Queried) Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anthony K. Bradberry
(Address) Parma Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parma Date 10-18, 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 11-3, 1938 Mrs. Alice Rose
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-14 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1936, to Oct. 14, 1938

I last saw her alive on Sept 24, 1938; death is said to have occurred on the date stated above, at 9:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. myocarditis and myocardial degeneration	1933
Other contributory causes of importance:	
Cardiac decompensation	1934
Angina pectoris	1935

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) E. E. Davis M. D.

(Address) New Plymouth, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nuestan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111246

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 116

(No. Residence (If death occurred in a hospital or institution, give its name instead of street and number)) 23a

2. FULL NAME Nora Rathbun

(a) Residence. No. Wilder R.D. #1 St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 11-1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bridge
(State or country) Idaho

FATHER

13. NAME Frank Esterberg

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Ada Noyes

16. BIRTHPLACE (city or town) St George
(State or country) Utah

17. INFORMANT Frank Esterberg
(Address) Wilder R.D. #1

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 10-19 1938

19. UNDERTAKER Vern Peckham
(Address) Caldwell Idaho

20. FILED 10-20 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/10 1938, to 10/10 1938

I last saw h.e.r alive on 10/10 1938; death is said to have occurred on the date stated above, at 9:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: Lowered vitality

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11124

Registration District No. 1

Primary Registration District No. 1205 Local Registrar's No. 120

NOV - 7 1938

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Dagenais Jensen

(a) Residence. No. 2 Mile S. Galveston St. Caldwell Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-22-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER

13. NAME L. H. Jensen
14. BIRTHPLACE (city or town) Pocatello
(State or country) Shoshone

MOTHER

15. MAIDEN NAME Viola G. Johnson
16. BIRTHPLACE (city or town) Jennings
(State or country) Kansas

17. INFORMANT L. H. Jensen
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Oct 19, 1938

19. UNDERTAKER V. Pickerell
(Address) Caldwell Ida

20. FILED 10-22, 1938 W. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-17 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938, to Oct 17, 1938
I last saw him alive on Oct 16, 1938; death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Goss, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111248

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 119

NOV 7 1938

(No. Sanitarium Caldwell)
(If death occurred in a hospital or institution, give its name instead of street and number)

1612

2. FULL NAME Cassleen Anna French

(a) Residence. No. Parma Rt 2 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 12 38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER

13. NAME Lester French

14. BIRTHPLACE (city or town) Nebra
(State or country) Indiana

MOTHER

15. MAIDEN NAME Francis Peck

16. BIRTHPLACE (city or town) Kansas
(State or country) Oregon

17. INFORMANT Lester French
(Address) Parma Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Date 11-18, 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 11-25, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938, to Oct 17, 1938
I last saw her alive on Oct 17, 1938; death is said to have occurred on the date stated above, at 3:4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10 38
duration 7 days	10 13

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, where? .....

(Signed) [signature], M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11245

Registration District No. 1
Primary Registration District No. 1625 Local Registrar's No. 101
(No. Caldwell Canyon County)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August Brockman 946
(a) Residence No. 1 West Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Florence Brockman

6. DATE OF BIRTH (month, day, and year) Nov. 16 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Madison
(State or country) Wis.

FATHER
13. NAME Henry Brockman
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Louisa Arans
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Blanche Brockman
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date 10-20 1938

19. UNDERTAKER L. G. Northam
(Address) Weiser Idaho

20. FILED 10-19, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-18 1938

22 I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to Oct 18, 1938
I last saw h[illegible] alive on Oct 18 1938: death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen Arteriosclerosis	not k
Coronary sclerosis	1938
Coronary thrombosis	Oct. 18
Other contributory causes of importance:	38

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No Electro cardiogram

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible], M. D.
(Address) Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111250

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 127

NOV - 7 1938

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Benjamine Cazral Roberson

(a) Residence. No. Wilder Idaho R 2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emaline Roberson

6. DATE OF BIRTH (month, day, and year) March 14 - 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianna

FATHER

13. NAME Benjamine Roberson

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Not Known ~~Driver~~

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Lelia Roberson (Address) Wilder R 2 - Ida

18. BURIAL, CREMATION OR REMOVAL Place Kohler Canyon Co. Date 10-25, 1938

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 11-7-38, 193.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 - 21 1938

22. I HEREBY CERTIFY, That I attended deceased from 1933, 193.., to 10-21, 193.. I last saw him alive on 10-21, 193.. death is said to have occurred on the date stated above, at 2 P. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage (Stroke)	Dec 24/37
Chronic Nephritis	Dec 1936
Cerebral Hemmorrhage	10-21-38

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Robert E. Caldwell, M. D.

(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11125 1

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 165
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 194 b

2. FULL NAME Koichi Koyama

(a) Residence. No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	Japanese	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8, 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	4	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER
13. NAME S. Koyama
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME Sasaki
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT K. Koyama
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 11-2-, 1938

19. UNDERTAKER F. H. Robinson
(Address) Nampa Idaho

20. FILED Nov. 3, 1938 Hyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-22 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-21-, 193 8, to 10-22-, 193 8
I last saw him alive on 10-22-, 193 8: death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract. 1st + 2nd Cervical Vertebrae with intra cranial hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No
Samuel Swayne

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 10-21-, 193 8
Where did injury occur? Nampa Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In Foot-ball game
Manner of injury Head on collision.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Samuel Swayne, M. D.
(Address) Nampa, Idaho

Belmont

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Wilder, RD

NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111252

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 161

(No. Residence) 9562

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LeRoy Marcellus Norwood

(a) Residence. No. Wilder Rt 1 St. Knowlton Heights

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Ball Norwood

6. DATE OF BIRTH (month, day, and year) 6-5-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME A. J. Norwood

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Emma Mercer

16. BIRTHPLACE (city or town) (State or country) Putnam Co Mississippi

17. INFORMANT (Address) Mrs Bessie B Norwood Wilder Ida R.D.

18. BURIAL, CREMATION OR REMOVAL Place Weiser Date 10-24 1938

19. UNDERTAKER (Address) V. Rose Chapel Caldwell Ida

20. FILED Oct 24, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-22 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1938, to 10-22, 1938

I last saw h[illegible] alive on 10/21, 1938; death is said to have occurred on the date stated above, at 4:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute haemorrhage	
brain. Paralysing	
respiration	
Other contributory causes of importance:	
Hypertension and	
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Gilmore M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
NOV 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111253

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 170
(No. Mercy Hospital — If death occurred in a hospital of institution, give its name instead of street and number) 666

2. FULL NAME Lettie Pearl Hays

(a) Residence. No. 323 - 18 ave So St. Nampa, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred A Hays

6. DATE OF BIRTH (month, day, and year) 7-25-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	2	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER
13. NAME Francis A. Smith
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Fred A. Hays
(Address) Nampa, Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Boise, Idaho Date 10-25, 1938

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Idaho

20. FILED Nov. 3, 1938 Lyda E. Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-23 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1938, to Oct. 23, 1938
I last saw her alive on Oct. 23, 1938: death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis -	Oct 23 38
Other contributory causes of importance:	
Hypertherapeutism	5 years

(over)

Name of operation Thyroidectomy Date of Oct 21st 38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the following~~:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L Rowell, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

RECEIVED

NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111254

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 166

(No. 946)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Belle Christenson

(a) Residence. No. Nampa, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-28-57

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Waugh

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Carl A. Christenson
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 10-26, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Nov. 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/24/1938

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1938, to 10-24, 1938

I last saw h alive on 10-24, 1938: death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10-23-38
	7 A.M.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Buckner M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111255

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 167

(No. 131)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loella Robbins

(a) Residence. No. 403 - 15th Ave So, Nampa Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-8-70

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colo

FATHER

13. NAME Wm. Stoddard

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Hall

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harvey Robbins
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 11-27, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Nov 3, 1938 Hyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-25-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to 10-25, 1938
I last saw h[illegible] alive on 10-25, 1938; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Brain paralysis	
respiration	
Other contributory causes of importance:	
Arteriosclerosis	
Chronic nephritis,	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harvey Robbins M. D.

(Address) Nampa Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

RECEIVED
NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111256

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 163

(No.) 131
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Danial Heck

(a) Residence. No. 211 14th Avenue South St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mrs. Helen Heck

6. DATE OF BIRTH (month, day, and year): March 11, 1860

7. AGE: Years 78 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lumberman

10. Date deceased last worked at this occupation (mo. and yr.): Mar. 1929

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: John Heck

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: ~~Unknown~~

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Helen Heck Nampa, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Kohlerlawn Nampa Date: Oct. 27 1938

19. UNDERTAKER (Address): Paul L. Case Caldwell, Idaho

20. FILED Nov. 2 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-25 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-15 1938, to 10-25 1938.

I last saw him alive on 10-25 1938.; death is said to have occurred on the date stated above, at 2:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a) Uremic Coma	1 day

Other **contributory causes** of importance: Chronic Nephritis Yrs. Arterio Sclerosis

Name of operation: None Date of:

What test confirmed diagnosis: Was there an autopsy?:

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Zeltner M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111257

Registration District No. 1

Primary Registration District No. 9102 Local Registrar's No. 124

(No. Residence 95 A)

(If death occurred in a hospital or institution, give its name instead of street and number)

NOV - 7 1938

2. FULL NAME Caroline Braun

(a) Residence. No. Caldwell St. Idaho R.D. #4

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Braun

6. DATE OF BIRTH (month, day, and year) 6/26/1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogilvie Ohio

FATHER

13. NAME Joseph Braun

14. BIRTHPLACE (city or town) (State or country) Columbus Ohio

MOTHER

15. MAIDEN NAME Martha Miller

16. BIRTHPLACE (city or town) (State or country) Columbus Ohio

17. INFORMANT Mary M Braun
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 10-28, 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 10-31, 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/26 1938

I HEREBY CERTIFY, That I attended deceased from May 7, 1938, to Oct 26, 1938

I last saw h.... alive on Oct 1, 1938; death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hypostatic	May
U	Year
Other contributory causes of importance: Pulmonary Oedema	Short time

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Peck M.D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11125

Registration District No. 2007
Primary Registration District No. 3
Local Registrar's No. 120

NOV -4 1950

(If death occurred in a hospital or institution, give its name instead of street and number) (No. at home)

2. FULL NAME Margaret E McGee 34

(a) Residence No. Parma St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alvin McGee

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE: Years 66 | Months — | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 5-47
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Dave McGee
(Address) Parma Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett Ida Date 10/31, 1948

19. UNDERTAKER C O Buckman
(Address) Emmett Idaho

20. FILED 11, 3, 1948 Mrs. Alice Rau
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/29 1948

22 I HEREBY CERTIFY, That I attended deceased from 10-29 1948, to 10-29, 1948
I last saw her alive on 10-29 1948: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis extending to Meninges	
Other contributory causes of importance: No.	

Name of operation No Date of
What test confirmed diagnosis? Yes Was there an autopsy? Wasserman

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 1948.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W M Mitchell, M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11125

Registration District No. 7
Primary Registration District No. 1926 Local Registrar's No. 162
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel Mae Wilson 8201

(a) Residence. No. 215 - 6 ave S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year) 4-28-87

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME John Hall
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Emma Knott
16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT (Address) Ed. F. Wagner Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Smith's Cutler Date 11/2 1938

19. UNDERTAKER (Address) H. R. Robinson

20. FILED Nov. 2, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-30 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1938, to Oct 30, 1938
I last saw her alive on Oct 30, 1938; death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Kelly M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Conda, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 82

Primary Registration District No. 2159

DO NOT WRITE IN THIS SPACE

State File No. 111260

Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

200 b

2. FULL NAME RALPH EMERSON JEWETT

(a) Residence. No. CONDA, IDAHO St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	WHITE	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Son of MR. AND MRS J.E. JEWETT

6. DATE OF BIRTH (month, day, and year) DEC. 16TH 1923.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
14	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) HOUNAM, IDAHO

FATHER

13. NAME J.E. JEWETT

14. BIRTHPLACE (city or town) (State or country) MONTPELIER, IDAHO

MOTHER

15. MAIDEN NAME ADA RUTH ROMERO

16. BIRTHPLACE (city or town) (State or country) MT. PLEASANT UTAH

17. INFORMANT J.E. Jewett
(Address) CONDA, IDAHO

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place SODA SPRINGS, IDA. Date 9/6/ 1938
O.D. Whitman

19. UNDERTAKER .....
(Address) Soda Springs, Ida.

20. FILED 9/6/38, 193.. O. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4/ 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
I do not know the cause of death because I did not arrive until he had been dead several minutes.	

Other **contributory causes** of importance:

I am satisfied that death was from natural causes. He had been ill seven days.

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Evan M. Hackett M. D.
(Address) Soda Springs, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of CARIBOU

City of Soda Springs

Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 82

Primary Registration District No. 2159

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 111261

Local Registrar's No. 34

93d 1

2. FULL NAME WILLIAM H. DAVIS

(a) Residence. No. SODA SPRINGS, IDAHO. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. Color or Race: WHITE

5. Single, Married, Widowed or Divorced (write the word): WIDOWER

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: MARY DAVIS DECEASED

6. DATE OF BIRTH (month, day, and year): SEPT. 18, 1864

7. AGE — Years: 73 | Months: 11 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: CARPENTER

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): BRIGHAM CITY, UTAH

FATHER

13. NAME: EMERYS JOHN DAVIS

14. BIRTHPLACE (city or town) (State or country): SOUTH WALES

MOTHER

15. MAIDEN NAME: MARGARET ELIZABETH JONES

16. BIRTHPLACE (city or town) (State or country): SOUTH WALES

17. INFORMANT (Address): Edith F. Davis Soda Springs Ida

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place: SODA SPRINGS Idaho Date: 9/8/38, 193..

19. UNDERTAKER (Address): E. T. Hightman Soda Springs Idaho

20. FILED: 9/8/38, 193.. DeRussell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/5/38 93

22. I HEREBY CERTIFY, That I attended deceased from about May ....., 193...., to 9/5/38 ....., 193....
I last saw h. alive on 9/5/38, 193...: death is said to have occurred on the date stated above, at 7:30 P. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance: 0	

Name of operation 0 Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 0 ... If so, specify .....

(Signed) Ellis Buckley M. D.

(Address) .....

PLACE OF DEATH

County of Caribou

City of Soda Springs, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111262

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 33

(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 54b

2. FULL NAME ILA DIXON

(a) Residence. No. MONTPELIER, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of LOMA E. DIXON

6. DATE OF BIRTH (month, day, and year)
FEB. 21ST, 1901

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	37	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) COTOPAXI
(State or country) COLORADO

FATHER

13. NAME CHARLES M. McCOY

14. BIRTHPLACE (city or town) VERSALES
(State or country) MO.

MOTHER

15. MAIDEN NAME SARAH ELLEN KEY

16. BIRTHPLACE (city or town) ATKINS
(State or country) ARKANSAS

17. INFORMANT Loma E. Dixon
(Address) MONTPELIER, IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place COTOPAXI COLO Date 9/19/38

19. UNDERTAKER E. S. Hunt
(Address) Soda Springs, Idaho

20. FILED 9/16/38 D. Russell Trust
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/15 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1938, to 9/15/38, 193...
I last saw her alive on 9/15/38 193...: death is said to have occurred on the date stated above, at 7:30A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis	
(Died in about then minutes)	
Other **contributory causes** of importance: Uterine Fibroid	
	38

Name of operation Hysterectomy Date of 8/29/..

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO... If so, specify.....

(Signed) Ella Dixon Evans M.D.
(Address) SODA SPRINGS, IDAHO

OCCUPATION is very important. See instruction on back of certificate.

111263

PLACE OF DEATH

County of CARIBOU

City of SODA SPRINGS

IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111263

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 36

(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

5 1/C

2. FULL NAME FREDERICK W. FORSYTH

(a) Residence. No. HENRY, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of STELLA FORSYTH
(or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, and year) AUG. 6th, 1868

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
70	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RANCHER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) DESMOINES (State or country) IOWA

FATHER

13. NAME EDWIN FORSYTH

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME CARRIE GRIMES

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT x Stella Forsyth
(Address) HENRY, IDAHO

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place SODA SPRINGS IDAHO Date 10/8/ 193.

19. UNDERTAKER E. L. Whitman
(Address) Soda Springs, Idaho

20. FILED 10/7/38 193.. H. Russell Ingalls
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/6/1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13/38, 193...., to 10/6/38...., 193....
I last saw him alive on 10/6/38 193...: death is said to have occurred on the date stated above, at 3.18 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Prostrate	
Other contributory causes of importance: Chronic Cystitis	
with retention of urine	

Trans-Urethreal Prostratic resection
Name of operation Cystoscopic Ex. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) Ellis Kackley M. D.
(Address) SODA SPRINGS, IDAHO

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs, Idaho
Registration District No. 82

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111264

Primary Registration District No. 7159 Local Registrar's No. 37

(No. Caribou County Hospital) 54b
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillian D. Stoddard

(a) Residence. No. ..... St. Blackfoot, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Stoddard

6. DATE OF BIRTH (month, day, and year) Oct. 19 1982

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
51	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brigham City, Utah

FATHER

13. NAME John Deaton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Caroline Anderson

16. BIRTHPLACE (city or town) (State or country) Denamrk

17. INFORMANT (Address) Eugene Stoddard, husband

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Blackfoot, Ida. Date 10-13- 1938.

19. UNDERTAKER Fernie Peck
(Address) Blackfoot Ida

20. FILED 10-13-, 1938. Dr. Russell Leigh
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) IO I3 38 193

22. I HEREBY CERTIFY, That I attended deceased from IO/3/38, 193, to IO/I3/38, 193.
I last saw her alive on IO/I3/38 193: death is said to have occurred on the date stated above, at 520P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Obstruction of bowel	
Other **contributory causes** of importance:	
Fibroid uterus	

Name of operation Hysterectomy Date of IO/4/38
What test confirmed diagnosis? physical examination Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ellis Kackley M. D.
(Address) Ellis Kackley, M.D. Soda Springs, Idaho

APR 22 1981

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	**Date of onset**
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	*July* 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923

EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	**Date of onset**
Attack of epilepsy	1 *week ago*
Run over by street car	1 *week ago*
Peritonitis	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

9 # 2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONS REQUIRED TO FURNISH INFORMATION

PLACE OF DEATH

County of CARIBOU

City of SODA SPRINGS, IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111265

Registration District No. 87

Primary Registration District No. 7159 Local Registrar's No. 40

15 1938

(No. Caribou Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

8201

2. FULL NAME IDA W. ELVIDGE

(a) Residence. No. 1515 W. 40TH place St.

(Usual place of abode) LOS ANGELES, CALIF. (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of HENRY ELVIDGE

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
ABOUT 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** SALES LADY

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) IBAPAH
(State or country) UTAH

MOTHER FATHER

13. NAME DAVID WEAVER

14. BIRTHPLACE (city or town)
(State or country) ENGLAND

MOTHER

15. MAIDEN NAME SARAH JANE PHILLIPS

16. BIRTHPLACE (city or town)
(State or country) ENGLAND

17. INFORMANT Todd Weaver
(Address) WAYAN, IDAHO

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place LOS ANGELES Calif Date 11/7/, 1938

19. UNDERTAKER E. S. Whitman CALIF
(Address) SODA SPRINGS, IDAHO

20. FILED 11/8/38 1938 Dr. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/2/1938

22. I HEREBY CERTIFY, That I attended deceased from 11/1/38, 193..., to 11/2/38, 193...
I last saw her alive on 11/2/38 193...: death is said to have occurred on the date stated above, at 5.45 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cereberal Hemorrhage	
Other **contributory causes** of importance: 0	

Name of operation 0 Date of Physical Ex.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ELLIS KACKLEY Excuse M. D.
(Address) SODA SPRINGS, IDAHO

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111266

County of Caribou
City of Soda Springs, Idaho.
Registration District No. 92
Primary Registration District No. 7159 . Local Registrar's No. 41
(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

NOV 15 1938

53e

2. FULL NAME MARGARETTE DEWALD

(a) Residence. No. RUPERT, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of JOHN DEWALD

6. DATE OF BIRTH (month, day, and year) OCTOBER 8TH, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) SOUTH RUSSIA

MOTHER FATHER

13. NAME CHRIST HEIL

14. BIRTHPLACE (city or town) (State or country) SOUTH RUSSIA

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robert Schoen
(Address) Rupert, Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Rupert, Idaho Date 11/9/38

19. UNDERTAKER O. D. Thuesen
(Address) Soda Springs, Idaho.

20. FILED 11/5/38 Dr. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/5 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/31/38, 193..., to 11/5/38, 193...
I last saw her alive on 11/5/38, 193...; death is said to have occurred on the date stated above, at 1:45 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/4/38
Other contributory causes of importance: Careinoma of the Thyroid secondary to the breast.	
Name of operation Thyrodectomy	Date of 10/1/38

What test confirmed diagnosis? Physical Ex. B.M.R. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) ELLIS KACKLEY M. D.
(Address) SODA SPRINGS, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Caribou

City of CONDA, IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111267

Registration District No. 14

Primary Registration District No. 3459

Local Registrar's No. 42

NOV 15 1938

(No.) 820 1

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MARIE CECILIA GODBEY.

(a) Residence. No. CONDA, IDAHO St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of CLIFFORD C. GODBEY

6. DATE OF BIRTH (month, day, and year)
Feby 24, 1886

7. AGE: Years 52 | Months 8 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress making

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 11-34

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) NEWMANS GROVE Nebraska

FATHER

13. NAME Andrew Bergstrom

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Ruth Godbey 320, 15th ave south east

18. ~~BURIAL, CREMATION~~ OR REMOVAL Minneapolis Minn

Place Newmans Grove Neb. Date 11/13 1938

19. UNDERTAKER (Address) E. S. Whitman Soda Springs, Idaho.

20. FILED 11/13/ 1938 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/10 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 193.. to 11/10/38 193..

I last saw h.. alive on ... 193.. death is said to have occurred on the date stated above, at about 6 A ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	11-10-38
Other contributory causes of importance:	
Not known	

Name of operation None Date of ..

What test confirmed diagnosis? P.E. & Circumstances Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) .... Russell Tigert ..., M. D.

(Address) Soda Springs, Idaho .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley.

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111266

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 78
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

34

2. FULL NAME Martin Van Middleton
(a) Residence No. Burley, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Lucy E. Middleton.

6. DATE OF BIRTH (month, day, and year) Jan. 1st 1882.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ault, Kentuckey.

FATHER
13. NAME Joseph Middleton.
14. BIRTHPLACE (city or town) (State or country) Kentuckey.

MOTHER
15. MAIDEN NAME Hannah Rose.
16. BIRTHPLACE (city or town) (State or country) Kentuckey.

17. INFORMANT Mrs. Lucy E. Middleton.
(Address) Burley, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley Date 10-19, 1938

19. UNDERTAKER Lee G. Tempest
(Address)

20. FILED Oct 19, 1938 Laura G. Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 15 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 15, 1938.
I last saw him alive on Oct 15 1938: death is said to have occurred on the date stated above, at 5:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis (General)	Oct 10 1938

Other **contributory causes** of importance:
Nerve Dysphasia

Name of operation None Date of
What test confirmed diagnosis None Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hugh S. Dean, M. D.
(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11126

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 81

(No. Found Dead in Burley Feed yards
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm Hark Doe 2000

(a) Residence No. Burley Idaho (Nonresident)
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: Black
5. Single, Married, Widowed or Divorced (write the word): Sup
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Unk Known
6. DATE OF BIRTH (month, day, and year): Unk Known
7. AGE: Years 30 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unk Known

FATHER
13. NAME: " "
14. BIRTHPLACE (city or town) (State or country): Unk Known

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date Oct 25, 1938

19. UNDERTAKER (Address): E. S. Payne Burley Idaho

20. FILED Oct 25, 1938 Laura B. Procter Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Landing of Cranial	
Lacerations of Brain	
Other contributory causes of importance:	

Name of operation ..... Date of.....
What test confirmed diagnosis? ..... Was there an autopsy? Coroner

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

RECEIVED

NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111270

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 79

(No. Private Home)

(If death occurred in a hospital or institution, give its name instead of street and number) 8

2. FULL NAME Keith Gordon McLean

(a) Residence No. Second South- West St. Burley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 13-6-11

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 9-1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Declo
(State or country) Idaho

FATHER

13. NAME Archie McLean

14. BIRTHPLACE (city or town)
(State or country) Canada

MOTHER

15. MAIDEN NAME Margaret Lee

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Archie McLean
(Address) Burley, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley-Idaho Date 10/25/, 193 8

19. UNDERTAKER Wm B. McCulloch
(Address) Burley-Idaho

20. FILED Oct 25, 193 8 Laura D Stocker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 25 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-25, 1938, to 10-21, 1938

I last saw him alive on ..... 193..: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic Fever following Scarlet Fever	Several years ago
Chronic Mitral Regurgitation	Several yrs.
Other contributory causes of importance:	
Cardiac Failure	9-25-38 to 10-21-38

Name of operation No. Date of

What test confirmed diagnosis? X-Ray. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas P Gelsinger M. D.

(Address Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of ~~Burley~~ Burley

NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111271

Registration District No. 117
Primary Registration District No. 2194 Local Registrar's No. 80
(No. enroute to Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

9562

2. FULL NAME Mac Castleberry
(a) Residence No. Palace Hotel St. Burley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, Pool Hall
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hopkins County
(State or country) Kentucky

FATHER
13. NAME M. Castleberry
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Art Harrison
(Address) Burley-Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley-Ida. Date 10/26-, 1938

19. UNDERTAKER Kunz & McCulloch
(Address) Burley-Ida.

20. FILED Oct 25-, 1938 Laura D. Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 22 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-17, 1935, to 10-22, 1938
I last saw h/~~m~~ alive on 10-22 1938: death is said to have occurred on the date stated above, at 8 th m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	yrs
Hypertension	yrs
Other **contributory causes** of importance:	
Cerebral Hemorrhage	10-22-38

Name of operation none Date of
What test confirmed diagnosis? No Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas D. Gahringer M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

RECEIVED
NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11127

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 83
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 99

2. FULL NAME William Aaron Shepherd

(a) Residence No. Declo Ida R.F.D. Ca. Co. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-23-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep herder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Spanish Fork
(State or country) Utah

FATHER
13. NAME Aaron Shepherd
14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Jol
16. BIRTHPLACE (city or town) South Wales
(State or country) England

17. INFORMANT Mrs. Truman Banner
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place View Cem. Date 10-30-, 193 8

19. UNDERTAKER Terry B. McCullach
(Address) Burley-Ida.

20. FILED 10/25-, 193 8 Laura D. Sprague
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/28/1938

22 I HEREBY CERTIFY, That I attended deceased from 10-1-, 193 8, to 10-28-, 193 8
I last saw h— alive on 10-25 193 8: death is said to have occurred on the date stated above, at 11,45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	
Other contributory causes of importance: amputation of leg.	
Temp be comp. Tuberculosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ....., M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

RECEIVED

NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111273

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 82

(No. at Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

93d1

2. FULL NAME Julia Emma Parker

(a) Residence No. Burley Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Parker

6. DATE OF BIRTH (month, day, and year) June 30.

7. AGE Years 84 Months 3 Days 26 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Johnstown N Y

FATHER

13. NAME Wm Parker

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Dunl-Knick

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Julia Parker (Address) Burley Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Burley Date 10-27 193 8

19. UNDERTAKER A. P. Fudge (Address) Burley Ida

20. FILED Oct 26, 193 8 Lauren G Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-25 193 8

22 I HEREBY CERTIFY, That I attended deceased from 10-24, 193 8, to 10-25, 193 8

I last saw h. alive on 10-24 193 8: death is said to have occurred on the date stated above, at 6:30 a.m.

83 yr

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Dellinger, M. D.

(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111274

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 87
(No. Drown in Snake River at Burley
(If death occurred in a hospital or institution, give its name instead of street and number) 183

2. FULL NAME Sarah Violet Robinson.

(a) Residence No. Burley Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
~~(or)~~ WIFE of John Robinson.

6. DATE OF BIRTH (month, day, and year) Jan 12. 1882

7. AGE: Years 54 | Months 10 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Don't know

FATHER
13. NAME Ira Allen
14. BIRTHPLACE (city or town) (State or country) Daviess Co Ind.

MOTHER
15. MAIDEN NAME Matilda Collins
16. BIRTHPLACE (city or town) (State or country) Daviess Co Ind.

17. INFORMANT John Robinson
(Address) Burley Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley Date Oct 30, 1938

19. UNDERTAKER Jas. P. Payne by Lucille Payne
(Address) 222 W Main Partners

20. FILED Oct 29, 1938 Laura D Spencer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-26-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning Accidental	
Fractured Skull	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident ~~Suicide~~ ~~Homicide~~? Date of injury ....., 193...
Where did injury occur? Granite Canon
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

RECEIVED

NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11127

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 88

(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME Heber Merrel Mercer

(a) Residence No. Burley Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred Clark Mercer

6. DATE OF BIRTH (month, day, and year) 9-13-1913

7. AGE: Years 25 | Months 1 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Burley
(State or country) Ida

FATHER

13. NAME Heber Mercer

14. BIRTHPLACE (city or town) Mt Emmet
(State or country) Utah

MOTHER

15. MAIDEN NAME Louise Perkins

16. BIRTHPLACE (city or town) Mt Emmet
(State or country) Wy

17. INFORMANT Heber Mercer
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 10-31, 1938

19. UNDERTAKER Mrs. G. Payne
(Address) Burley Ida

20. FILED Oct 29, 1938 Laura G. Graecher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) October 27th 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1938, to Oct 27, 1938

I last saw him alive on 10-27 1938: death is said to have occurred on the date stated above, at 4:25 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & Edema	Unknown.
Other **contributory causes** of importance:	
Uremia Epistaxis	1 Month 10 days

Name of operation None Date of

What test confirmed diagnosis? N.P.N. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Chas B Wakeman M. D.

(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley.

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111276

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 86
(No. Died in Car at Burley)
(If death occurred in a hospital or institution, give its name instead of street and number) 200 b

2. FULL NAME Lewis Owen Clark.
(a) Residence No. Salt Lake City St. Utah.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Ellen Rich Clark.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80 ~~Count Know~~.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solosicitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Henegers Business Col.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah.
(State or country)

FATHER
13. NAME Owen Clark.
14. BIRTHPLACE (city or town) Dont Know
(State or country)

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) Dont Know
(State or country)

17. INFORMANT ~~Wm. L. O. Clark~~
(Address) 616 Brewery Ave Salt Lake City

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City Utah Date 11-4-, 193 8

19. UNDERTAKER ~~O. S. L. Draper~~
(Address)

20. FILED Nov 3, 193 8 Laura G Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Probably Nov 2 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Killed in Car	
Scalp Lacerations	
Fractured Cranium	
Contusion of Brain	
Internal Injuries	
Other contributory causes of importance:	
Fractured Ribs	
Fractured Pelvis	
Fractured Femur	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Jos. D. Payne County Coroner
(Address) Burley Idaho
By Ex Officio

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley
RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11127

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 89
(No. at home in Burley)
(If death occurred in a hospital or institution, give its name instead of street and number) 93c

2. FULL NAME Julias Miller.
(a) Residence No. Burley Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Amanda Wolfe.

6. DATE OF BIRTH (month, day, and year) 3-27-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER
13. NAME Henry C. Miller
14. BIRTHPLACE (city or town) (State or country) Unit Known

MOTHER
15. MAIDEN NAME Mandy Parkins
16. BIRTHPLACE (city or town) (State or country) Unit Known

17. INFORMANT Amanda Miller. (Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 11-5, 1938

19. UNDERTAKER Lee Sprague (Address) Burley Ida

20. FILED Nov 5, 1938 Laura D Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-3-1938

22 I HEREBY CERTIFY, That I attended deceased from 9-30, 1938, to 11-3, 1938
I last saw him alive on 9-30 1938: death is said to have occurred on the date stated above, at during night m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Arteriosclerosis	1 year.
Broncho Pneumonitis	6 days
Other **contributory causes** of importance:	
Coronary Occlusion	11-2-38

Name of operation None. Date of
What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas B Wheeler, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Elk River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11127

NOV -3 1938

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 86

(If death occurred in a hospital or institution, give its name instead of street and number) At Home Elk River

2. FULL NAME Edward Henrich

(a) Residence No. Elk River Ida St. Elk River
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 56	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country)

FATHER
13. NAME unobtainable according to Coroner
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Wayne Henrich
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Oct 5, 1938

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) OROFINO IDA

20. FILED Nov 4, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/25 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strangulation	
Other **contributory causes** of importance:	
Hanging.	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicid Date of injury 9/25, 193.....
Where did injury occur? in Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** At Home
Manner of injury Hang self
Nature of injury Hanging

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Wayne J. Henrich M. D. Coroner
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11127

NOV 3 1938

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 87
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melissa Mc Daniels

(a) Residence No. State Hospital North St. Orofino, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX [redacted] | 4. Color or Race white | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, and year) 1859

7. AGE Years 79 | Months ? | Days ? | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryville, Missouri
(State or country) Missouri

FATHER

13. NAME Valentine Wray

14. BIRTHPLACE (city or town) Waterloo
(State or country) Ohio

MOTHER

15. MAIDEN NAME Margaret Milla

16. BIRTHPLACE (city or town) Waterloo
(State or country) Ohio

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Date 11/7, 193[illegible]

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) OROFINO IDAHO

20. FILED 11/5, 193[illegible] H. E. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-4-1938

22 I HEREBY CERTIFY, That I attended deceased from March 27, 1938, to October 4, 1938
I last saw her alive on October 3 1938: death is said to have occurred on the date stated above, at 8:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchs Pneumonia	for 3 days

Other **contributory causes of importance:**

Chronic Myocarditis	for 1 yr.
Arteria Sklerosis	for 5 yr.
Senile Psychosis	for 2 yr.

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) John Dowe M Kelway M. D.
(Address) Orofino, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
111289
State File No.

Registration District No. 20
Primary Registration District No. 2187 Local Registrar's No. 89
(No. At Home Grangemont)
(If death occurred in a hospital or institution, give its name instead of street and number)

NOV -3 1938

94a

2. FULL NAME Ingrid Fors

(a) Residence. No. Grangemont St. Orofino, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ?
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Unknown
7. AGE: Years: X about 68 | Months: ? | Days: ? | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: ?
14. BIRTHPLACE (city or town) (State or country): ?

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Frank Burch Orofino Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Orofino Date: Oct 11, 1938
19. UNDERTAKER (Address): Blake Funeral Home Orofino Idaho
20. FILED Oct 11, 1938 W. C. Adams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 7 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7.0. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) Wayne S. Harris Coroner M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Greer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111281

Registration District No. 90
Primary Registration District No. 2167
Local Registrar's No. 88

NOV -3 1938

(No. 93c)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Stickney Bertha Augusta Stickney

(a) Residence No. Greer, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred five years (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

Born July 1872,

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Stickney

6. DATE OF BIRTH (month, day, and year) Oct 7 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER
13. NAME Andrew [illegible] Dröger
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Welkelmiene Friske
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Georgie Stickney
(Address) Greer Ida

18. BURIAL, CREMATION OR REMOVAL
Place St Maries Ida Date Oct 12, 1938

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 11/1, 1938 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/9 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1934, 193..., to Oct. 9, 1938, that I last saw h.e.r. alive on Oct. 9, 1938: death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept. 1938
general arterial sclerosis.	many years
Other contributory causes of importance:	
chronic myocarditis	many years

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A.B. Pappenheimer M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

NOV -3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111283

Registration District No. 90
Primary Registration District No. 2167
Local Registrar's No. 91
(No. State Hospital North)
108
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Paulson

(a) Residence No. ..... St. Orofino, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-30-1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none-at-home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) White Rock
(State or country) South Dakota

FATHER

13. NAME Gilbert Paulson

14. BIRTHPLACE (city or town) .....
(State or country) Norway

MOTHER

15. MAIDEN NAME Julia Sando

16. BIRTHPLACE (city or town) .....
(State or country) Iowa, U.S.A.

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Oct 19, 1938

19. UNDERTAKER Blake Funeral Home
(Address) Orofino, Idaho

20. FILED 10/20, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-16-1938

22 I HEREBY CERTIFY, That I attended deceased from July 19, 1938, to October 10, 1938
I last saw her alive on Oct 16 1938.: death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days ago
Other contributory causes of importance:	
Epilepsy and Psychosis	years ago

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McEwan, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111285

Registration District No. 96

Primary Registration District No. 2107

Local Registrar's No. 90

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

1276

2. FULL NAME Nora Sangala

(a) Residence No. ..... St. Worley, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. 56 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Peter Sangala

6. DATE OF BIRTH (month, day, and year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) ~~(State or country)~~ state Ireland

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Worley Idaho Date 10-19, 1938

19. UNDERTAKER Carred Funeral Home
(Address) Coeur d'Alene, Idaho

20. FILED 10-22, 1938 V. A. Kean
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-19 1938

22 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Oct. 19, 1938

I last saw her alive on Oct. 19 1938: death is said to have occurred on the date stated above, at 1:15A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	1 yr. ago
Other contributory causes of importance:	
Dementia Praecox	16 yrs.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otis Louis McKelvey, M. D.

(Address) Orofino, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111284

NOV 3 1938

Registration District No. 90

Primary Registration District No. 2167 Local Registrar's No. 92

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number) 97

2. FULL NAME Thomas N. Creekmur

(a) Residence No. State Hospital North St. Orofino, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 7 25

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-27-1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Keenville
(State or country) Illinois

FATHER

13. NAME John R. Creekmur

14. BIRTHPLACE (city or town) Russelille
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Nanny Creekmur

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Records: State Hosp. North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date 11 25, 1938

19. UNDERTAKER C. E. Callen
(Address) Moscow Ida.

20. FILED 11 26, 1938 W. A. Olsen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/25 1938

22 I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to Oct. 25, 1938

I last saw him alive on Oct. 25 1938: death is said to have occurred on the date stated above, at 5:45p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	

Other contributory causes of importance:

Psychosis with Cerebral arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Howe McKelway, M. D.

(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111289

NOV - 9 1938

Registration District No. 96
Primary Registration District No. 2107 Local Registrar's No. 93
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number) 93 c

2. FULL NAME Anna Morrill

(a) Residence No. St. Sandpoint, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unascertained
10. Date deceased last worked at this occupation (mo. and yr.) Unas.
11. Total time (years) spent in this occupation Unas.

12. BIRTHPLACE (city or town) Chicago
(State or country) Illinois

FATHER
13. NAME John Eifert
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Sophia Mohr
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT State Hospital recrods
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Date Oct 29, 1938

19. UNDERTAKER Moon Mortuary
(Address) Sandpoint, Idaho

20. FILED 10/29, 1938 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/29/1938

22 I HEREBY CERTIFY, That I attended deceased from June 24, 1938, to October 29 1938
I last saw her alive on Oct. 29 1938: death is said to have occurred on the date stated above, at 9:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	24 hrs. ago
Other contributory causes of importance:	
Chronic Myocarditis	1 yr. ago
General arteriosclerosis	years "
Senile pwychosis	1 year "

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) John Irvine McKelway M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

NOV 3 1938

Registration District No. 90
Primary Registration District No. 2107 Local Registrar's No. 93

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number) Put in Where Committed From, Not

2. FULL NAME Anna Morrill

(a) Residence No. ~~State Hospital North~~ Hospital St. ~~Orofino, Idaho~~ Sandpoint Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unascertained

6. DATE OF BIRTH (month, day, and year): 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Chicago
(State or country): Illinois

FATHER

13. NAME: John Eifert

14. BIRTHPLACE (city or town):
(State or country): Germany

MOTHER

15. MAIDEN NAME: Sophia Mohr

16. BIRTHPLACE (city or town):
(State or country): Germany

17. INFORMANT: State Hospital records
(Address): Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Sandpoint, Ida. Date: Oct. 29, 1938

19. UNDERTAKER: Moon Mortuary
(Address): Sandpoint, Idaho

20. FILED 11/2/38, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/29/1938

22 I HEREBY CERTIFY, That I attended deceased from June 24, 1938, to October 29, 1938
I last saw her alive on Oct. 29 1938: death is said to have occurred on the date stated above, at 9:15 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerbral Hemorrhage	24 hrs ago
	"
	"

Other **contributory causes** of importance:

Chronic Myocarditis	1 yr. Ago
General arteriosclerosis	years "
Senile psychosis	1 year "

Name of operation: Date of:
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Challis,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111286

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 254
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur McGown

(a) Residence. No. Challis, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Della McGown

6. DATE OF BIRTH (month, day, and year) 5/12/1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	5	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchantile
10. Date deceased last worked at this occupation (mo. and yr.) 1931
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Montreal
(State or country) Canada

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Joe McGown
(Address) Challis, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Challis Date 10/31, 1938

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon, Idaho

20. FILED Oct 30, 1938 Edna M. Kenyon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/28 1938

22. I HEREBY CERTIFY, That I attended deceased from I saw him on Oct 28 alive on 6 hrs ago 1938; death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows: Do not Know date of onset at the date I saw him diagnosed Aortic Aneurism

	Date of onset
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Tuttle, M. D.
(Address) Challis Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of ~~CUSTER~~ Custer
City of MACKAY Clayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111287

Registration District No. L08
Primary Registration District No. 2183 Local Registrar's No. 2-6-6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 82a1

2. FULL NAME WILLIAM PETER FULK

(a) Residence No. MACKAY St.
(Usual place of abode) 12 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: MALE
4. Color or Race: WHITE
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Edith

6. DATE OF BIRTH (month, day, and year): unknown

7. AGE: Years: About 55 | Months: | Days: | If LESS than 1 day ..... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railway
10. Date deceased last worked at this occupation (mo. and yr.): 1926
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town): Neat Grove
(State or country): Iowa

FATHER

13. NAME: C.E. Fulk
14. BIRTHPLACE (city or town): ?
(State or country)

MOTHER

15. MAIDEN NAME: Marie ?
16. BIRTHPLACE (city or town): ?
(State or country)

17. INFORMANT: Edith C. Brashear
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place: Salt Lake Date: 11/6 193 8

19. UNDERTAKER: John M Lee
(Address) Mackay Ida.

20. FILED: Nov 7, 1938 Emma Jo Fenemore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/2/38 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 6:30P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
°Arterial-scerosis-	
cerebral hemorage	
Other contributory causes of importance:	
Arterial sderosis	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?....., If so, specify.....

(Signed) Erpk Burstedt Coroner
(Address Challis Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35
Primary Registration District No. 3021

DO NOT WRITE IN THIS SPACE
State File No. 111288

Local Registrar's No. 184

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Seeman

(a) Residence. No. Glenn Ferry St. Portland Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Sheriff G. Hendricks Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Home Date Oct 24 1938

19. UNDERTAKER (Address) Zacker-Bay Funeral Home Mt. Home Idaho

20. FILED Oct 28 1938 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10, 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1.15 a m.

The principal cause of death and related causes of importance were as follows:

Accidental discharge of gun into Lungs & Heart

Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 22 1938
Where did injury occur? Glenns Ferry, Elmore, Ida
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Sheriff's Office

Manner of injury Gun shot wound

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Philip T. Green, M. D.
(Address) Glenns Ferry, Ida
(Coroner)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111289

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Drucilla Eckert

(a) Residence No. Mountain Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clinton Eckert

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Tenora Mouser
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Matilda Brown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Vira White
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain Rest Date Oct. 25, 193 8

19. UNDERTAKER Archer-Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED Oct 24, 193 8
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-21-1938

22 I HEREBY CERTIFY, That I attended deceased from Would take no treatment, 193 , to , 193

I last saw h.r. alive on July 10, 1938 : death is said to have occurred on the date stated above, at 2 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	1934
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. E. Evans, M. D.
(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35
Primary Registration District No. 2621

DO NOT WRITE IN THIS SPACE
State File No. 111290

Local Registrar's No. 8201

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida May Mc. Dinnia

(a) Residence. No. Glenns Ferry St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Mc. Dinnia

6. DATE OF BIRTH (month, day, and year) July 23, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 4-1-38

11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (State or country) Brownville New York

FATHER

13. NAME John Campbell

14. BIRTHPLACE (city or town) (State or country) Brownville New York

MOTHER

15. MAIDEN NAME Margaret Edwards

16. BIRTHPLACE (city or town) (State or country) Brownville New York

17. INFORMANT (Address) John J. Mc. Dinnia Glenns Ferry Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise Ida. Date Nov 2, 1938

19. UNDERTAKER (Address) Zacher-Bay Funeral Home Mountain Home Idaho

20. FILED 10-31, 1938 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/31 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to October 31, 1938

I last saw her alive on October 31 1938; death is said to have occurred on the date stated above, at 10:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Cerebral hemmorrhage	Oct. 31 1938
Other contributory causes of importance:	
Gastro-enteritis	Oct. 29, 1938

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Davis, M. D.

(Address) Glenns Ferry, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 111291

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 22
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nathan Ariel Hawkes
(a) Residence. No. 157 W. Oneida St. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. 1 How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 10, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 40 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Preston Idaho

PARENTS

10. NAME OF FATHER Nathan Ariel Hawkes
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Preston Idaho
12. MAIDEN NAME OF MOTHER Genevieve Thomas
13. BIRTHPLACE OF MOTHER (city or town) (State or County) North Ogden Utah

14. Informant Mrs. Ariel Hawkes
(Address) Preston

15. Filed Nov 8, 1938 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July
July (Month) 10 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to July 10, 1938
that I last saw him alive on July 10, 1938
and that death occurred, on the date stated above, at 6:55 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Premature Birth
6 mo. gestation
B. wt. less than 2 lbs.
(duration) yrs. mos. 1 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? same
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) T. B. Davies M. D.
July 10, 1938 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal: Preston Idaho — Date of Burial: July 10 1938

20. Undertaker: Mrs. Ariel Hawkes — Address: Preston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Battle Creek

RECEIVED
NOV - 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111292

Registration District No. 83 27
Primary Registration District No. 2160 2119 Local Registrar's No. 10 17
(No. Battle Creek Residence)
(If death occurred in a hospital or institution, give its name instead of street and number) 94 2

2. FULL NAME William Stephen Byington
(a) Residence No. Battle Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): MARRIED
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Alice
6. DATE OF BIRTH (month, day, and year): Nov 8 1885
7. AGE: Years 53 | Months 1 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Downey (State or country) Idaho

FATHER
13. NAME Steven Elliot
14. BIRTHPLACE (city or town) Ogden Valley (State or country) Utah

MOTHER
15. MAIDEN NAME Jane Elizebeth Larson
16. BIRTHPLACE (city or town) Murray (State or country) Utah

17. INFORMANT (Address) Norman W Byington Preston Ida #2

18. BURIAL, ~~CREMATION OR REMOVAL~~, Place Swan Lake Date 10/11, 1938

19. UNDERTAKER (Address) Frank A Eckes Preston Idaho

20. FILED Oct. 10, 1938 Ada L. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/8/38

22 I HEREBY CERTIFY, That I attended deceased from 10-8, 1938, to 10-8, 1938
I last saw him alive on 10-8 1938: death is said to have occurred on the date stated above, at 5:15 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	10-8-38
Other **contributory causes of importance:**	
General arteriosclerosis 1930	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. R. Cutler, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111293

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 20

In Beet field
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jaun A Martinez

(a) Residence No. Trancient St.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 05 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	mexican	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dont Know

6. DATE OF BIRTH (month, day, and year) Dont Know

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Topping beets

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Just a liquor permit (Address)

18. BURIAL, CREMATION OR REMOVAL Place Preston Date Oct 19, 193 38

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Nov 8, 193 X W. M. Stutes Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 19 38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
As coroner I investigated the death of Jaun A Martinez who died while in the field topping beets. Three men working beside him said he	
Other **contributory causes** of importance:	
complained of pain in region of the heart and in few minutes fell dead	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. D. Hansen M.D.

(Address) Preston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Treasureton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111294

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 18

(No. Route 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dale Gustaveson Larson

(a) Residence No. Treasureton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 25, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Turner
(State or country) Idaho

FATHER
13. NAME Christian John Larson
14. BIRTHPLACE (city or town) Logan
(State or country) Utah

MOTHER
15. MAIDEN NAME Grace Gustaveson
16. BIRTHPLACE (city or town) Treasureton
(State or country) Idaho

17. INFORMANT Grace Gustaveson Larson
(Address) Treasureton Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Preston Idaho Date 10/19, 193 8

19. UNDERTAKER Frank A Ecker
(Address) Preston Idaho

20. FILED Nov 8, 193 8 Wm. Staley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-14 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 193 8, to Oct 14, 193 8
I last saw h[illegible] alive on Oct 14 193 8: death is said to have occurred on the date stated above, at 3 20 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	Sept 1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) H B Davis M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111295

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. 21

(If death occurred in hospital or institution, give its name instead of street and number) No. General Memorial Hospital

159

2. FULL NAME Baby Boy Johnson

(a) Residence. No. / (Usual place of abode) Cleveland, Idaho St. .....

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, and year): Oct. 15, 1938

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Preston Idaho

MOTHER/FATHER

13. NAME: La Fawne Johnson

14. BIRTHPLACE (city or town) (State or country): Preston Idaho

15. MAIDEN NAME: Phyllis Nielsen

16. BIRTHPLACE (city or town) (State or country): Cleveland Idaho

17. INFORMANT (Address): La Fawne Johnson Cleveland, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cleveland Date Oct. 16 1938

19. UNDERTAKER (Address): None

20. FILED Nov. 8, 1938 G. W. Stales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 15, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 193.8 to Oct. 15, 193.8

I last saw him alive on Oct. 15, 1938; death is said to have occurred on the date stated above, at 7:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
6 Months	10-15-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? X Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. R. Cutler M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111296

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 23

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A Parry Nielson

(a) Residence No. Preston Idaho St.

(Usual place of abode) 30 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. R. Nielson

6. DATE OF BIRTH (month, day, and year) Oct 24 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

FATHER

13. NAME John Parry

14. BIRTHPLACE (city or town) Wales (State or country)

MOTHER

15. MAIDEN NAME Harriet J Roberts

16. BIRTHPLACE (city or town) Wales (State or country)

17. INFORMANT Mrs Lavenis Cutler (Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL Place Logan Utah Date Nov 2, 1938

19. UNDERTAKER L. W. Hendricks (Address) Preston Idaho

20. FILED Nov 4, 1938 G. W. Stalker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 30 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to Oct 30, 1938. I last saw her alive on Oct 30 1938.: death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Hypertension Nephritis	1937 Oct 26, 1938
Other contributory causes of importance: Chronic Nephritis	July 1938

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Rawlings, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111297

Registration District No. 99
Primary Registration District No. 2477
Local Registrar's No. 357

(No. 107a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bruce Bell

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed, or~~ divorced
~~HUSBAND of~~
(or) WIFE of Mary Ann Smith

6. DATE OF BIRTH (month, day, and year) Nov 24 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrison Co.
(State or country) Iowa

FATHER
13. NAME Henry H. Bell
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME Rhoda Jane Fisk
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Samuel Bell
(Address) Petonia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 8/26, 1938

19. UNDERTAKER W. McHaynes
(Address) St. Anthony Idaho

20. FILED Aug 8 1938 Edna B Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-22, 1938, to 8-24, 1938
I last saw him alive on 8-23 1938: death is said to have occurred on the date stated above, at 1:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-20-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. P. Merrill, M. D.
(Address) St. Anthony, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111298

NOV 14 1938

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 3 534

(No.) 46e
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Hoyt Walker

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 15-1882

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Mich

FATHER
13. NAME Geo. D. Walker
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Mary Jane Hoyt
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Verda Walker
(Address) Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Date 10/21, 1938

19. UNDERTAKER W. M. Hammond
(Address) St. Anthony Idaho

20. FILED Nov 8, 1938 Sarah B Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/18 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1938, to Oct 19, 1938
I last saw him alive on Oct 18 1938: death is said to have occurred on the date stated above, at 4 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	?
Ascites - marked	Oct 17 '38
Other **contributory causes** of importance:	
"Indigestion"	1933

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. L. Gurley, M. D.
(Address St Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Teton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111299

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 33-3

(No. 184)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth William Siddoway

(a) Residence No. Teton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Emma Aldredge Siddoway

6. DATE OF BIRTH (month, day, and year) Nov 26 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Teton City
(State or country) Idaho

FATHER
13. NAME James William Siddoway
14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER
15. MAIDEN NAME Ruth Ann Briggs
16. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

17. INFORMANT Emma A. Siddoway
(Address) Teton Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Rigford Date 10/16, 1938

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Nov 8, 1938 Sarah B. Merrill
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/12 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...
I last saw him alive on ——, 193...: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidently Shot	
While Shooting Magpie	
in his own Feet	
Other contributory causes of importance:	
When Gun he was carrying	
discharged.	

Name of operation —— Date of ——
What test confirmed diagnosis? —— Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? —— Date of injury ——, 193...
Where did injury occur? On Own farm
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Shot in head
Nature of injury ——

24 Was disease or injury in any way related to occupation of deceased? —— If so, specify ——

(Signed) W. M. Hansen Co Coroner M. D.
(Address St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111300

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 353

NOV 14

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Birch

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8-1938

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
—	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

FATHER
13. NAME Edgar Birch
14. BIRTHPLACE (city or town) Wilford
(State or country) Idaho

MOTHER
15. MAIDEN NAME Ida Munk
16. BIRTHPLACE (city or town) Teton
(State or country) Idaho

17. INFORMANT Edgar Birch
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexford Date Idaho, 193

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED Nov 8, 193 Laura B Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/13 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-13, 1938, to 10-18, 1938

I last saw him alive on 10/18 1938: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis Familial	
Pneumonia	
Acute Coryza	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury None
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Adkinson M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111301

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. ....

NOV 7 1938

(No. 9562) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvin C. Myers

(a) Residence No. Emmett Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-2-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	3	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9-26-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tyrone Penn

FATHER
13. NAME Levi Myers
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm Myers
(Address) Emmett Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Emmett Ida Date 9-28, 1938

19. UNDERTAKER C. Buckmaster
(Address) Emmett Ida

20. FILED 9-28, 1938 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/26 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec ....., 193.., to Sept ....., 1938
I last saw h alive on Sept 7 1938; death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Essential	4-5 yrs
Chronic Nephritis Secondary	4-5 yrs
Coronary Occlusion	Sept 26, 1938
Other contributory causes of importance:	
Coronary Sclerosis	4-5 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K. Bullock, M. D.
(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Resubmitted

PLACE OF DEATH
County of Glem
City of Emmett

NOV 17 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

DO NOT WRITE IN THIS SPACE
State File No. 111302

946

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph William Tyler

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of Grace E. Tyler
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-24-1874

7. AGE: Years 64 | Months 8 | Days 13 | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Postmaster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 10/1-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elm Creek
(State or country) Neb

FATHER
13. NAME John Tyler
14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER
15. MAIDEN NAME Bridget Rogers
16. BIRTHPLACE (city or town) New Brunswick
(State or country)

17. INFORMANT C. D. Tyler
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 10/10 1938

19. UNDERTAKER C. D. Buckner
(Address) Emmett Idaho

20. FILED 10/18, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/7 1938

22 I HEREBY CERTIFY, That I attended deceased from 10/1, 1938, to 10/7, 1938
I last saw him alive on 10/7 1938: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10/1-38
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. H. Davidson, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111303

NOV [illegible]

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 107a

2. FULL NAME Laura Belle Preble

(a) Residence No. Emmett Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Fem	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 28-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT H C Preble
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date ____, 193__

19. UNDERTAKER O Buckner
(Address) Emmett Ida

20. FILED 10/8, 193 8 J R Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/7 193 8

22 I HEREBY CERTIFY, That I attended deceased from 10-1-38, 193__, to 10-6-38, 193__
I last saw h[illegible] alive on 10-6 193 8: death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-1-38
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W. H. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111304

NOV - 7 1938

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 946

2. FULL NAME Robert Flaxby Bowles

(a) Residence No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth A. Bowles

6. DATE OF BIRTH (month, day, and year) 1/18-1861

7. AGE: Years 77 | Months 8 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Edward Bowles
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Margaret Kitty
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ella G. Bowles
(Address) Emmett Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett Idaho Date 10/11, 1938

19. UNDERTAKER C. D. Buckman
(Address) Emmett Idaho

20. FILED 10/11, 1938 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/8 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct ____, 1938, to Oct 7, 1938

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Head upon Arival	
Paralytic Coronary Thrombosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Gardner, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem

City of Emmett

NOV 7 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 4a Arnolds

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. 111305

(No. Mary Owen Hospital, Inc.)

(If death occurred in a hospital or institution, give its name instead of street and number)

121 a

2. FULL NAME Oliver Allison

(a) Residence. No. ..... Ontario, Oregon St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. //ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	03	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ontario (State or country) Oregon

FATHER

13. NAME W H Allison

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Atherton

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Lena E. Fraser (Address) Ontario, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Ontario Ore. Date Oct. 31, 1935

19. UNDERTAKER H. L. Peters (Address) Ontario Ore.

20. FILED 10/30/, 193 5 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935, to Oct 29, 1935

I last saw him alive on Oct 29, 1935: death is said to have occurred on the date stated above, at 6:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis with perforation and plastic peritonitis	Sept 1/35
Other contributory causes of importance: Septicemia, streptococcic	
Post operative pneumonia	Oct 5th/35

Name of operation Appendectomy Date of 9/9/35

What test confirmed diagnosis? ~~Path~~ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Warner M. D.

(Address) Emmett, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111306

PLACE OF DEATH

County of Gooding
City of Gooding

NOV 5 1938

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 802.

(No. Gooding Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Mc Campbell

(a) Residence No. Shoshone Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

51C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day and year) June - 7-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
81	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. anyone

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Indiana

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT (Address) W. Hayes Jerome - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Ida Date Oct - 17, 1938

19. UNDERTAKER Myrtle C. Burdett
(Address)

20. FILED 10-31, 1938 J. H. Cranmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 - 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to 10-16, 1938
I last saw h. alive on 10-15 1938; death is said to have occurred on the date stated above, at 2 3.4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1 year
Acute retention of urine	15th

Other contributory causes of importance:

Arteriosclerosis general	20 yrs
Myocardiosis	10 yrs.

Name of operation Prostatectomy Date of 9-28-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Harry H. Howard M. D.
(Address) Shoshone Ida

TION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding

RECEIVED NOV -5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111307

Registration District No.

Primary Registration District No. 24 Local Registrar's No. 503

(No. 167)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles G. Taylor

(a) Residence. No. Gooding Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	Wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-11-1901

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	37	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pullman Wash

FATHER

13. NAME Wm G. Taylor

14. BIRTHPLACE (city or town) (State or country) Warren Penn Me

MOTHER

15. MAIDEN NAME Ida B. Griffin

16. BIRTHPLACE (city or town) (State or country) Wesmthrop Me

17. INFORMANT (Address) Mrs Ida B. Taylor Gooding

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Gooding Date 10-25 193 8

19. UNDERTAKER (Address) A. E. Thompson

20. FILED 10-30 193 6 J. D. Cranney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 23 193 8

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Secondary to acute	
Influenza	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury ..... 193...
Where did injury occur? Gooding Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Hunting
Manner of injury Gun shot
Nature of injury Top of Head blown off

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. E. Worrel Coroner M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

(No. Dysard Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
111308
State File No.

Local Registrar's No. 18

8201

2. FULL NAME Robert Hensel

(a) Residence. No. Kamiah, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) August 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
66	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Labor

10. Date deceased last worked at this occupation (mo. and yr.) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Courtland (State or country) Minn.

FATHER

13. NAME Albert Hensel

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Johanna Newman

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Virgil Rowland
(Address) Kamiah, Idaho.

18. [redacted] REMOVAL
Place Kamiak, Idaho Date 3/12, 1938

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho.

20. FILED Mar 8, 1938 B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/9 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1938, to 3-9, 1938
I last saw him alive on 3-9, 1938; death is said to have occurred on the date stated above, at 10:9 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-6-38.

Other **contributory causes** of importance:

Arteria Sclerosis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..no If so, specify.....

(Signed) B. Chapman M. D.
(Address) Grangeville Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Fenn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111309

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 39
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 8221

2. FULL NAME Mr. John Henry Von Bargen
(a) Residence No. 7 Fenn, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Christina Von Bargen
6. DATE OF BIRTH (month, day, and year): aug. 8 1851
7. AGE: Years 87 | Months 1 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: farmer
10. Date deceased last worked at this occupation (mo. and yr.): ✓
11. Total time (years) spent in this occupation: 5-8 yrs.

12. BIRTHPLACE (city or town) (State or country): Hamburg Germany

FATHER
13. NAME: not obt. Von Bargen
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: not obt.
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Son Henry A. Von Bargen 7 Fenn, Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Denver cemetery Date: Sept 4, 1938
19. UNDERTAKER (Address): Hancock Funeral Home Grangeville Ida
20. FILED Sept 2, 1938 W. F. Orr Registrar. By Ina Butler

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Sept 2 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Sept 2, 1938
I last saw him alive on Sept 2, 1938: death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Cerebral Hemorrhages	Jan-38
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) Healey D. Orr M. D.
(Address) Cottonwood, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Golden

NOV 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 111310

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 19

(No. Home) (If death occurred in a hospital or institution, give its name instead of street and number)

67

2. FULL NAME Raging Elmer Smith

(a) Residence No. Golden Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 16, 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
1	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grangeville Ida.

FATHER

13. NAME Elmer Smith

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Lovina Murray

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Elmer Smith Golden Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Evergreen Date 9/13 1938

19. UNDERTAKER Glenn Cisler
(Address) Grangeville Ida.

20. FILED Nov 9, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/12 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-12-, 1938, to 9-12-, 1938

I last saw him alive on after Death; death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Enlarged Thymus	Sudden
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) D. Chipman, M. D.

(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

RECEIVED NOV-5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 111311

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 41

(No. At Home. If death occurred in a hospital or institution, give its name instead of street and number) 92a

2. FULL NAME Laura A. Hattrup

(a) Residence No. Cottonwood Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 10 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
36	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottonwood Ida.

FATHER

13. NAME Hubert Hattrup

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Mary Forsman

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Mrs. Hubert Hattrup
(Address) Cottonwood Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date Sept 12, 1938

19. UNDERTAKER Glenn Auker
(Address) Grangeville Ida

20. FILED Sept. 11, 1938 W. F. Orr
By Ina Butler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 10 1938

22. I HEREBY CERTIFY, That I attended deceased from 1932, 193..., to Sept. 10, 1938

I last saw her alive on Sept 10 1938; death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
With Valvular Incompetency	
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Wesley F. Orr, M. D.

(Address) Cottonwood, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

NOV -5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 111312

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 40

(No. At Home.)

(If death occurred in a hospital or institution, give its name instead of street and number) 167

2. FULL NAME Vera Noreen Robinson

(a) Residence No. Cottonwood Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	w Cule	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas Robinson

6. DATE OF BIRTH (month, day, and year) May 22 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
30	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Chas Robinson Cottonwood Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Orange Calif Date 9/11, 1938

19. UNDERTAKER (Address) Glenn Cole Orangevale Ida

20. FILED Sept 10, 1938 W. F. Orr Registrar.
By Ina Butler

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 10 1938

22. I HEREBY CERTIFY, That I attended deceased from —, 193..., to —, 193...

I last saw h... alive on — 193...: death is said to have occurred on the date stated above, at 11:20 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bullet wound thru head	
Other **contributory causes** of importance:	
None known	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/10, 1938

Where did injury occur? At home, Cottonwood Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home.

Manner of injury Self inflicted

Nature of injury Bullet wound thru head.

24. Was disease or injury in any way related to occupation of deceased No. If so, specify

(Signed) Wesley F. Orr, M. D.

(Address) Cottonwood, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville
Near

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111313

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 12

NOV 10 1938

(No. Grangeville, Ida., Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

92a

2. FULL NAME Mrs. Frances A. Clark

(a) Residence No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of not obt.-

6. DATE OF BIRTH (month, day, and year) Dec 15-1856

7. AGE: Years 81 | Months 9 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) Oct 38
11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) Morton Ill.
(State or country)

FATHER
13. NAME Levi E. Smith
14. BIRTHPLACE (city or town) Morton Ill
(State or country)

MOTHER
15. MAIDEN NAME Rhoda Mc Kibbon
16. BIRTHPLACE (city or town) Ill
(State or country)

17. INFORMANT Sister Mrs. J. L. Dempsey
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Ida. Date 10-6-, 193 8.

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED NOV 8, 193 8 B Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-5-193 8

22 I HEREBY CERTIFY, That I attended deceased from June, 193 8, to Sept, 193 8
I last saw h-z alive on Sept 1 193 8: death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myitral lesion of heart	
Other **contributory causes** of importance:	
Arteriosclerosis and senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J W Blanning, M. D.
(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 42

DO NOT WRITE IN THIS SPACE
State File No. 111314

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Cottonwood Hospital)

82 b

2. FULL NAME Georgia B. Shinn

(a) Residence. No. Grangeville St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 14 1865
7. AGE: Years 72 | Months 1 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: Joseph Brannon
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Anna Montague
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: G. G. Shinn (Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Grangeville Date: 10/11/1938

19. UNDERTAKER: Valentine Culver (Address) Grangeville Ida

20. FILED 10-9-1938 W. T. Orr Registrar.
By Ina Butler

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/8 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1938, to Oct 8, 1938.
I last saw h.. alive on Oct 7, 1938 death is said to have occurred on the date stated above, at 7 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) L. A. Wheelon M. D.
(Address) Grangeville, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111315

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 20

NOV 10

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

94 b

2. FULL NAME Joe Hoch

(a) Residence. No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1884

7. AGE: Years 54 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tennessee

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Mrs Lyda Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Hillcrest Date 10/16, 1938

19. UNDERTAKER: Glenn Ayler
(Address) Grangeville Ida

20. FILED Nov 18, 1938 H. B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/13 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-12-, 1938, to 10-13-, 1938.
I last saw him alive on 10-13, 1938: death is said to have occurred on the date stated above, at 10.9 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1935

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. B. Chapman M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111316

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 14
(No. Grangeville Co. Hosp.
If death occurred in a hospital or institution, give its name instead of street and number) 97

2. FULL NAME Mr. John Rambold
(a) Residence No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12-1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. gold mines
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pottsville
(State or country) Pa.

FATHER
13. NAME not obt
14. BIRTHPLACE (city or town) not obt
(State or country)

MOTHER
15. MAIDEN NAME not
16. BIRTHPLACE (city or town) obt
(State or country)

17. INFORMANT Mrs B. Brissel
(Address) Grangeville Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Grangeville Date Oct 19, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED Oct 19, 1938 B Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937, to Oct. 17, 1938
I last saw h in alive on 10-17 1938: death is said to have occurred on the date stated above, at 5:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1936
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Chapman M. D.
(Address Grangeville Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Elk City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111317

Registration District No. 163

NOV 10 1938

Primary Registration District No. 2181

Local Registrar's No. 17

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

920

2. FULL NAME Emmaloma Rascoe Fors.

(a) Residence. No. Home Residence Elk City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah Fors.

6. DATE OF BIRTH (month, day, and year): August 26. 1848

7. AGE: Years: 90 | Months: August | Days: 26th | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Ranching

10. Date deceased last worked at this occupation (mo. and yr.): 6/1932

11. Total time (years) spent in this occupation: Approx. 40

12. BIRTHPLACE (city or town) (State or country): Littleton Maine

FATHER

13. NAME: John Fors

14. BIRTHPLACE (city or town) (State or country): Houlton Maine

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): C. B. Fors Elk City Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Elk City Date: 10/18 1938

19. UNDERTAKER (Address): Glenn Allen Grangeville, Ida

20. FILED Nov. 8. 1938. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/16/1938

22. I HEREBY CERTIFY, That I attended deceased from 6/3/1930, to 10/16/1938.

I last saw h[illegible] alive on 10/16, 1938.; death is said to have occurred on the date stated above, at 4 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure.	10/14/38
Arteriosclerosis	
valvular	1920.
Other **contributory causes** of importance: Broken Compound and Old Age	June 1930

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [illegible], M. D.

(Address) Grangeville

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111318

NOV 10 1938

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 15

(No. Grangeville Ida. Home
If death occurred in a hospital or institution, give its name instead of street and number) 11a

2. FULL NAME Mr. Douglas J. Warden

(a) Residence No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) Aug 30-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Grangeville Ida
(State or country)

FATHER

13. NAME Jay Warden
14. BIRTHPLACE (city or town) Grangeville Ida.
(State or country)

MOTHER

15. MAIDEN NAME Lois Smith
16. BIRTHPLACE (city or town) Bear Falls Mont.
(State or country)

17. INFORMANT Father Jay Warden
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Oct 19, 1938

19. UNDERTAKER Haycock Funeral Home
(Address) Grangeville Ida.

20. FILED Nov 7, 1938 B Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 16 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1938, to Oct 16, 1938
I last saw him alive on Oct 11 1938: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.
(Address) Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

(No. Syrad Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

NOV 10 1938

DO NOT WRITE IN THIS SPACE

State File No. 111319

Local Registrar's No. 81

82a1

2. FULL NAME Jack Melton

(a) Residence No. Lites Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19 1873

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
64	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Relief Records Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Hillcrest Date 10/21, 1938

19. UNDERTAKER (Address) Glenn Coker Grangeville, Ida

20. FILED Nov. 9, 1938 S. B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1938, to 10-19, 1938.
I last saw him alive on 10-18, 1938; death is said to have occurred on the date stated above, at 7 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-12-38
Other contributory causes of importance: Arterio Sclerosis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) S. B. Chipman, M. D.

(Address) Grangeville, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111320

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 16

(No. 45 miles south East of Kooskia (If death occurred in a hospital or institution, give its name instead of street and number)

184

2. FULL NAME Fayrell M. Freeman

(a) Residence. No. Bottleneck, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Irene Freeman

6. DATE OF BIRTH (month, day, and year): Jan 1 1907

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
31	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Wholesale

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Gasoline

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kooskia Idaho

FATHER

13. NAME: George Freeman

14. BIRTHPLACE (city or town) (State or country): Kopakia Ida Idaho

MOTHER

15. MAIDEN NAME: Estella Myers

16. BIRTHPLACE (city or town) (State or country): Kooskia Ida.

17. INFORMANT (Address): George Freeman Kooskia Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Kooskia Date: 10/26 1938

19. UNDERTAKER (Address): Glenn Giles Grangeville Ida

20. FILED Nov. 8, 1938 B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/23 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wounds	
inflicted on	
right side of	
head causing	
hemorrhage	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accd Date of injury 10/23 1938
Where did injury occur? Kooskia Ida. Co. Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. public place

Manner of injury: Gunshot

Nature of injury: Gunshot wound

24. Was disease or injury in any way related to occupation of deceased?... If so, specify. no

(Signed) Glenn Giles

(Address) Grangeville Ida

Coroner of Idaho County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

NOV 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 13

DO NOT WRITE IN THIS SPACE
State File No. 111321

(No. Grangeville Lda - Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Mrs Minnie Meyer

(a) Residence No. Grangeville Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Meyer

6. DATE OF BIRTH (month, day, and year) Dec 15 186-

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago (State or country) Ill

FATHER

13. NAME John Henry Von Berge
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Rathe
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Son- Franc Meyer
(Address) Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Denver Cemetery Date Oct- 30 ..., 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED Nov. 8 ..., 1938 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 27 1938

22 I HEREBY CERTIFY, That I attended deceased from 1931 ..., 193..., to Oct - 27 ..., 1938
I last saw her alive on Oct - 26 ... 1938 : death is said to have occurred on the date stated above, at 9:50 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mammary Carcinoma	1933
With Clusk early Metastisis	

Other **contributory causes** of importance:

Name of operation — Rad. Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Healey F. Cox, M. D.
(Address) Cottonwood, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Menan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 111322

RECEIVED
NOV 9 1938

Registration District No.
Primary Registration District No. 2176
Local Registrar's No. 41

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

107a

2. FULL NAME Larran Green Berrett

(a) Residence No. Menan, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Babe

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Babe

6. DATE OF BIRTH (month, day, and year): June 4, 1938

7. AGE — Years | Months: 4 | Days: 30 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Babe
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town): Menan
(State or country): Idaho

FATHER

13. NAME: Ross Berrett
14. BIRTHPLACE (city or town): Menan
(State or country): Idaho

MOTHER

15. MAIDEN NAME: Margaret Irene Green
16. BIRTHPLACE (city or town): Mesa
(State or country): Arizona

17. INFORMANT: Mrs. H. Berrett
(Address): Menan Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Annis, Ida. Date: Nov 4, 1938, 193

19. UNDERTAKER: Roland Weiser
(Address): Rigby Ida

20. FILED Nov. 2, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): Nov 2 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 2, 1938
I last saw him alive on Nov 2, 1938; death is said to have occurred on the date stated above, at 8:30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov 2, '38
acute thrombosis of	Oct 23, '38
Other contributory causes of importance:	
Cerebral hemorrhage	birth
Jaundice & hemorrhage	birth

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hansen Coulley, M. D.
(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111323

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No.
Primary Registration District No.
Local Registrar's No. 18

(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shirley Ree Thorn

(a) Residence. No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) # 8 10-6-38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	~~10~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome Ida

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Neoma Thorn

16. BIRTHPLACE (city or town) (State or country) Acequia Ida

17. INFORMENT (Address) Lee Thorn Jerome, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Jerome, Ida Date 10-7-38, 193

19. UNDERTAKER D. A. Patterson (Address) Jerome

20. FILED 10/10, 1938 C. A. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1938, to Oct 6, 1938
I last saw h alive on Oct 6, 1938: death is said to have occurred on the date stated above, at 2:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Oct 2, 1938
Other contributory causes of importance: Whooping Cough -	Sept 12, 1938

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Reuben C. Matson M. D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111324

Registration District No. .....

Primary Registration District No. .....

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

9321

2. FULL NAME James Paulson

(a) Residence. No. Jerome St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Ellen Paulson

6. DATE OF BIRTH (month, day, and year) 9-28-~~1853~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
84	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Brownsburg
(State or country) Canada

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town)
(State or country) ~~Canada~~

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMENT Mrs. Ellen Paulson
(Address) Jerome

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Date 11-12 1938

19. UNDERTAKER D. L. Stevenson
(Address) Jerome

20. FILED 11/10, 1938 C. E. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 9 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Oct 8, 1938.

I last saw h~~im~~ alive on Oct. 8, 1938: death is said to have occurred on the date stated above, at ~~4~~ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1935
Other contributory causes of importance: Prostatic obstruction	1925

Name of operation no Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Reuben C. Matson M. D.

(Address) Jerome Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111325

Registration District No. ____
Primary Registration District No. 14 Local Registrar's No. 18

NOV 12 193

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Leeley

(a) Residence No. ____ Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 17-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	6	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Browning
(State or country) Mo.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Ralph Thowver
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Oct 20, 1938

19. UNDERTAKER J R Wiley.
(Address) Jerome Idaho

20. FILED 10/21, 1938 C. T. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 18 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1938, to Oct. 18, 1938
I last saw her alive on Oct 17 1938: death is said to have occurred on the date stated above, at 11 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma head of Pancreas	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. T. Zeller, M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111326

Registration District No.
Primary Registration District No. Local Registrar's No. 18

(No. 184)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josson Standlee

(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 20 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME J E Standlee
14. BIRTHPLACE (city or town) Berryville
(State or country) Ark

MOTHER
15. MAIDEN NAME Evelyn Haythurst
16. BIRTHPLACE (city or town) Mena Forest
(State or country) Ark

17. INFORMANT J E Standlee
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rock Creek Date Oct 24, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 11/1, 1938 C. D. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 21 1938

22 I HEREBY CERTIFY, That I attended deceased from —, 193—, to —, 193—
I last saw h— alive on — 193— death is said to have occurred on the date stated above, at 7:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot Wound	
Accidental	
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury 10/21, 1938.
Where did injury occur? Jerome Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) J R Wiley (Coroner), M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111327

NOV 12 1938

Registration District No.
Primary Registration District No. Local Registrar's No. 18

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald D Talmadge

(a) Residence No. 1246 N Arthur St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of Isabella Talmadge

6. DATE OF BIRTH (month, day, and year) Aug 21, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not Known
(State or country) " "

FATHER

13. NAME "
14. BIRTHPLACE (city or town) " "
(State or country) " "

MOTHER

15. MAIDEN NAME Nellie Potter
16. BIRTHPLACE (city or town) Not Known
(State or country) "

17. INFORMANT Kenneth Talmadge
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Idaho Date Oct 27, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 11/1, 1938 A. L. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 27 1938

22 I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw ~~him~~ alive on ..., 193...: death is said to have occurred on the date stated above, at 3:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
~~Accident~~, ~~suicide~~, or ~~homicide~~? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J R Wiley (Coroner), M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Hazelton

NOV 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111328

Registration District No. 2 & 3
Primary Registration District No. 2017 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1196

2. FULL NAME Norma Fae Mickelsen

(a) Residence No. Hazelton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 23 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hazelton Idaho
(State or country)

FATHER

13. NAME John M. Mickelsen

14. BIRTHPLACE (city or town) Bancroft Idaho
(State or country)

MOTHER

15. MAIDEN NAME Gladys Bryant

16. BIRTHPLACE (city or town) Hazelton Idaho
(State or country)

17. INFORMANT Mrs Gladys Mickelsen
(Address) Hazelton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hazelton Date Nov 6, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED Dec 1, 1938 S. Hopper
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 4 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1938, to Nov 4, 1938
I last saw he alive on Nov 4 1938; death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastro-enteritis	Nov 1-38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. Hopper, M. D.
(Address) Hazelton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111329

RECEIVED
AUG 26 1938

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 13
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

51a

2. FULL NAME Charles Freemont Rogers

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Rogers

6. DATE OF BIRTH (month, day, and year) July 15-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	0	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.) 3 years
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) MacGregor Iowa.

FATHER
13. NAME Jay. Rogers.
14. BIRTHPLACE (city or town) (State or country) Not known Wisconsin

MOTHER
15. MAIDEN NAME Reeves.
16. BIRTHPLACE (city or town) (State or country) Not Known Illinois

17. INFORMANT Josephine Rogers
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Post Falls Ida Date 8-4, 1938

19. UNDERTAKER Cossedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED Aug 4, 1938 AC Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-2 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan, 193 6, to Apr 27, 1938
I last saw h[illegible] alive on Apr 27 1938: death is said to have occurred on the date stated above, at 6:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Kidney	
Other **contributory causes** of importance:	

Name of operation — Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) A C Spooner, M. D.
(Address Spirit Lake, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111330

1938
Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 139
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 93 b

2. FULL NAME Eoline (Speeker) Spiecker

(a) Residence No. St. Waterville, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter (Speeker) Spiecker

6. DATE OF BIRTH (month, day, and year) Oct. 19, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) To date
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Bonners Ferry
(State or country) Idaho

FATHER
13. NAME W. B. Sweet
14. BIRTHPLACE (city or town) Ames
(State or country) ~~Neb.~~ Iowa

MOTHER
15. MAIDEN NAME Armenda A. Johnson
16. BIRTHPLACE (city or town) Bedford
(State or country) ~~Minn.~~ Iowa

17. INFORMANT Walter Spieker
(Address) Waterville, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Waterville Date Oct. 2, 1938

19. UNDERTAKER Thomas Funeral Home
(Address)

20. FILED Oct. 2, 1938 L. C. Kratzke M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH. 30, '38

21. DATE OF DEATH (month, day and year) Sept 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1938, to Sept. 30, 1938
I last saw her alive on Sept. 30 1938: death is said to have occurred on the date stated above, at 4pm m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	June 1938
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? - Date of injury - , 1938 -
Where did injury occur? -----
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harold D. Thurgo, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Post Falls

NOV 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111331

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 138

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 516

2. FULL NAME Samuel J. Adkins

(a) Residence No. St. Post Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Emma Adkins

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (mo. and yr.) June 38
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Charles W. Beck
(Address) Post Falls

18. BURIAL, CREMATION OR REMOVAL
Place Pleasant View Cem. Date Oct 4, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED Oct 4, 1938 E. C. Leach M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/2 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938, to 10/2, 1938
I last saw him alive on 9/29 1938; death is said to have occurred on the date stated above, at 10:25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	
Other contributory causes of importance:	
Senility	

Name of operation Cystoscopy Date of Aug 22
What test confirmed diagnosis? Cystoscopy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Hoyman, M. D.
(Address Coeur d'Alene

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111332

NOV -7 1938

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 141

(If death occurred in a hospital or institution, give its name instead of street and number) (No. At Home) 824

2. FULL NAME LeRoy Weston

(a) Residence No. 201 Foster Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna K.

6. DATE OF BIRTH (month, day, and year) 2/23/1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Auto Salsm.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seattle, Wn.
10. Date deceased last worked at this occupation (mo. and yr.) 1936
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER

13. NAME James Weston
14. BIRTHPLACE (city or town) Mich.
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Mich.
(State or country)

17. INFORMANT Mrs. Anna K. Weston
(Address) C.D.A.

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place Forest Cem. Date 10-8, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED Oct 8, 1938 L. C. Cochran M.A.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/4/1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1937, to Oct 4, 1938
I last saw h— alive on 10-4 1938: death is said to have occurred on the date stated above, at 5:15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Apoplexy.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Reed, M. D.
(Address Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

NOV - 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111333

Registration District No.
Primary Registration District No. Local Registrar's No. 144

(No. Osland's Maternity Home
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Loretta Stanley 157c

(a) Residence No. Post Falls, Idaho (Usual place of abode) St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/4/38

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	0	0	6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

FATHER
13. NAME Orland M. Stanley
14. BIRTHPLACE (city or town)
(State or country) Nebraska

MOTHER
15. MAIDEN NAME Estella Brower
16. BIRTHPLACE (city or town)
(State or country) No. Dakota

17. INFORMANT Don English
(Address) Cd'A Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Kootenai Date 10-12, 1938

19. UNDERTAKER Causey Funeral Home
(Address) Cd'A Idaho

20. FILED 10-11, 1938 H. C. Knoblauch M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/4/1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938, to Oct 4, 1938

I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at 8-15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Ductus Ovale	
Premature 1 month	
157c	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. F. Hornung, M. D.
(Address Coeur d'Alene,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111334

NOV-7 1938

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 140
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number) 93 c

2. FULL NAME Louise M. Mezger.
(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 9 - 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	8	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Germany.

FATHER
13. NAME do not know
14. BIRTHPLACE (city or town) .... (State or country) Germany.

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (city or town) .... (State or country) Germany.

17. INFORMANT Mrs. Anna Young (Address) Rathdrum Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pine Grove Cemetery Rathdrum Ida. Date 10-7 1938

19. UNDERTAKER Cassidy Funeral Home (Address) Rathdrum Ida.

20. FILED 10-7, 1938 T. C. Keith MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-4 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1938, to Oct 4, 1938
I last saw h[illegible] alive on Oct 4, 1938: death is said to have occurred on the date stated above, at 7 15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Senile Dementia	
aggravated by	
Heart Failure	3 weeks

Other contributory causes of importance:
Senility

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) T. C. Keith, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur D' Alene

RECEIVED
OCT 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 80
Primary Registration District No. 1051
Local Registrar's No. 143

DO NOT WRITE IN THIS SPACE
State File No. 111335

(No. Com. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

210g

2. FULL NAME Elizabeth Jacobs

(a) Residence No. ..... St. Kellogg, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
fe male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John B Jacobs

6. DATE OF BIRTH (month, day, and year) Aug. 16, 188[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
54	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tombstone
(State or country) Arizonia

FATHER
13. NAME Michael Gibbons
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Annie Dorsey
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT John B Jacobs
(Address) Cataldo Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Los Angeles California Date Oct. 19, 1938

19. UNDERTAKER P. L. Stout
(Address) Kellogg Idaho

20. FILED Oct. 16, 1938 L. C. Fuller M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 16 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1938, to Oct 16, 1938
I last saw h[illegible] alive on Oct 16 1938: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Accident—	
1566	

Other contributory causes of importance:

Surgical Shock	

Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct. 16, 1938
Where did injury occur? Kootenai County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Highway
Manner of injury — Automobile Accident
Nature of injury — Crushing injury of Chest.

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) O. M. Stanford, M. D.
(Address) Coeur d'Alene, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111336

NOV - 7 1938

Registration District No. 20
Primary Registration District No. 2051
Local Registrar's No. 145

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number) 53 e

2. FULL NAME Christina Nelson

(a) Residence No. Rt # 2 St.
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. mos. ds. (If nonresident give city or town and state) — How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Carl Nelson

6. DATE OF BIRTH (month, day, and year) 8-25-1846

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 8-1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Andrea Anderson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME — — —
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Carl Nelson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 11-19, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED Oct. 19, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-17 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to Oct 12, 1938
I last saw her alive on Oct 12 1938: death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	1937
(Origin not determined)	
Large Tumor mass in abdomen	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C M Busted M. D.
(Address Coeur d Alene Id

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Cebur

NOV 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111337

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 146

(No. AT Home) 108
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Glenn Brandt

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-29-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gebby
(State or country) Idaho

FATHER
13. NAME Neil Brandt
14. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

MOTHER
15. MAIDEN NAME Bessie Braman
16. BIRTHPLACE (city or town) Boise
(State or country) Idaho

17. INFORMANT Neil Brandt
(Address) Gibby Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 10-22, 1938
Forest -

19. UNDERTAKER Cassedy Funeral Home
(Address) C d'Alene Idaho

20. FILED Oct 21, 1938 L. Kirkendall
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-15 1938

22 I HEREBY CERTIFY, That I ~~attended~~ deceased from ....., 193..., to 10/18/, 1938
~~did not see~~ I last saw h~~im~~ alive on 10/18 1938; death is said to have occurred on the date stated above, at 4 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobal Pneumonia and Heart failure	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. H. Teed Coroner, M. D.
(Address Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 105 1
(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 111338

Local Registrar's No. 147

NOV - 7 1938

81a

2. FULL NAME Mrs. Emma McClear

(a) Residence No. 1102 Sherman Ave St.
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James L. McClear

6. DATE OF BIRTH (month, day, and year) 5/27/1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired C.D.A.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Librarian
10. Date deceased last worked at this occupation (mo. and yr.) 10/1936
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Portsmouth, Ohio

FATHER
13. NAME John Thompson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Hannah Austin
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Mrs. W.G. Schmelzel
(Address) Coeur d'Alene

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. Date Oct. 21, 1938
CDA

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED Oct 21, 1938 H. C. Crothers M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19/1938

22 I HEREBY CERTIFY, That I attended deceased from November 3, 1938, to 10/19, 1938
I last saw h[illegible] alive on 10/19 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Progressing Myocardial Atrophy	1934
878	

Other **contributory causes** of importance:

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. M. Shurtleff M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111339

NOV - 7 1938

Registration District No. 30

Primary Registration District No. 1051 Local Registrar's No. 148

(No. Community Hospital) 121 b

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Edward Schlenker

(a) Residence No. (Usual place of abode) St. Harrison Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. — mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-28-1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
8	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goodrich N. D.

FATHER

13. NAME Edmund Schlenker

14. BIRTHPLACE (city or town) (State or country) S. D.

MOTHER

15. MAIDEN NAME Mabelle Okeson

16. BIRTHPLACE (city or town) (State or country) Grove City Minn.

17. INFORMANT (Address) Edmund E. Schlenker Harrison Idaho

18. BURIAL, CREMATION OR REMOVAL Forest—Place Coeur d'Alene Date 10-21, 1938

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED 10-21, 1938 L. C. Knudsen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/8, 1938, to 10/19, 1938

I last saw him alive on ..... 193..: death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Appendicitis	
Other contributory causes of importance: Sub acute Nephritis	Sept 1938
Peritonitis	

Name of operation Appendectomy Date of 10/18/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Naturc of injury

24. Was disease or injury in any way related to occupation of deceased If so, specify

(Signed) [signature] M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

REC'D NOV - 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111340

Registration District No. 30

Primary Registration District No. 1051 Local Registrar's No. 149

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

46 e

2. FULL NAME Louise DeLoney

(a) Residence No. 17th & Gordon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Frank DeLoney

6. DATE OF BIRTH (month, day, and year) 6-21-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
80	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) July 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warsaw. Wis.

FATHER

13. NAME Gilbert-Varrier

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary ——

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT Anna Reese
(Address) [illegible]

18. BURIAL, CREMATION OR REMOVAL
Place C D'Alene Date 10-24, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED Oct 24, 1938 [signature] Registrar.

Dr Lorenz

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1938, to 10/21, 1938

I last saw her alive on 10/20 1938. death is said to have occurred on the date stated above, at 5 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	? about 2 yrs
metastases all over abdomen.	
Other **contributory causes of importance:**	
Senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) [signature] M. D.

(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

RECEIVED NOV -5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111341

Registration District No. 30

Primary Registration District No. 1051

Local Registrar's No. 151

(No. Community Hospital)

If death occurred in a hospital or institution, give its name instead of street and number)

2109

2. FULL NAME Theodore Edward Chelde

(a) Residence No. Dessert Hotel. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of *****

6. DATE OF BIRTH (month, day, and year) 2/6/1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 10/1938

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) North Dakota
(State or country)

FATHER

13. NAME John Chelde

14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) North Dakota
(State or country)

17. INFORMANT Mr. Arthur Chelde
(Address) Coeur d'Alene, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place Forest Cem. Date 10/31, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED Oct. 29, 1938 L. C. Watson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/26/38

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938, to Oct 26, 1938

I last saw h[illegible] alive on ..... 193[illegible]: death is said to have occurred on the date stated above, at 4:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Auto Mobile Accident	
causing Crushing Injury of Head and Chest	10/26/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ ..... Date of injury 10/26 1938

Where did injury occur? City of Coeur d'Alen
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** public place

Manner of injury Automobile Accident

Nature of injury Causing injury of head & chest

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ---

(Signed) O. M. Olmsted, M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

RECEIVED NOV -7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1051

DO NOT WRITE IN THIS SPACE

State File No. 111342

Local Registrar's No. 158

(No. ---)

(If death occurred in a hospital or institution, give its name instead of street and number) 93c

2. FULL NAME David H. Kirk

(a) Residence No. 815 Birch St. St.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa

6. DATE OF BIRTH (month, day, and year) 8/21/1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME George J. Kirk

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Eliza Gray

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Theresa Kirk

(Address) Coeur d'Alene, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~

CDA Place Forest Cem. Date 10/29, 1938

19. UNDERTAKER The Mooney Mortuary

(Address) Coeur d'Alene, Idaho

20. FILED 10/29, 1938 L. C. Rotchen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) October 26/38

22 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1938, to Oct 26, 1938

I last saw him alive on Oct 25 1938: death is said to have occurred on the date stated above, at 1:30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Gradual
Other **contributory causes** of importance:	
Cerebral Hemorrhage	June 1937

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury -, 193

Where did injury occur? -

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** -

Manner of injury -

Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? - If so, specify -

(Signed) O. M. Hunter, M. D.

(Address Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene — Chilco

RECEIVED NOV -7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 2051

(No. Chilco Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 111343

Local Registrar's No. 152

9562

2. FULL NAME John Lindsay

(a) Residence No. Chilco Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Lindsay

6. DATE OF BIRTH (month, day, and year) 9-11-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
62	1	9/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Vincent New York

FATHER

13. NAME Joseph Lindsay

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Hester Lamb

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Mary Lindsay

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest, Cd'Ald Date Oct 31, 1938

19. UNDERTAKER (Address) Casady Funeral Home Coeur d'Alene Idaho

20. FILED Oct 31, 1938 F. Knudsen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/27 1938

22. I HEREBY CERTIFY, That I attended deceased from 1936, 193..., to 10/27, 1938

I last saw ~~he~~ alive on 8/20 1938; death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Heart disease	10 yrs
Had had several miner Strokes	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) F. A. Hemmy, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Chilco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

Registration District No. 30
Primary Registration District No. 2051
Local Registrar's No. 152
(No. Chilco, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lindsay

(a) Residence No. Chilco, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Mary Lindsay.

6. DATE OF BIRTH (month, day, and year) 9-11-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vincent (State or country) N. H.

FATHER

13. NAME Joseph N. Lindsay
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Hester Lamb
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mary Lindsay (Address) Chilco Ida

18. BURIAL, CREMATION OR REMOVAL Forest - Place Coeur d'Alene Date 10-31, 193 8

19. UNDERTAKER Cassed Funeral Home (Address) Coeur d'Alene Idaho.

20. FILED Oct 31, 193 8 L. Knudsen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 1936, 193..., to 10/27 8, 193...

I last saw him alive on 8/20 193 8: death is said to have occurred on the date stated above, at 9:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	
He had several mino strokes	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? P. E. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Horning, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111344

REGISTERED OCT 11 1938

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 376
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 186

2. FULL NAME James Ira Stewart

(a) Residence No. St. Deary, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Stewart

6. DATE OF BIRTH (month, day, and year) 10/8/1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	10	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work
10. Date deceased last worked at this occupation (mo. and yr.) Aug. '38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Amos Stewart
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Matildia Hunt
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Vina Sines
(Address) Bovill, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Texas Ridge Date Sept. 8, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 9/4, 1938 C. Staufenhouse Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/5 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938, to Sept 5, 1938
I last saw him alive on Sept 5, 1938: death is said to have occurred on the date stated above, at 9:20 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture Right Hip.	

Other **contributory causes** of importance:

Senility.	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury Aug 4 1938
Where did injury occur? Deary Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** In home
Manner of injury Fell off load of wood
Nature of injury Fracture Rt Hip

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lorin J. Klaarup M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111345

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 883

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 160a

2. FULL NAME Baby White

(a) Residence No. Moscow, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 5-38

7. AGE Years	Months	Days	If LESS than 1 day 12 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME Rob't Burton White

14. BIRTHPLACE (city or town) Nezperse
(State or country) Idaho

MOTHER

15. MAIDEN NAME Wanda Melva Akers

16. BIRTHPLACE (city or town) Spokane
(State or country) Wash.

17. INFORMANT Rob't B. White
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nezperse, Ida. Date 10/7, 1938

19. UNDERTAKER E. R. Short
(Address) Moscow

20. FILED 11-5, 1938 J. Henry Emhoff Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 6 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1938, to Oct. 6, 1938

I last saw him alive on Oct. 5 1938: death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
Caesarian Operation	
Caesarian section due to placenta previa	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lonny J. Klaarn M. D.

(Address Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Genesee

RECEIVED
OCT 24 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 62
Primary Registration District No. 2142
(No. _____)

DO NOT WRITE IN THIS SPACE
State File No. 111346

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number) 93 c

2. FULL NAME Patrick F. Mulalley

(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state) 50 yrs
Length of residence in city or town where death occurred 50 yrs. _ mos. _ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced
HUSBAND of Ida. Mulalley
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 22, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland
(State or country)

FATHER
13. NAME ~~Chas. P.~~ PATRICK W. Mulalley
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME ~~Not known~~ MARY HUGHES
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Paul Mulalley
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Genesee Date 10/11, 1938

19. UNDERTAKER E.R. Short
(Address) Moscow, Idaho

20. FILED 10/15, 1938 A.J. White M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/7 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/1, 1937, to 10/7, 1938
I last saw him alive on 10/7 1938; death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema, left	
Other contributory causes of importance:	
Chronic myocarditis	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_____
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) A.J. White M. D.
(Address) Genesee, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Kendrick
NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63
Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE
State File No. 11134

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

95b2

2. FULL NAME Grace Helpman

(a) Residence. No. Kendrick St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of J. B. Helpman

6. DATE OF BIRTH (month, day, and year) July 12, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rice Lake, Wis.

FATHER

13. NAME B. H. Wilcox

14. BIRTHPLACE (city or town) (State or country) Not known New Hampshire

MOTHER

15. MAIDEN NAME Laura

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Hugh Helpman Lewiston, Ida

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Kendrick Date Oct. 9, 1938

19. UNDERTAKER A. E. Alden
(Address) Troy, Idaho

20. FILED Oct 8, 1938 B. A. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 7 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to Oct 6, 1938
I last saw he alive on Oct 6, 1938: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	Sept 30, 1938

Other contributory causes of importance:

Hypertension	1915
Arteriosclerosis	?
Arteriosclerotic heart disease	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) D. A. Chamberlain, M. D.
(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Troy

OCT 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64
Primary Registration District No. 2144
(No. Park)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 111348

1941

2. FULL NAME Charles C. Edwards

(a) Residence No. Park St.
(Usual place of abode) 2 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year) Apr. 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meeker
(State or country) Colo.

FATHER

13. NAME John Henry Edwards
14. BIRTHPLACE (city or town)
(State or country) France

MOTHER

15. MAIDEN NAME Irene Young
16. BIRTHPLACE (city or town)
(State or country) Wis.

17. INFORMANT Mrs. Wilma Merrell
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Oct. 13, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED Oct. 17, 1938 Mrs C.A. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 10, 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1938, to Oct. 10, 1938
I last saw h[illegible] alive on Oct. 10 1938 death is said to have occurred on the date stated above, at 4 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Spine.	10-10-38
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-10, 1938
Where did injury occur Southwick Latah County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home (Barn)
Manner of injury Falling grain sacks.
Nature of injury Fractured Spine.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C.A. Meyer, M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow-Rt. 4 (Residence)

NOV 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111345

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 384
94 D

(No. Route 4 - Do. West of Moscow)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John L. Johnson

(a) Residence No. Route 4 - Do. West of Moscow St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 48 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, and year) Oct. 1st 1871

7. AGE: Years 67 | Months 0 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (self)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 13-38
11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME John Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME not abt
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Anna Johnson
Route 4 (Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Oct. 18-, 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho

20. FILED 11/6, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 14- 1938

22 I HEREBY CERTIFY, That I attended deceased from never saw him before 193..., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probably,	
Coronary occlusion,	
but cannot say for sure.	
Other **contributory causes** of importance:	
patient found dead in bed.	
Do not know what time death occurred.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Lehr M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

County of Latah
City of Potlatch

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111350

Registration District No. 65-
Primary Registration District No. 2145-
Local Registrar's No.

NOV 9 1938

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

94 b

2. FULL NAME William Sylvester Burden

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Burden

6. DATE OF BIRTH (month, day, and year) 2/4-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat Farm
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1938
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) Sheridan
(State or country) Oregon

FATHER

13. NAME Levi Burden
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Sarah Eads
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Melvin Burden
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date 10/17, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED Oct-16, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/15 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1938, to Oct. 15, 1938
I last saw h[illegible] alive on Oct. 15 1938: death is said to have occurred on the date stated above, at 6:50 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Oct. 2, 1938
Bronchial pneumonia	Oct. 10, 38

Other **contributory causes** of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Peak M. D.
(Address) Potlatch, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111351

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 985

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 111 b

2. FULL NAME Girda Ruth Brood

(a) Residence No. RFD St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nels Brood

6. DATE OF BIRTH (month, day, and year) 10/25/1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	11	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.
10. Date deceased last worked at this occupation (mo. and yr.) Oct. '38
11. Total time (years) spent in this occupation 41 yr.

12. BIRTHPLACE (city or town) Woolstock, (State or country) Iowa

FATHER
13. NAME Ruben Andress
14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER
15. MAIDEN NAME Mary Clements
16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Walter Brood
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida. Date 10/18, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 10/17, 1938 Mary Erickson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/16/38

22 I HEREBY CERTIFY, That I attended deceased from Oct. 6, 193 8, to Oct 16, 193 8
I last saw he alive on Oct 16 193 8: death is said to have occurred on the date stated above, at 7a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Oct 16-38
Intestinal Obstruction	
Other **contributory causes** of importance:	

Name of operation For obstruction Date of Oct 15-38
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) **fill** in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Edward M. Dunn, M. D.
(Address Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

County of Latah
City of N. of Potlatch

RECEIVED
NOV - 9 1938

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111352

Registration District No.
Primary Registration District No.
Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

82a1

2. FULL NAME Anna Byseeger

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Godfred Byseeger

6. DATE OF BIRTH (month, day, and year) Jan. 20, 1862

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Oct 1938
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town)
(State or country) Switzerland

FATHER

13. NAME Christian Trazal
14. BIRTHPLACE (city or town)
(State or country) Switzerland

MOTHER

15. MAIDEN NAME Anna Barber
16. BIRTHPLACE (city or town)
(State or country) Switzerland

17. INFORMANT Edward Byseeger
(Address) Garfield, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date 10/23, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED Oct 30, 1938 H. E. Kimball
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/19 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937, to Oct. 19, 1938

I last saw her alive on Oct 15 1938; death is said to have occurred on the date stated above, at 8:30A M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1937
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. F. Jacobs, M. D.
(Address) Potlatch, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2145
(No. Potlatch Hospital) Local Registrar's No. 159
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 111353

2. FULL NAME Agnes Marie Taggart

(a) Residence No. St. Potlatch Palouse Wash R 3
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/30-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Potlatch
(State or country) Idaho

FATHER

13. NAME J. C. Taggart
14. BIRTHPLACE (city or town) Central Lake
(State or country) Mich.

MOTHER

15. MAIDEN NAME Henrietta Paroz
16. BIRTHPLACE (city or town)
(State or country) Switzerland

17. INFORMANT J. C. Taggart
(Address) Palouse, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Potlatch, Idaho Date 11/1, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED 10/31, 1938 F. C. Kibbon
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/31 1938

22 I HEREBY CERTIFY, That I attended deceased from 10/30, 1938, to 10/31, 1938
I last saw her alive on 10/31, 1938: death is said to have occurred on the date stated above, at 7:40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. C. Kibbon M. D.
(Address Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Avon (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111354

NOV 1 1938
Registration District No. 66
Primary Registration District No. 2148 Local Registrar's No. 7
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 163 m

2. FULL NAME Ralph Earl Doolittle

(a) Residence No. ..... St. .....
(Usual place of abode) 10 (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Doolittle

6. DATE OF BIRTH (month, day, and year) Aug 27, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Edwall
(State or country) Wash.

FATHER
13. NAME Walter V. Doolittle
14. BIRTHPLACE (city or town) .....
(State or country) Minn.

MOTHER
15. MAIDEN NAME Grace B. Thorpe
16. BIRTHPLACE (city or town) .....
(State or country) Wash.

17. INFORMANT Mrs. Mary Doolittle
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date 11/7, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 11/7, 1938 Mrs. Earl Alden
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/1 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Potassium cyanide poisoning	
Self administered	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** HOME
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H.R. Short, M. D.
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Juliaetta

NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63
Primary Registration District No. 2143
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 111355
Local Registrar's No. .....

(If death occurred in a hospital or institution, give its name instead of street and number)

93 a

2. FULL NAME Mary Lavonia Clark

(a) Residence No. ..... St. .....
(Usual place of abode) 50 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter E. Clark

6. DATE OF BIRTH (month, day, and year) Aug. 29, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.
10. Date deceased last worked at this occupation (mo. and yr.) 11/2/38
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Harrison,
(State or country) Arkansas

FATHER

13. NAME Peter Johnson
14. BIRTHPLACE (city or town) .....
(State or country) Arkansas

MOTHER

15. MAIDEN NAME Susan M. Ross
16. BIRTHPLACE (city or town) .....
(State or country) Kentucky

17. INFORMANT Walter C. Clark
(Address) Juliaetta, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fix Ridge Date 11-5, 1938

19. UNDERTAKER Earl Alden
(Address) Troy, Idaho

20. FILED Nov 4, 1938 B.R. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/2 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 7:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Sudden death.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H.B. Short Coroner
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Gibbonsville, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111356

Registration District No. 41

Primary Registration District No. 216 Local Registrar's No.

(No.) 46 ft

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles D. Lindley

(a) Residence. No. Gibbonsville, Idaho St.

(Usual place of abode) 49 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) September 3 1835

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartz miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1890

11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) Penn.
(State or country)

FATHER

13. NAME Lindley

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Alma Tightman
(Address) Gibbonsville, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Gibbonsville. Date 10-15th 193 8

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED Nov 12 193 8 Alice Beldonny
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-13th 193 8.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 4-30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
October 10th wrote one prescription without seeing him. From description of symptoms and inanition believe he had cancer- gastro-intestinal.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) C. F. Stratton, M. D.

(Address) Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111357

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lester Keith Greig

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	*******

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ********** :**

6. DATE OF BIRTH (month, day, and year) 2-18 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *********

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **********

10. Date deceased last worked at this occupation (mo. and yr.) ****

11. Total time (years) spent in this occupation ****

12. BIRTHPLACE (city or town) (State or country) Mackey, Idaho

MOTHER FATHER

13. NAME Edgar T. Greig

14. BIRTHPLACE (city or town) (State or country) Mackey, Idaho

MOTHER

15. MAIDEN NAME Tena Blood

16. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

17. INFORMANT Egar T. Greig
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 10-21 at 1938.

19. UNDERTAKER William C. Doebler
(Address) Salmon, Ida

20. FILED Nov 17, 1938 Chas Billamy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-19 1938.

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct 19, 1938

I last saw h[illegible] alive on Oct 19, 1938; death is said to have occurred on the date stated above, at 1-45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Sept 25 /38
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) J. E. Moulton M. D.
(Address) Salmon Ida

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Lester Keith Greig

now lying buried in Salmon Cemetery, in the City or Town of Salmon

County of Lemhi State of Idaho, who died on the ? day of Oct., 1938, Aged 2 years ? months

? days, the cause of death being probably typhoid fever and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

Dr. John L. Mulder attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to Salmon Cemetery in the City or Town of Salmon County of Lemhi

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Lemhi it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

permit issued to:

this _____ day of _____, A.D. 19____.

_____
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____ 19____.

_____
Health Officer

Form DPH-MA019

Permit issued to: Delbert C. Jones
Salmon, Idaho

Sent 6-7-57

April 29, 1957
Date

Department of Public Health
Boise, Idaho

I hereby give authorization for the disinterment of: _____

NAME OF DECEASED Lester Keith Greig

DATE OF DEATH October 1938

CAUSE OF DEATH Believed to be typhoid fever

ATTENDING PHYSICIAN Dr. John L. Mulder

BURIED IN Salmon CEMETERY

TO BE REMOVED TO another grave in Salmon CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT Mother

NAME OF LICENSED EMBALMER Delbert C. Jones, #369

REASON FOR DISINTERMENT To be moved to permanent family plot

Very truly yours,

Lena E Greig
Signature of relative or person requesting permit.

Address

- * * * * * * * * * * * * * -

State of Idaho)
County of Lemhi) ss

On this 29th day of Apr., 1957, before me _____ a Notary Public in and for the within county and state personally appeared Lena E. Greig known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

(Seal)

Notary Public, residing at Salmon, Idaho
My commission expires _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111358

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) (No.) 109

2. FULL NAME Oscar Downing Sr.

(a) Residence. No. Gibbonsville St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 10 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Orofino
(State or country) Ida

MOTHER FATHER

13. NAME Oscar Downing

14. BIRTHPLACE (city or town) Orofino
(State or country) Ida

15. MAIDEN NAME Tester Harriman

16. BIRTHPLACE (city or town) St Maries
(State or country) Ida

17. INFORMANT Oscar Downing
(Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Gibbonsville Date 10-25, 1938

19. UNDERTAKER Mrs C. Hockley
(Address) Salmon Ida.

20. FILED Nov 12, 1938 Otis C. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-22 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193....; death is said to have occurred on the date stated above, at 8-30-A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Died of Pneumonia	
according to	
Dr. Chas F Hammer	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O L Harris, M. D.
(Address) Acting Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lewis

City of Nezperce

on Kamiah Highway

RECEIVED through

NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111359

Registration District No. 47

Primary Registration District No. .....

Local Registrar's No. 4233

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

210 i

2. FULL NAME Oliver Horrace

(a) Residence No. ..... Kamiah, Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
17	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SAWYER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods

10. Date deceased last worked at this occupation (mo. and yr.) 9-38

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Stites, Idaho

FATHER

13. NAME Mathew C. Horrace

14. BIRTHPLACE (city or town) (State or country) Bearlake, Ida.

MOTHER

15. MAIDEN NAME Maude Robinett

16. BIRTHPLACE (city or town) (State or country) Kamiah, Ida.

17. INFORMANT O. P. Robinett
(Address)

18. BURIAL, CREMATION OR REMOVAL Newland Cemetery
Place Kooskia Date Sept. 13, 1938

19. UNDERTAKER Geo. W. Freeman
(Address) Kamiah, Idaho.

20. FILED Nov 8, 1938 Albert Hoff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1938, to 9-11, 1938.

I last saw him alive on 9-11 1938; death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (fractured SKULL)	9-10-38

Other contributory causes of importance:

Broken left Arm Lacerations of Head, Body & Legs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 9-10 1938

Where did injury occur? Kamiah Grade - Lewis Co, Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place In Auto on Public Highway

Manner of injury Car rolled 100 ft down Hill.

Nature of injury Brain Injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Alonzo A. Tournier Jr., M. D.

(Address) Nezperce, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

NOV 9 1938

DO NOT WRITE IN THIS SPACE

State File No. 111360

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Lewis

City of Nezperce Idaho

Daughtes Home

Kamiah

Registration District No. 47

Primary Registration District No. .....

Local Registrar's No. 234

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Annie Sofia Miller

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of L. L. Miller

6. DATE OF BIRTH (month, day and year) December 9, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	10	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer) Nonesuch Home

(c) Name of employer Lewis Co

9. BIRTHPLACE (city or town) (State or country) Kotka Finland

PARENTS

10. NAME OF FATHER John Helenius

11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) unknown

14. Informant (Address) Mrs Frankie C. Rockefeller Kamiah, Idaho

15. Filed Nov 8, 1938 Albert Kaff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 19 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct Oct 19- 38 AGst 19 ....., 1938, to ....., 19.....

that I last saw her alive on Oct 19 -38, 19..... and that death occurred, on the date stated above, at 3½ 5 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Cerebral Aploplexy
1st attack Sept 18
2d attack Oct 15
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chr interstitial Nephr, Chronic endocarditis
(duration) some yrs. mos. ds.

18. Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) [illegible], M. D.

10-20-38 19..... (Address) Craigmont Ida

19. ~~Place of Burial, Cremation,~~ or Removal Lewiston Idaho — Date of Burial Oct 23 1938

20. Undertaker Albert Kaff — Address Nezperce Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111361

NOV 3 1938

Registration District No.
Primary Registration District No. 16-17 Local Registrar's No. 126

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Rosetta Flavel

(a) Residence No. Richfield Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed or Divorced (write the word) widowed

5. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Flavel

6. DATE OF BIRTH (month, day, and year) Mar 14 1861

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (mo. and yr.) June 1

11. Total time (years) spent in this occupation 5-6

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME William Cristmas

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Elizabet Roach

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT J. S. Manwill
(Address) Richfield Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Spanish Fork Date 11-3-, 193 8

19. UNDERTAKER A. E. Pierson
(Address)

20. FILED Nov 2, 193 8 Myrtle C. Burdett
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Oct 30 193 8

22. I HEREBY CERTIFY, That I attended deceased from June 25, 193 8, to Oct 16, 193 8

I last saw her alive on Oct 16 193 8; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction of Bowels	Aug 15 '38

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation Date of
What test confirmed diagnosis? Ox. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. E. Garrett, M. D.
(Address) Gooding Ida

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111362

Registration District No. 16 817

Primary Registration District No. _____ Local Registrar's No. 127

(No. Trailer House)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Riley Walker

(a) Residence No. Shoshone - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lina Renfrow

6. DATE OF BIRTH (month, day, and year) Apr 22 - 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
78	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Christian Co - Mo ?

FATHER

13. NAME Henry Walker

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Jim Coffman
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Ida Date Oct 4, 1938

19. UNDERTAKER Myrtle C. Burdett
(Address)

20. FILED Oct 4, 1938 Myrtle C. Burdett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 - 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1938, to 10-2, 1938

I last saw h[illegible] alive on 10-1 1938: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Coronary	1936

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193...

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Naturc of injury _____

24. Was disease or injury in any way related to occupation of deceased No If so, specify _____

(Signed) Ernest Edwards, M. D.

(Address) Shoshone Ida.

TION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111363

Registration District No. ____

Primary Registration District No. 1697 Local Registrar's No. 129

(No. Private Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

52

2. FULL NAME Edward Taylor Dayton

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Dayton

6. DATE OF BIRTH (month, day, and year) Jan - 24 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
64	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Magic Dam

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Crossville
(State or country) Tenn.

FATHER

13. NAME Calvin Dayton

14. BIRTHPLACE (city or town) Hartford
(State or country) Conn.

MOTHER

15. MAIDEN NAME Melissa Jane Narramore

16. BIRTHPLACE (city or town) ?
(State or country) Tenn

17. INFORMANT Florence Dayton
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Shoshone Date Oct-21, 1938

19. UNDERTAKER Myrtle C. Burdett
(Address)

20. FILED Oct 19, 1938 Myrtle C. Burdett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1938, to 10-19, 1938.

I last saw h[illegible] alive on 10-18 1938; death is said to have occurred on the date stated above, at 1:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of groin	2 yrs
Anuresis	3 mo
Broad cell epithelioma of face	8 yrs

Other **contributory causes** of importance:

Name of operation Resection Date of 1937

What test confirmed diagnosis? by X Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193...

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____

Manner of injury ____

Naturc of injury ____

24. Was disease or injury in any way related to occupation of deceased No If so, specify ____

(Signed) Forrest H Edwards, M. D.

(Address) Shoshone Ida.

TION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111364

RECEIVED NOV 12 1938

Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 55
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph R Everson

(a) Residence No. ..... Rexburg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Jensen

6. DATE OF BIRTH (month, day, and year) Jan 17 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Webna
(State or country) Missouri

FATHER
13. NAME Peter Everson
14. BIRTHPLACE (city or town) .....
(State or country) Iowa

MOTHER
15. MAIDEN NAME Maggie Moore
16. BIRTHPLACE (city or town) N K
(State or country) Missouri

17. INFORMANT Peter Everson
(Address) 3540 Orange St Riverside California

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date Nov 14, 1938

19. UNDERTAKER Dean & Keller
(Address) Rexburg Idaho

20. FILED 11-4-, 1938 Mrs H Rexburg
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1938, to Oct 11, 1938
I last saw him alive on Oct. 11 1938.: death is said to have occurred on the date stated above, at 7 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 mo 1 mo
Other contributory causes of importance: Chronic Nephritis	2 yr 1 yr

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A A Eastlund M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111365

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 57

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Sylvanus Cook

(a) Residence No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	American	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fern Arvilla Spaulding

6. DATE OF BIRTH (month, day, and year) Dec 18 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thornton
(State or country) Idaho

FATHER
13. NAME Charles Freeman Cook
14. BIRTHPLACE (city or town) Daley
(State or country) Idaho

MOTHER
15. MAIDEN NAME May Florence Thornton
16. BIRTHPLACE (city or town) Ogden
(State or country) Utah

17. INFORMANT Mrs Fern Cook
(Address) Rexburg Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Archer Date 10/17, 1938

19. UNDERTAKER Russel K Lamm
(Address) Rexburg Idaho

20. FILED 11-4, 1938 Mrs H Heyrung
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/14 1938

22 I HEREBY CERTIFY, That I attended deceased from 6/15, 1938, to 10/14, 1938

I last saw him alive on 10/14 1938: death is said to have occurred on the date stated above, at 3:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis & Nephrosclerosis Hypertensive Heart Disease.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) M. F. Bagley M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should... plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

...ation ... OF DEATH in

PLACE OF DEATH
County of Madison
City of Rexburg

REGISTERED NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111366

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 56
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93a

2. FULL NAME Henry Barrickman
(a) Residence No. ..... St. .....
(Usual place of abode) Rexburg Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of maggie almond

6. DATE OF BIRTH (month, day, and year) Aug 25 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) N K
(State or country) Ohio

FATHER
13. NAME Eli Barrickman
14. BIRTHPLACE (city or town) N K
(State or country) Penn

MOTHER
15. MAIDEN NAME Jane Bertmen
16. BIRTHPLACE (city or town) N K
(State or country) Ohio

17. INFORMANT Minnie Seeley
(Address) Ashton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashton Date Oct 20, 1938

19. UNDERTAKER Jesse A Keller
(Address) Rexburg Idaho

20. FILED 11 — 6, 1938 Mud Keyes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-16 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-16-, 1938, to 10-16-, 1938
I last saw him alive on 10-16 1938: death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Myocarditis	Oct 1-38

Other contributory causes of importance:

Cardio vascular disease	

Name of operation none Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193.....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury ✓
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

10/18/38 (Signed) Lorin F Rich, M. D.
(Address) Rexburg Ida

K

PLACE OF DEATH
County of Madison
City of Sugar city

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111367

NOV 14 1938

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 58

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number) 9321

2. FULL NAME John Ruby Bryce

(a) Residence No. ..... Sugar city Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennett Park

6. DATE OF BIRTH (month, day, and year) Oct 3 - 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	0	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Toodle (State or country) Utah

FATHER
13. NAME Samuel Bryce
14. BIRTHPLACE (city or town) ..... (State or country) England

MOTHER
15. MAIDEN NAME Sarah Croft
16. BIRTHPLACE (city or town) ..... (State or country) England

17. INFORMANT Martell Bryce (Address) 2 dghs. Teton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Toodle Idaho Date Oct 29, 1938

19. UNDERTAKER Jesse A Keller (Address) Rexburg Idaho

20. FILED Nov 4, 1938 Nels A Haysen Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 16 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Oct 16, 1938
I last saw h/Wm alive on Oct 16 1938: death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart myocarditis	10-1-38
Other contributory causes of importance:	
Cardio-vascular renal disease	1936

Name of operation none Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No. Laboratory tests

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193.....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

10/18/38 (Signed) John X Keller M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

item of information

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

NOV 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111368

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 59

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Mosine Davis

(a) Residence No. (Usual place of abode) Rexburg Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 0, Months 5, Days 3. If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rexburg Madison

FATHER

13. NAME: Chas L Davis

14. BIRTHPLACE (city or town) (State or country): Finley Ohio

MOTHER

15. MAIDEN NAME: Alice Allen

16. BIRTHPLACE (city or town) (State or country): Plano Idaho

17. INFORMANT (Address): Charles L Davis Lewisville Idaho

18. BURIAL, CREMATION OR REMOVAL Place: Lewisville Date: Oct 22, 1938

19. UNDERTAKER (Address): none

20. FILED 11-4, 1938 Mae Keyes Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 10/20 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-17, 1938, to 10 19, 1938

I last saw her alive on 10 19 1938: death is said to have occurred on the date stated above, at 2 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Anuntion	
Since a few weeks old	
Other **contributory causes** of importance:	
Enteritis - Colitis	2 weeks

Name of operation: none Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

10/21/38

(Signed) Louis A Rich M. D.

Address Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111369

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 60

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nathan Roy Hinckley

(a) Residence No. .... St. Rexburg, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. P. Rail Road

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Coal Fort
(State or country) Utah

FATHER

13. NAME Arza E. Hinckley

14. BIRTHPLACE (city or town) Bastard Leeds
(State or country) Canada

MOTHER

15. MAIDEN NAME Temprence Ricks

16. BIRTHPLACE (city or town) Eddersville
(State or country) Illinois

17. INFORMANT Silas Hinckley
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg, Date 10/27/38, 193..

19. UNDERTAKER Russel Flamm
(Address) Rexburg, Idaho

20. FILED 11-4, 1938 Thos Heyburn
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 4-1, 1938, to 10-24, 1938

I last saw h[illegible] alive on 10-24 1938.; death is said to have occurred on the date stated above, at 8:45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma	
Brooding centre	9
Rt. side of head	1
Other **contributory causes** of importance:	
Rt ear removed	?

Name of operation Rt ear removed Date of ?

What test confirmed diagnosis? Carcinoma Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193..

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ....

Manner of injury ....

Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) [illegible] M. D.

(Address) Rexburg, Idaho

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH

County of Madison

City of Rexburg

NOV 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111370

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 61

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vernon Earl Robertson

(a) Residence No. St. Victor
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 21, 1938

7. AGE: Years | Months | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rexburg (State or country) Idaho

FATHER

13. NAME Edwin Earl Robertson

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Viola Amelia Smith

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT E. E. Robertson (Address) Victor - Idaho

18. BURIAL, CREMATION OR REMOVAL Place Rexburg Date 10-27, 1938

19. UNDERTAKER None (Address)

20. FILED 11-4, 1938 Mae Heyrman Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/26 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1938, to Oct 26, 1938

I last saw him alive on Oct 26 1938: death is said to have occurred on the date stated above, at 8:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Icterus neonatorum congenital	

Other **contributory causes** of importance:

Jaundice since birth	

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease ~~or injury~~ in any way related to occupation of deceased? If so, specify

10/27/38 (Signed) Lorin D. Nielsen, M. D.

(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111371

Registration District No.

Primary Registration District No. Local Registrar's No. 62

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine Chesterfield Sutherland

(a) Residence No. 1914 - East 4th S. St. East Lake city Utah

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ Wm J Sutherland

6. DATE OF BIRTH (month, day, and year): June 5 - 1863

7. AGE: Years 75 | Months 4 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): East Lake City Utah

FATHER

13. NAME: Jens Hansen

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Bertha Jergensen

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): W Sutherland Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Salt Lake City Date: Oct 30, 1938

19. UNDERTAKER (Address): Egan & Miller Rexburg Idaho

20. FILED 11 - 4, 1938 Mia Twyning Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 10-27 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-20, 1938, to 10-27, 1938

I last saw her alive on 10-27 1938.: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
(Angina Pectoris)	?
Other **contributory causes** of importance:	

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193—

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Frederick Sutherland M. D.

(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111372

Registration District No. 140
Primary Registration District No. 2178 Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Byington

(a) Residence No. Blackfoot Idaho St. Blackfoot, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) May 6, 1892.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	46	5	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer-Retired veteran.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Downey,
(State or country) Idaho.

FATHER
13. NAME Rob Joseph Byington
14. BIRTHPLACE (city or town) Huntsville,
(State or country) Utah.

MOTHER
15. MAIDEN NAME Rosetta Hunt
16. BIRTHPLACE (city or town) Huntsville,
(State or country) Utah.

17. INFORMANT Mrs Joseph Byington
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Bl'f't. Idaho Date Nov. 1, 1938.

19. UNDERTAKER Jean A Miller
(Address) Pocatello Idaho

20. FILED Nov 1, 1938 Inez Higgins
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 29 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart attack	
about 12 hours before	
body was found	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur? Upper Camp 19 D 2 Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Logging Camp
Manner of injury.....
Nature of injury Heart Attack

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Jean A Miller M.D.
(Address) Pocatello Idaho
Coroner Madison Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Archer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NOV 12 1938

DO NOT WRITE IN THIS SPACE
State File No. 111373

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 64

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1612

2. FULL NAME Denice Gay Hubbard

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	American	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 1, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Archer
(State or country) Idaho.

FATHER
13. NAME William Alfred Hubbard
14. BIRTHPLACE (city or town) Tetonia
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Bessy Pearl Hastings
16. BIRTHPLACE (city or town) Jerico
(State or country) Mo.

17. INFORMANT W. A. Hubbard
(Address) Archer, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date Nov. 7, 1938

19. UNDERTAKER Russel Flamm
(Address) Rexburg, Idaho.

20. FILED 11-10, 1938 Mia Haymond
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/6 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/5, 1938, to 11/6, 1938
I last saw h[illegible] alive on 11/6 1938: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hemorrhagic Disease of Newborn	11/3/38

Other contributory causes of importance:

Bleeding from G.I. tract	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) M. L. Keyes, M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111374

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 195

(No.) 53 E
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matt Horrace

(a) Residence. No. St. Kooskia, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 30, 1929

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	9	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

MOTHER FATHER

13. NAME James Horrace

14. BIRTHPLACE (city or town) Bear Lake Co
(State or country) Idaho

15. MAIDEN NAME Maude Robinett

16. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

17. INFORMANT O. P. Robinett
(Address) Kooskia, Idaho

18. BURIAL, CREMATION OR REMOVAL Newland Cem.
Place Kooskia Date 9/24, 1938

19. UNDERTAKER Geo. W. Trenary
(Address) Kooskia, Idaho

20. FILED Oct 10, 1938 M. M. Caskey M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938, to Sept 19, 1938
I last saw ~~him~~ alive on Sept 19, 1938; death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abdominal Adenocarcinoma Zone (over)	months

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? autopsy. Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) Paul H. Johnson M.D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of NezPerce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111375

NOV 10 1938

Registration District No. 4009
Primary Registration District No. 96
Local Registrar's No. 196

(No. Somerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME .E. V. Cavan

(a) Residence, No. Somerville Home St. Lewiston Orchards, Lewiston Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 4 1851

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	87	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arkansas
(State or country) Kansas

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT W.H.Cavin
(Address) Clarkston, Wash.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 10/2/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Dec 20, 193 8 M. M. Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/29 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 193 7, to 9/29, 193 8
I last saw h. alive on 9/29, 193 8; death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	May 1937
Cardiac decompensation	9/18/38
Other contributory causes of importance:	
Hypertension, prostate & cerumen, uremia & Cystitis	1937

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 193
Where did injury occur? No injury
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No injury
Manner of injury None
Nature of injury No injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. S. Douglas, M. D.
(Address Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NOV 1 1938

DO NOT WRITE IN THIS SPACE

State File No. 111376

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 197

(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 946

2. FULL NAME Vernon Thomas Harbin

(a) Residence No: St. Clarkston, Wn
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/7/1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waha
(State or country) Idaho

FATHER

13. NAME George Nelson Harbin

14. BIRTHPLACE (city or town) Independence
(State or country) Oregon

MOTHER

15. MAIDEN NAME Sarah E. Martin

16. BIRTHPLACE (city or town) Canyonville
(State or country) Oregon

17. INFORMANT Mrs. George Harbin
(Address) Clarkston, Wn

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Clarkston Date 10/3, 1938

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wn

20. FILED Oct 10 1938 M M Cosby MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/1 1938

22 I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to Oct 1, 1938

I last saw him alive on Oct 1 1938: death is said to have occurred on the date stated above, at 3:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Abscess	Of Feb 25-38
Dysenteric Thrombosis	June 6-38
Blood Stream Kidney Infection with Pneumothorax	Aug 1st 1938
Coronary Thrombosis	Oct 1-1938
Other contributory causes of importance: Infected tooth extraction	Nov 1937

Name of operation none Date of

What test confirmed diagnosis? Clinical Symptoms, Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
111377
State File No.

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 198

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Frank Keys Popham

(a) Residence. No. 435 7th St., St. Clarkston, Wn
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Popham

6. DATE OF BIRTH (month, day, and year): August 12, 1891

7. AGE: Years 47 | Months 1 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Salesman & Barber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation: 8/38

12. BIRTHPLACE (city or town) (State or country): Marysville Mo.

FATHER

13. NAME: George Popham

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Agnes Keys

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Mrs. Frank Popham, Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL
Place: Clarkston, Wn Date: 10/8, 1938

19. UNDERTAKER (Address): H. A. Merchant, Clarkston, Wn

20. FILED Oct 10, 1938 M. K. Easley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/6 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1938, to 10-6, 1938

I last saw h....alive on 10-6, 1938; death is said to have occurred on the date stated above, at 1:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

Ruptured gastric ulcer	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. R. McGraw, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111378

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 199

(No. St Josaph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1860

2. FULL NAME Colonel Johnson

(a) Residence No. Somerville Home Lewiston, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	No Record

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/17/1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NoRecord
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Calif.

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME No.Record
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Somerville Home
(Address) Lewiston Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date 10/10/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Oct 20, 1938 Orr T Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/7/38

22. I HEREBY CERTIFY, That I attended deceased from May, 193 7, to 10/7/38, 193
I last saw him alive on 10/7 193 8; death is said to have occurred on the date stated above, at 1:30P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture - Humerus Left - Simple - Complete Comminuted	10/4/38
Other contributory causes of importance: Senility	

Name of operation Reduction fracture by traction 10/4/38 Date of
What test confirmed diagnosis? Clinical Data Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/4/38 193
Where did injury occur? Somerville Home Nez Perce Co - Lewiston Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place In County poor farm
Manner of injury Fell out of bed.
Nature of injury Fracture Humerus Left

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Douglas M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111379

OCT 13 1938

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

210 E

2. FULL NAME Beth. Brie.
(a) Residence No. Garfield Wn St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 10-20

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Garfield. (State or country) Wn.

FATHER
13. NAME C. H. Brie.
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME U. O Brie
16. BIRTHPLACE (city or town) (State or country) Wn

17. INFORMANT C. H. Brie (Address) ~~Lewiston~~ Garfield Wn.
18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place ~~Garfield, Wn~~ Date Oct 8, 193 8
19. UNDERTAKER Cassaw-Rawls Co (Address) Lewiston, Ida.
20. FILED Oct 10, 1938 E. M. McCaskey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-8 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 1:10 a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Death Caused by an Automobile Accident as determined by Coroners inquest.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 10-8-38, 193.....
Where did injury occur? Lewiston, Idaho, Nez Perce County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Highway - South
Manner of injury auto accident
Nature of injury skull fracture

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) C. E. [illegible], M. D.
(Address) Acting Coroner
Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111380

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 102

NOV 10 1938

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

8201

2. FULL NAME Mary A. Drake

(a) Residence. No. 530 11ths St. Clarkston, Wn
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 22, 1856

7. AGE: Years 82 | Months 5 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. Ira Perkins, Clarkston, Wn

18. BURIAL, CREMATION OR REMOVAL
Place. Clarkston, Wn Date. 10/13 193. 8

19. UNDERTAKER (Address): H. R. Merchant, Clarkston, Wn

20. FILED Nov 7, 193. 8 M. W. Carkey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-11-1938

22. I HEREBY CERTIFY, That I attended deceased from 10-5-, 193 8., to 10-11-, 193 8.
I last saw h alive on 10-11-, 193 8.; death is said to have occurred on the date stated above, at 7.1 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... specify.....

(Signed) J. McElwain M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111381

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 203

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph Sartain

(a) Residence No. 1303-14th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/30/06

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	31	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho.

FATHER

13. NAME W. J. Sartain

14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER

15. MAIDEN NAME Mary E. White

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Mrs Tom, Campbell
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 10/14/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Oct 20, 1938 M. F. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/13/38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.... alive on 10/13 193 8.: death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis Generalized.	
Tubercular enteritis	

Other **contributory causes** of importance: None.

Name of operation None. Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur? No injury.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury None.
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Joseph E. Sedlacek, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111382

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 104

(No. Courthouse)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Preisz

(a) Residence No. 1202 F St.
(Usual place of abode)

33 years (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Magnus Preisz

6. DATE OF BIRTH (month, day, and year) Nov. 5, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Courthouse

10. Date deceased last worked at this occupation (mo. and yr.) 10-12-38

11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) O'Fallon
(State or country) Missouri

FATHER

13. NAME Preisz

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Milton Preisz
(Address) Portland, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Oct 14, 1938

19. UNDERTAKER Brower Mayn Co.
(Address) Lewiston, Idaho

20. FILED Nov 7, 1938 M. F. Cerney M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-13-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Oct. 12 1938: death is said to have occurred on the date stated above, at 9:30a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage 10-13-38	
Hypertensive cardio-vascular disease	?

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. F. Cerney M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111383

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 205

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm. Lyman

(a) Residence No. Somerville Home, Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Norecord

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of NoRecord

6. DATE OF BIRTH (month, day, and year) 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stillwater
(State or country) Minn.

FATHER
13. NAME NoRecord
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME NoRecord
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Somerville Home
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 10/17/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Oct 20, 1938 M. A. Caskey M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/14/38

22. I HEREBY CERTIFY, That I attended deceased from May, 193 7, to 10/14, 193 8
I last saw him alive on 10/9 193 8; death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	Jan 1938

Other contributory causes of importance:

Name of operation Trans-urethral re-section Date 1-21-38
What test confirmed diagnosis Clinical & Laboratory Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. S. Douglas, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111384

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 206

(No. St, Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Inf. Daughter of F.W.Philleps

(a) Residence No. 113 Prospect Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/15/38

7. AGE	Years	Months	Days	If LESS than 1 day	hrs. & 30 min.
	0	0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME F. W. Philleps

14. BIRTHPLACE (city or town) Spokane
(State or country) Wash.

MOTHER

15. MAIDEN NAME Olive Pring

16. BIRTHPLACE (city or town)
(State or country) Colorado

17. INFORMANT F.W.Philleps
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~,
Place Lewiston, Ida. Date 10/16/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho,

20. FILED Oct 20, 1938 M. McCauley
(Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/16/38

22 I HEREBY CERTIFY, That I attended deceased from Oct 15, 193 8, to Oct 15, 193 8

I last saw her alive on Oct 15 193 8: death is said to have occurred on the date stated above, at 1:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	Oct 15/38

Other **contributory causes** of importance:

none

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Physical Exam

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. C. Carson, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111385

Registration District No. 1069

Primary Registration District No. 96 Local Registrar's No. 207

(No. White's Hospital) 50

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Blyton

(a) Residence. No. 942 7th St., St. Clarkston, Wn

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James S. Blyton

6. DATE OF BIRTH (month, day, and year): December 20, 1875

7. AGE: Years 62 | Months 9 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brownsville Oregon

FATHER

13. NAME: William Hawk

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Sarah Griffin

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Ray Colbert Clarkston, Wn

18. BURIAL, CREMATION OR REMOVAL

Place Clarkston, Wn Date 10/18, 1938

19. UNDERTAKER (Address): H. R. Merchant Clarkston, Wn

20. FILED Nov 7, 1938 M. H. Caskey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-17- 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-14-, 1938., to 10-17-, 1938.

I last saw him alive on 10-17- 1938.; death is said to have occurred on the date stated above, at 2.30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) J. McElroy M. D.

(Address) Clarkston Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111386

NOV 19 1938

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 268

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

136

2. FULL NAME Donna Jean Callahan

(a) Residence No. Lapwai, (Usual place of abode) Idaho. St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/18/37

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston, (State or country) Idaho.

FATHER

13. NAME Leonard Callahan

14. BIRTHPLACE (city or town) (State or country) Mont.

MOTHER

15. MAIDEN NAME Arlie Carlstrom

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT Leonard Callahan
(Address) Lapwai, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 10/18/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Oct 20 1938 M. W. Caskey
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/17/38

22 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938 to Oct 17, 1938

I last saw her alive on Oct 17 1938; death is said to have occurred on the date stated above, at 3:25A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxemia	10/12/38

Other **contributory causes** of importance:

Bacillary dysentery + convulsions	10/12/38

Name of operation none Date of

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) O. C. Vassar M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111387

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 209
(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

8201

2. FULL NAME Salvador Pecora

(a) Residence No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/17/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. orchardist
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Ferdinand Pecora
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Pasco Pecora
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 10/19/38

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Oct 20, 1938 J M McCullough MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/19/38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 2:45P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Mechanical failure.	
Senility.	

Other **contributory causes** of importance:

None.	

Name of operation None Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur? No injury
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Joseph C. Bedard, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111388

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 210

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 23a

2. FULL NAME Phyllis Loudine Spalding

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs 8 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho

FATHER

13. NAME Phillip Spalding
14. BIRTHPLACE (city or town) Peck,
(State or country) Idaho

MOTHER

15. MAIDEN NAME Amelia Powakee
16. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho

17. INFORMANT Phillip Spalding,
(Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Idaho Date Oct. 20, 1938

19. UNDERTAKER Brower Wenn Company
(Address) Lewiston, Idaho

20. FILED Nov 7, 1938 M W Carey MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-18 1938

22 I HEREBY CERTIFY, That I attended deceased from 10/12, 1938, to 10/13, 1938
I last saw her alive on 10/13 1938: death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary	???
Tuberculosis of the meningeas	???
Other contributory causes of importance:	

Name of operation none x-ray Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ralph M Alley, M. D.
(Address Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111389

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 221

(No.) 48
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Matheny

(a) Residence No. St. Weippe Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elwin Matheny

6. DATE OF BIRTH (month, day, and year) July 11, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME William Fornbaum
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Kate Schnur
16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Elwin Matheny
(Address) Weippe Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Date Oct. 25, 1938 Burial 8

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston Idaho

20. FILED Nov 9, 1938 M. H. Cauley Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 25 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1938, to Oct 25, 1938
I last saw her alive on Oct 20 1938: death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	18-24 mos ago
Other contributory causes of importance:	

Name of operation Exploratory Lap. Date of Oct 17
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Paul O. Shurock M. D.
(Address Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111390

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 271
(No. 315 - 5th St.)
(If death occurred in a hospital or institution, give its name instead of street and number) 946

2. FULL NAME Wayne Mounce

(a) Residence No. Brandt apt. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hazel Mounce

6. DATE OF BIRTH (month, day, and year) Nov 14-1885

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER
13. NAME Jasper Mounce
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER
15. MAIDEN NAME Emma McLeod
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Mrs Hazel Mounce
(Address) Lewiston Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Date Oct 22, 1938

19. UNDERTAKER Vasser-Rawls Co
(Address) Lewiston Idaho

20. FILED Oct 20, 1938 M. W. Carey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-20 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1938, to Oct 20, 1938
I last saw him alive on Oct 2 1938: death is said to have occurred on the date stated above, at 8:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 1938
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) E. G. Broadbent M. D.
(Address Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewiston
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111391

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 292

(No. 1008 E. 3rd. St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93d1

2. FULL NAME Emanuel B. Flasher

(a) Residence No. 1008 E. 3rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Hulda P. Flasher
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/31/1855

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
83	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. realestate dealer

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Highland
(State or country) Wis.

FATHER

13. NAME Jared Flasher

14. BIRTHPLACE (city or town)
(State or country) Pa.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT L.G. Flasher
(Address) Lewiston Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida Date 10/24, 1938

19. UNDERTAKER E.R. Short
(Address) Moscow, Ida

20. FILED Oct 26 1938 M W Cauley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/23 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/25/37, 193..., to 10/23/38, 193...
I last saw h... alive on 10/23/38, 193...: death is said to have occurred on the date stated above, at 6:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Int. Senile Senility.	unknown unknown unknown
Other contributory causes of importance:	
None.	

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? No injury
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Joseph A. Beard M. D.
(Address) Lewiston Idaho

Baldwin

PLACE OF DEATH
County of Ley Perce
City of Lewiston

INOV 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111392

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 213
(No. St. Josephs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 157b

2. FULL NAME Mary Ellen Summers
(a) Residence No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 8-1-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Lewiston, (State or country) Idaho

FATHER
13. NAME T. W. Summers
14. BIRTHPLACE (city or town) — (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME B Armstrong
16. BIRTHPLACE (city or town) — (State or country) Wash.

17. INFORMANT T. W. Summers
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date 10/24, 1938

19. UNDERTAKER Vassar-Rawlins
(Address) Lewiston Idaho

20. FILED Nov 7, 1938 M. K. Carey Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-23 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 10-23, 1938
I last saw h[illegible] alive on 10-23 1938; death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia acute.	Oct 21st 1938

Other **contributory causes** of importance:

None.	

Name of operation Explanation of Mining cavities Date of
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? No injury.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury None.
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph E. Baldwin M. D.
(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of LezPerce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111393

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 214
(No.) 140

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nora Elizabeth Osborne

(a) Residence No. 1603 7ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stanley Osborne

6. DATE OF BIRTH (month, day, and year) Aug 9, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Radville
(State or country) Saskatchewan. Canada

FATHER

13. NAME Frank Atkinson

14. BIRTHPLACE (city or town) Toronto
(State or country) Ontario

MOTHER

15. MAIDEN NAME Katherine Walker

16. BIRTHPLACE (city or town) Hamilton
(State or country) Ontario

17. INFORMANT Stanley Osborne
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date Oct 27, 1938

19. UNDERTAKER Brower Wann Co
(Address) Lewiston Idaho

20. FILED Nov 7, 1938 M. K. Caskey MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 28 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to Oct 24, 1938

I last saw h[illegible] alive on Oct 24 1938: death is said to have occurred on the date stated above, at 30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Puerperal Infection	Oct 15-38
Other **contributory causes** of importance:	
Self Induced abortion 2½ months	Oct 12-38

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Cardial Symptoms & History

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. F. Whale, M. D.
(Address) Lewiston Ida

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111394

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 215
(No. St. Josephs Hospital) 121a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick Carpenter

(a) Residence No. ..... St. Lucile, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-14-1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marquette (State or country) Idaho

FATHER
13. NAME Frederick Carpenter
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Bernice Clark
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fred Carpenter (Address) Lucile, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Marquette, Ida. Date 10-25, 1938

19. UNDERTAKER Vassar-Reed Co. (Address) Lewiston, Idaho

20. FILED Oct 27, 1938 M. K. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1938, to 10-24, 1938
I last saw h. him alive on 10-24 1938; death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	

Other contributory causes of importance:
Pneumonia - Empyema
Peritonitis

Name of operation Appendectomy Date of Sept 24
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. T. Scott, M. D.
(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111395

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 246

(No. 516)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Anderson Parker

(a) Residence No. 0126 24 St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Parker

6. DATE OF BIRTH (month, day, and year) Dec. 9, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Ira Parker

14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME Rachel Strong

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Laura Parker
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Lewiston Date Oct. 27, 1938

19. UNDERTAKER Brower ann CO
(Address) Lewiston Idaho

20. FILED Nov 7, 1938 M W Canby, MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 26 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to Oct 26, 1938
I last saw h[illegible] alive on Oct 26, 1938: death is said to have occurred on the date stated above, at 9:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Oct 26/38

Other contributory causes of importance: Known

Carcinoma of bladder with metastases	Aug 1st 38

Name of operation Exploratory Date of Oct 15 38
What test confirmed diagnosis? Post mortem Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) O. L. Carrson, M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH
County of NezPerce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111396

NOV 10 1938

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 247

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 9562

2. FULL NAME Hattie Mae Vicory

(a) Residence No. St.
(Usual place of abode) Granville Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herick Vicory

6. DATE OF BIRTH (month, day, and year) Feb 24 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grangeville
(State or country) Idaho

FATHER
13. NAME C. S. Rossiter
14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER
15. MAIDEN NAME Marietta Mason
16. BIRTHPLACE (city or town)
(State or country) Oregon

17. INFORMANT Herick Vicory
(Address) Granville Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Nov 28, 1938

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston Idaho

20. FILED Nov 7, 1938 M W Easley MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/26 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/26, 1938, to 10/26, 1938
I last saw h[illegible] alive on 10/26 1938; death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease Type undetermined	1934
Cardiac Decompensation	10/12/38

Other contributory causes of importance: None

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193[illegible]
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No injury
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Douglas, M. D.
(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nexperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111397

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 218

NOV 10 1938

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

92 R

2. FULL NAME Guletta Tucker

(a) Residence. No. 15th & Elm St. Clarkston, Wn
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roy Tucker

6. DATE OF BIRTH (month, day, and year) January 15, 1906

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
32	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME William Reed

14. BIRTHPLACE (city or town) (State or country) Tanner Co., Iowa

MOTHER

15. MAIDEN NAME Emma Ball

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Roy Tucker
(Address) Clarkston, Wn

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn Date 10/29 193 8

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wn

20. FILED Nov 7, 1938 M. W. Casky M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/26 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept., 193 7, to Oct. 26, 1938.
I last saw her alive on Oct. 26, 1938: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Oct 26-38
from Chronic Endocarditis	1930
Acute exacerbation of Ch. Endocarditis	Oct 20 1938

Other **contributory causes** of importance:

Secondary Anemia	1937
Cause of Heart (Disease cannot be determined)	

Name of operation None Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. E. Beardsack, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111398

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 219

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 12282

2. FULL NAME Howard Robert Borders

(a) Residence No. Pierce Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year) 11/10/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho.

FATHER
13. NAME Percy Borders
14. BIRTHPLACE (city or town)
(State or country) Wash.

MOTHER
15. MAIDEN NAME Vivan Sell
16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMANT Mr. Percy Borders
(Address) Pierce, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Date 10/30/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Nov 7, 193 8 M. K. Carkey MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 27 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 27, 193 8, to Oct 27, 193 8
I last saw h~~im~~ alive on Oct 27 193 8: death is said to have occurred on the date stated above, at 6 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal obstruction.	

Other **contributory causes** of importance:

Meckels Diverticula - formed loop upon which bowel herniated	

Name of operation none Date of
What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury, 193
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ~
Manner of injury ~
Nature of injury ~

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ~

(Signed) David G. Lawson, M. D.
(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111399

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 220
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

82 a 1

2. FULL NAME J. B. Mitchell

(a) Residence No. 709½ - Snake River Ave St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Hattie Mitchell

6. DATE OF BIRTH (month, day, and year) 7/3/1867

7. AGE: Years 71 | Months 4 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ray Mitchell
(Address) Pendleton, Ore.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Date 10/30, 1938

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Nov 7, 1938 M. McCauley M.S.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/28/1938

22 I HEREBY CERTIFY, That I attended deceased from 10/19, 1938, to 10/28, 1938
I last saw him alive on 10/27 1938.: death is said to have occurred on the date stated above, at 3:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	10/19/38.
Other **contributory causes** of importance:	
[illegible]	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following: no
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Donald D. McRoberts, M. D.
(Address) The Clinic, Lewiston, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111400

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 31

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dale Jones Price

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 7 1938

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
0	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME John Lionel Price

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Anella Jones

16. BIRTHPLACE (city or town) Malad
(State or country) Idaho

17. INFORMANT John L Price
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Malad Idaho Date Oct 18 1938

19. UNDERTAKER J Berry Benson
(Address) Malad Idaho

20. FILED Oct 21, 1938. M J Kelms
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938, to Oct 16, 1938.

I last saw h[illegible] alive on Oct 16, 1938; death is said to have occurred on the date stated above, at 7:35PM.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 13

Other **contributory causes** of importance:

Sick from birth	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) O B Mahaffey M. D.

(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Owyhee
City Silver City

RECEIVED
NOV 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 43rd
Primary Registration District No. 2120

DO NOT WRITE IN THIS SPACE
State File No. 111401

Local Registrar's No. 46

(No. 95 Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John P. Anderson

(a) Residence. No. Silver City St. Silver City Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining

10. Date deceased last worked at this occupation (month and year) Oct. 1938

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) D. K. Robinson Nampa Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 10/29 1938

19. UNDERTAKER (Address) F. C. Robinson Nampa Ida.

20. FILED Nov 12, 1938 T. H. Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 27 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-18-, 1938, to 10-27-, 1938.

I last saw him alive on 10-18- 1938: death is said to have occurred on the date stated above, at about 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of large vessel in lung.	10-27-38.

Other contributory causes of importance:

Hypertensive heart disease and cardiac asthma.	28 yrs. 8 mo.

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. & Post mortem. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. P. A. Kress M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

RECEIVED
NOV - 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE
State File No. 111402

Local Registrar's No. 59

(No. 132 a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude agnes Brainard

(a) Residence. No. 920 - 2d ave South St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E S C Brainard

6. DATE OF BIRTH (month, day, and year) Oct 13 - 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Corsona
(State or country) New York

FATHER
13. NAME Wayne J Woodruff
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Mary J Sherwood
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT L. U. Brainard
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Riverside Cemetery Date 10 - 9, 1938

19. UNDERTAKER J L Forster
(Address) Payette Idaho

20. FILED 10/8/38, 193... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 193 8, to Oct. 6, 193 8
I last saw her alive on Oct 6, 193 8: death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	Sept. 19
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ....., M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of Payette

NOV – 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111403

Registration District No. 4

Primary Registration District No. 4008

Local Registrar's No. 60

(No. 159)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Chase

(a) Residence. No. Payette Hotel St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of October

6. DATE OF BIRTH (month, day, and year) October 8 - 1938

7. AGE Years	Months	Days	If LESS than 1 day 16 hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payette Ida

FATHER

13. NAME Clem Chase

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Myrtle Edwards

16. BIRTHPLACE (city or town) (State or country) Lincoln Nebraska

17. INFORMANT (Address) Mrs. Clay Eckley Payette Hotel Payette Ida

18. BURIAL, CREMATION, OR REMOVAL

Place Riverside Date 10-9, 1938

19. UNDERTAKER (Address) J. L. Hopkins Payette Ida

20. FILED 10/8/38, 193... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/6, 1938 to 10/8, 1938.

I last saw him alive on 10/6, 1938; death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Clark, M. D.

(Address) Payette, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of PAYETTE.
City of PAYETTE.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111404

Registration District No. 4.
Primary Registration District No. 1008. Local Registrar's No. 61.
(No. 20 South 6th. Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Le Roy Sellick,

(a) Residence No. 20 South 6th. Street St. Payette, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) May 18, 1933

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	5	5	3.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho

FATHER
13. NAME Fred Lee Sellick
14. BIRTHPLACE (city or town) Des.Moines, Iowa
(State or country)

MOTHER
15. MAIDEN NAME Golda Alice Rice
16. BIRTHPLACE (city or town) Pleasantview
(State or country) Utah.

17. INFORMANT Fred Lee Sellick
(Address) Payette, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parma Cem. Date 10-22, 1938

19. UNDERTAKER O. K. Foster
(Address) Payette, Idaho

20. FILED 10/21/38 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/21-38

22 I HEREBY CERTIFY, That I attended deceased from 10/20/38, 193..., to 10/21/38, 193...
I last saw him alive on 10/20/38 193...: death is said to have occurred on the date stated above, at 4.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lower Lobe Pneumonia	
Septic Phlebitis, right leg	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ---------

(Signed) J. C. Woodward, M. D.
(Address) Payette, Idaho.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111405

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 93 c

2. FULL NAME Mary Etta Abercrombie

(a) Residence. No. 427 S 16 St. Payette Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J M Abercrombie

6. DATE OF BIRTH (month, day, and year) Jan 31 - 1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER/FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER/FATHER

15. MAIDEN NAME Martha Tucker

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Lizzie Harts

18. BURIAL, CREMATION OR REMOVAL
Place Dunn Cemetery Date 10-31-1938

19. UNDERTAKER J R Foster
(Address) Payette Ida

20. FILED 10/30/38 193.. J C Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/28/38 10 a.m. to 10/28/38 12 p.m.
I last saw her alive on 10/28.., 193..8 death is said to have occurred on the date stated above, at 12 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac	
Chronic Myocarditis	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) M F Clark M. D.
(Address) Payette, Ida.

OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 111406

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Shoshone
City of Wallace

NOV 7 1938

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 46
(No. Shoshone County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57a

2. FULL NAME C. N. Campbell

(a) Residence. No. Wallace Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Building
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mount Solon Virginia

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) L. W. Neely Wallace Idaho

15. Filed Oct 18, 1938 John A Bown Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 20 (Day) 38 (Year), 19....

17. I HEREBY CERTIFY, That I attended deceased from 6/9, 1938, to 8-20, 1938
that I last saw him alive on 8/20, 1938
and that death occurred, on the date stated above, at 11 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Old age

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic arthritis

(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W. C. Rumsey, M. D.
10/15, 1938 (Address) Kellogg Ida

19. Place of Burial, ~~Cremation, or Removal~~ Wallace Idaho — Date of Burial 8/25 1938

20. Undertaker Worden Co — Address Wallace Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH
County of Shoshone
of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111407

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 46
(No. Shoshone County Dept. mary. 46c

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME E. D. Chausse

(a) Residence No. Murray Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Anna Chausse

6. DATE OF BIRTH (month, day, and year) 12/16/75

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester N.Y.
(State or country)

FATHER
13. NAME X. E. Chausse
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMANT Mary Lacher
(Address) Duthie, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Date Sept 25 193 8

19. UNDERTAKER B. L. Markell
(Address) Wallace Ida

20. FILED Oct 8, 1938 Anna Burns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 23 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6th, 1938, to Sept 23rd, 1938
I last saw him alive on Sept 10 1938: death is said to have occurred on the date stated above, at 8 30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach 2 Segmund	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. R. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111408

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 47

NOV

(No. Coe Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 9562

2. FULL NAME George Richardson

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 77 — Months: — Days: — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Not known

FATHER

13. NAME: " "
14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Coe Hospital Records Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Ida Date: Sept 30 1938

19. UNDERTAKER (Address): J.A. Bowers (Wards) Wallace Ida

20. FILED: Sept 29 1938 John A Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Sept 27 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw him alive on Sept 25 1938: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic heart disease	
Other contributory causes of importance:	
Chronic alcoholism	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. E. Lindsay, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111403

Registration District No. 70
Primary Registration District No. 10 11
(No. Residence)
Local Registrar's No. 48

NOV - 7 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

536

2. FULL NAME Harriet Hubbell Beale

(a) Residence No. 117 King St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46-2-15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced, (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Charles W. Beale

6. DATE OF BIRTH (month, day, and year) 10-6-1867

7. AGE: Years 70 | Months 11 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Altona
(State or country) Illinois

FATHER
13. NAME J. F. Hubbell
14. BIRTHPLACE (city or town) Delaware
(State or country) Ohio

MOTHER
15. MAIDEN NAME Mary M. Maxey
16. BIRTHPLACE (city or town)
(State or country) Kentucky

17. INFORMANT Dr. Ruth P. Huffman
(Address) Piedmont, Calif.

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place Spokane Wn Date 10-3-, 1938

19. UNDERTAKER Bruce G. Warstell
(Address) Wallace Ida

20. FILED Oct. 3, 1938 John A Burr
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-2 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct, 1937, to Oct 1, 1938
I last saw h~~im~~ alive on Sept 30 1938: death is said to have occurred on the date stated above, at 3 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~Coma~~	
Carcinoma of Bladder	Mar 1937
Acute uremic	Sept 27-1938
suppression	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ruth P. Huffman, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

NOV - 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111410

Registration District No. 70
Primary Registration District No. 101
Local Registrar's No. 49
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number) 94a

2. FULL NAME Edward Bernard Jones

(a) Residence No. Harris Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) Dec 18 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Park City Utah

MOTHER FATHER
13. NAME Thomas Murphy Jones
14. BIRTHPLACE (city or town) (State or country) Richard Penna
15. MAIDEN NAME Sarah [illegible] Wis.
16. BIRTHPLACE (city or town) (State or country) [illegible] Penna

17. INFORMANT [illegible] Robertson
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Date Dec 6, 1938

19. UNDERTAKER Bower & Woods
(Address) Wallace Ida

20. FILED Dec 7, 1938 John A Bevan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 3 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis Staph Aureus Infection Bilateral Pyelonephritis	Few months
Other contributory causes of importance	
Chronic Prostatitis Benign Hypertrophy	Few years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. W. Worrell Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111411

Registration District No. 70
Primary Registration District No. 101 Local Registrar's No. 50
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME George Obery

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct 5 1938
7. AGE: Years | Months | Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wallace Ida

FATHER
13. NAME: Axel Oberg
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Laura Hodge
16. BIRTHPLACE (city or town) (State or country): Wallace Ida.

17. INFORMANT: Axel Oberg (Address) Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL: Place Wallace Ida Date Oct 8, 1938
19. UNDERTAKER: J. A. Bucy (works) (Address) Wallace Ida
20. FILED Oct 7, 1938 John A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Oct 6 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1938, to Oct 6, 1938
I last saw him alive on Oct 6 1938: death is said to have occurred on the date stated above, at 6 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary atelectasis	Oct 6
Premature birth	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Paul Eddes M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 60
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 111412

7564

2. FULL NAME Martha Rogers

(a) Residence No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: ~~Female~~
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If ~~married,~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): 1852-Dec 23

7. AGE — Years: 85 ~~66~~ | Months: 11 | Days: 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: Thomas Carr
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Nancy Sidford
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Mrs. Harry Phillips Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date Nov 11, 1938

19. UNDERTAKER (Address): P. J. Thornbeck Kellogg Idaho

20. FILED Nov. 10, 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Oct 8 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to Oct 8., 1938
Last saw her alive on Oct 6, 1938: death is said to have occurred on the date stated above, at 1 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
heart failure	Oct 4, 38
Other **contributory causes** of importance:	
senility	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Glenn McCaffery M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111413

NOV 12 '38

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 61

(No. 102)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph Howard

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Bessie

6. DATE OF BIRTH (month, day, and year) Sept-12-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Miner - Home Mover
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oregon
(State or country)

FATHER
13. NAME Jesse Howard
14. BIRTHPLACE (city or town) Oregon
(State or country)

MOTHER
15. MAIDEN NAME Mrs Duff
16. BIRTHPLACE (city or town) Oregon
(State or country)

17. INFORMANT Mrs. Bessie Howard
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date Oct. 14 1938

19. UNDERTAKER P. F. Shanahan
(Address) Kellogg Idaho

20. FILED Nov. 10, 1938 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct-11-1938 at 8:45 AM

22 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 11, 1938
I last saw him alive on Oct 11 1938: death is said to have occurred on the date stated above, at 8:45 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10-7-38
Bilateral	
Other **contributory causes** of importance:	

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold Thompson M. D.
(Address Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of ~~Kellogg~~ Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NOV - 7 1938

DO NOT WRITE IN THIS SPACE
State File No. 111414

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 57
(No. Cen Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 85

2. FULL NAME Paul Strawn

1. (a) Residence No. Not known. Transient. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-13-1904

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto-Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage
10. Date deceased last worked at this occupation (mo. and yr.) 6-1937
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Pueblo
(State or country) Colorado.

FATHER

13. NAME Milton Ayler Strawn

14. BIRTHPLACE (city or town) Streator
(State or country) Ill.

MOTHER

15. MAIDEN NAME Kathleen Carmichael

16. BIRTHPLACE (city or town) Trinidad
(State or country) Colo.

17. INFORMANT M. Strawn
(Address) Colorado.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date Oct. 15, 1938

19. UNDERTAKER K-L Stout
(Address) Kellogg Idaho

20. FILED Oct 30, 1938 Joshua Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 13 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Chronic Nephritis	
Arterio Sclerosis	
Other contributory causes of importance:	
Alcoholism and Epilepsy	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. Morgan Coffee M. D.
(Address) Wallace Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 111415

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 51
(No. Shoshone County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

NOV 7 1938

1240

2. FULL NAME Tom Toy

(a) Residence. No. Wallace Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer - Teamster
(b) General nature of industry, business, or establishment in which employed (or employer) Livery Barn
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Chicago Ills

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant (Address) L W Wiltse Wallace Idaho

15. Filed Oct 18 1938 John A Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 13 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8/23 1938 to Oct 13 1938
that I last saw him alive on Oct 18 1938
and that death occurred, on the date stated above, at 2:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Alcoholic cirrhosis
Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W C Lindsay M. D.
Oct 18 1938 (Address) Kellogg Ida

19. Place of Burial, ~~Cremation, or Removal~~ Wallace Idaho — Date of Burial 10/18 1938

20. Undertaker Conley & Co — Address Wallace Idaho

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111416

NOV 7 19[illegible]

Registration District No. 70
Primary Registration District No. 1911
Local Registrar's No. 50
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 93C

2. FULL NAME Dennis Connors

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: 52 | Months: | Days: | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail drug business
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Nice Connors (Address) Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL: Place Wallace Ida. Date Oct 22, 1938
19. UNDERTAKER: J. A. Beer (Words) (Address) Wallace Ida.
20. FILED Oct 21, 1938 John A. Beer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Oct 17 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to Oct 17, 193..
I last saw h[illegible] alive on Oct 17, 193..: death is said to have occurred on the date stated above, at 12 M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	1 hr
Hypostatic pneumonia	1 day
Chronic Alcoholism	2 3 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? — If so, specify .....
(Signed) Edward Burke, M. D.
(Address) Wallace, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111417

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 62

(No.) 159
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Bigelow

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 16 1938

7. AGE — Years | — Months | 1 Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg Ida
(State or country)

FATHER
13. NAME John B Bigelow
14. BIRTHPLACE (city or town) Colorado
(State or country)

MOTHER
15. MAIDEN NAME Georgia Cruse
16. BIRTHPLACE (city or town) Washington
(State or country)

17. INFORMANT John Bigelow
(Address) Smelterville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date Oct 18 1938

19. UNDERTAKER M. C. Thornfelt
(Address) Kellogg Ida

20. FILED Nov 10, 1938 Mrs Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 17 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1938, to Oct 17, 1938
I last saw her alive on Oct 17 1938: death is said to have occurred on the date stated above, at 6 a- m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth (6½ mo)	Oct. 16, '38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Glenn McCoffum M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED
NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111418

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 63
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number) 157

2. FULL NAME Ruby Kaminski

(a) Residence No. 310 S. Elm St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 19-1930

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Kellogg Idaho
(State or country)

FATHER

13. NAME Frank Kaminski

14. BIRTHPLACE (city or town) Gilman
(State or country) Minn.

MOTHER

15. MAIDEN NAME Ruby Anderson

16. BIRTHPLACE (city or town) Lyon Creek
(State or country) Mont.

17. INFORMANT Hank Kaminski
(Address) Kellogg Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date Oct 22, 1938

19. UNDERTAKER R. L. Stout
(Address) Kellogg Idaho

20. FILED Nov. 10, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 19 - 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-18-, 1938, to 10-19-, 1938

I last saw him alive on 10-19 1938; death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (5½ mo)	10-18-38
Other contributory causes of importance:	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_____
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) D. McAffee, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11141

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 54

NOV - 7 1938

(No. 52 Cedar Street)
(If death occurred in a hospital or institution, give its name instead of street and number) 93c

2. FULL NAME Lillian C. Thompson

(a) Residence No. 52 King St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of James Thompson

6. DATE OF BIRTH (month, day, and year) May 28 1869

7. AGE: Years 69 | Months 4 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galesburg Ill.

FATHER

13. NAME Franklin Stanton

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Ellen Riggin

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs Martin Johnson
(Address) Nebraska

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wallace Ida Date Nov 22, 1938

19. UNDERTAKER J A Power & Sons
(Address) Wallace Ida

20. FILED Nov 21, 1938 John A Power
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 20 1938

22 I HEREBY CERTIFY, That I attended deceased from Apr 1937, 193..., to Oct 20, 1938.

I last saw h.. alive on Oct 19 1938.: death is said to have occurred on the date stated above, at 5.45A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	10-19-38
Chr myocarditis	

Other **contributory causes** of importance:

Arteriosclerosis	
Von Recklinghausen's disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. W. Fellows, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111420

Registration District No. 70
Primary Registration District No. 101 Local Registrar's No. 55
(If death occurred in a hospital or institution, give its name instead of street and number) Providence Hospital

2. FULL NAME Felix Klaigle

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 53 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Concrete Work
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ontario Canada

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Canada.

17. INFORMANT: Harvey Bertram (Address) Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL. Place Wallace Ida. Date Oct 26, 1938
19. UNDERTAKER: J. A. Bower (wards) (Address) Wallace Ida.
20. FILED Oct 25, 1938 John A Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 22 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1938 to Oct 22, 1938
I last saw him alive on Oct 22 1938: death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Arteriosclerosis	

Other contributory causes of importance:
Fractured Base Skull

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 16 1938
Where did injury occur? Mine Kellogg Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In Mine
Manner of injury Fell down Shaft
Nature of injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Geo. W. Wolverton M. D.
Address Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Near Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111421

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 56

1. (If death occurred in a hospital or institution, give its name instead of street and number) (No. Meadowvue 1196 Hellon St.)

2. FULL NAME John Peter Williams

(a) Residence No. Midnight Mine (Usual place of abode) St. near Mullan Ida.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 12 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mullan Ida.
(State or country)

FATHER

13. NAME Peter Williams

14. BIRTHPLACE (city or town) Texas
(State or country)

MOTHER

15. MAIDEN NAME Nolie Broach

16. BIRTHPLACE (city or town) Arkansas
(State or country)

17. INFORMANT Peter Williams
(Address) Mullan Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mullan Ida Date Oct. 25, 1938

19. UNDERTAKER J. A Bever (Wards)
(Address) Wallace Ida

20. FILED Oct 24, 1938 John A Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 23 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4-30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastro-Enteritis	10/16/38
Other **contributory causes** of importance:	
Feeding, Poor Regulation of	9/20/38

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Elizabeth Russell M. D.
(Address Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111422

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 64

NOV 12 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar L. Bonnell

(a) Residence No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: about 27 yrs old
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

FATHER
13. NAME: Mother information
14. BIRTHPLACE (city or town) (State or country): unavailable

MOTHER
15. MAIDEN NAME: unavailable
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: E. F. Bonnell
(Address): Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place: Kellogg Date: Oct 28, 1938

19. UNDERTAKER: P. F. Hornbeck
(Address): Kellogg Idaho

20. FILED: Nov. 10, 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Oct 24 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to....., 193...
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart Secondary to Coronary Thrombosis	Oct 24 1938
Other contributory causes of importance: Arteriosclerosis & Angina Pectoris	Several Years

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? —. Date of injury....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. D. Mowry M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111423

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 65
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Rankin

(a) Residence No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov-4-1870

7. AGE: Years 67 | Months 11 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Accountant Metallurgy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) North Ireland
(State or country)

FATHER
13. NAME Robert Rankin
14. BIRTHPLACE (city or town) North Ireland
(State or country)

MOTHER
15. MAIDEN NAME Martha Reed
16. BIRTHPLACE (city or town) North Ireland
(State or country)

17. INFORMANT Wardner Hospital
(Address)

18. BURIAL, CREMATION OR REMOVAL Richmond Ind.
Place Cemetery Date Dec 27, 1938

19. UNDERTAKER P. F. Thornhill
(Address) Kellogg Idaho

20. FILED Nov. 10, 1938 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) October 24 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-24, 1938, to 10-24, 1938
I last saw him alive on 10-24 1938: death is said to have occurred on the date stated above, at 5:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	10-24-38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T. Anderson M.D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111424

NOV 12 1938

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 66

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hugh Graham

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct-27-1919
7. AGE: Years: 19; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Arizona

FATHER
13. NAME: A. L. Graham
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Elizabeth Innes
16. BIRTHPLACE (city or town) (State or country): Nebraska

17. INFORMANT: A. L. Graham (Address) Kellogg

18. BURIAL, CREMATION OR REMOVAL Place: Kellogg Date: Oct 29, 1938

19. UNDERTAKER: P. E. Shamblen (Address) Kellogg - Idaho

20. FILED: Nov. 10, 1938 Mrs. Helen M. Brodie Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Oct 26 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..

I last saw him alive on Oct 26 1938: death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound Chest Thru Heart Instantaneous Death	Instant

Other contributory causes of importance:

Work Injuries Work Related Injuries

Name of operation: Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Oct 26 1938
Where did injury occur? Montgomery Gulch (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place: Mine
Manner of injury: Gun Shot Wound
Nature of injury: Fatal

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Thompson M.D.
(Address) Wallace Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111425

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 57
(If death occurred in a hospital or institution, give its name instead of street and number) (No. Providence Hospital)

2. FULL NAME Hiram Campbell
(a) Residence No. Richard Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myra Campbell

6. DATE OF BIRTH (month, day, and year) Aug 20 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME Doc Campbell
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Morehouse
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs Hiram Campbell (Address) Richard Ida

18. BURIAL, CREMATION OR REMOVAL Place Wallace Ida Date Oct 30, 1938

19. UNDERTAKER J A Bower (Wards) (Address) Wallace Ida

20. FILED Oct 30, 1938 John A Bower Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept ..., 193.., to Oct 28, 193..
I last saw him alive on Oct 27 193..: death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poisoning	several days
Chronic nephritis	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) J A Bower M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wardner

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111426

RECEIVED
NOV - 9 1938

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 59

(No.) 8201
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Huber

(a) Residence No. Wardner Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 29 - 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME [redacted] Huber

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME No Info Available

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Wardner Hospital
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Forest Lawn Idaho Date Nov 1 1938

19. UNDERTAKER Mrs. F. Thornhill
(Address) Kellogg Idaho

20. FILED Nov 7, 1938 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 30 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1938, to Oct 30, 1938

I last saw him alive on Oct 30 1938: death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/22/38

Other contributory causes of importance:

Senility	
Hypostatic pneumonia	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Gallowell, M. D.
(Address Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

REC'D AUG 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111427

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 183

(No.) Twin Falls, Ida - R.F.D. 2
(If death occurred in a hospital or institution, give its name instead of street and number) 210 i

2. FULL NAME Barbara Marie Gardner

(a) Residence No. Twin Falls, Ida - R.F.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 11-28-1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chinnook
(State or country) Montana

FATHER
13. NAME Earl T. Gardner
14. BIRTHPLACE (city or town) Delta
(State or country) Utah

MOTHER
15. MAIDEN NAME Grace Hiatt
16. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

17. INFORMANT Earl T. Gardner
(Address) Twin Falls, Ida - R.F.D. 2

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Memorial Oct-5, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED Oct 11, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 8 1938

22 I HEREBY CERTIFY, That I saw deceased from Oct 1, 1938, to ....., 193..
I last saw her alive on Oct 1 1938: death is said to have occurred on the date stated above, at 11.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	Oct 1, 1938
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: accident
Accident, suicide, or homicide? ..... Date of injury Oct 1 193 8
Where did injury occur? Twin Falls County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Struck by truck
Nature of injury Fractured Skull

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo C Halley, M. D.
(Address) Twin Falls Co Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

RECEIVED OCT 28 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111428

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 195

(No. 167)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Geizler

(a) Residence No. Rural Route # 2 Twin Falls, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) 5/28-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT E.F.Prater (Sheriff)
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Twin Falls Cem. Date 10/8/, 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED Oct 18, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/8 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw him ~~xxx~~ on Oct. 8, 1938: death is said to have occurred on the date stated above, at 6:15p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wound penetrating skull	10/8/38

Other **contributory causes** of importance:

Name of operation none Date of —

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following: Suicide

Accident, suicide, or homicide? ..... Date of injury 10/8/38 193.....

Where did injury occur? Twin Falls Co
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Home

Manner of injury Gunshot wound

Nature of injury Fractured skull

24 Was disease or injury in any way related to occupation of deceased? no ..... If so, specify .....

(Signed) George C Hallen M. D. (Coroner)

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11142

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. Corner Drug Store - Main & Broadway.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Huston

(a) Residence. No. Buhl St. 8201
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Huston

6. DATE OF BIRTH (month, day, and year) Aug. 28 --- 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Sta. operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Burlington, Iowa.

FATHER
13. NAME Cicero Huston
14. BIRTHPLACE (city or town) (State or country) Burlington, Iowa

MOTHER
15. MAIDEN NAME Martha Marshall ?
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs Bertha Huston Buhl, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl, Ida Date 10/11, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl L. Johnson

20. FILED 10/10/38 193 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1938, to 10-8, 1938
I last saw ~~him~~ alive on 10-6, 1938: death is said to have occurred on the date stated above, at 12 noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	Sudden
Other contributory causes of importance:	
Arteriosclerosis Unknown	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. C. Parkinson M. D.
(Address) Buhl Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111430

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number) 47 b

2. FULL NAME Chris Medawy Radic
(a) Residence No. 2 St. Burley Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year): May 10 1884
7. AGE: Years 54 | Months 4 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Section Hand.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad U. P.
10. Date deceased last worked at this occupation (mo. and yr.): Aug 1938
11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (city or town) (State or country): Sophia Bulgaria

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs. D. L. Mason Burley, Ida.
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Burley, Ida. Date: Oct. 11, 1938
19. UNDERTAKER (Address): L. T. Albertson Burley Idaho
20. FILED 10/10, 1938 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 10/9 1938
22 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1938, to Oct 7, 1938
I last saw h in alive on Oct 9, 1938: death is said to have occurred on the date stated above, at 10:23 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sympho sarcoma of mediastinum, & right lung.	one yr. ago.

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or **in public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Vern H. Anderson, M. D.
(Address) Burley, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

H. L. McMartin, M. D., Director — C. A. Bottolfsen, Governor

MAR 28 1939

March 24, 1939

Mr. John L. Mason
Box 55
Buhl, Idaho

Dear Mr. Mason:

Receipt is hereby acknowledged of your request for a copy of the death certificate of Chris Nedawf.

Please be advised the record is on file in this Bureau under State File No. 111430.

The law requires a fee of fifty cents (coin or money order) payable in advance for each certified copy issued. Therefore, upon receipt of this fee, we shall promptly issue the desired certified copy.

Kindly return this notice with your remittance.

Very truly yours,

DIVISION OF PUBLIC HEALTH

Mae G. Atwood

Mae G. Atwood
Registrar of Vital Statistics

On our record of death the name is spelled Nedawf, Do you think this is the one you wish? He died 10/9/38

Bureau of Vital Statistics.

P B A

Bureau of Vital Statistics
Boise Idaho.

Buhl, Idaho.
March 27. 1939

Form #2

Inclosed please find .50 for a copy of death certificate for Chris Nedoff. The date is correct, but his name is misspelled. It should be Nedoff. rather than Nedawf.

John L. Mason

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111431

NOV 12 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 191

(Twin Falls General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Bertha B. Dakin

(a) Residence No. Twin Falls, Ida R.F.D. 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of Fremont Dakin
6. DATE OF BIRTH (month, day, and year) 12-23-1891
7. AGE: Years 46 | Months 9 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coshocton County
(State or country) Ohio

FATHER
13. NAME J.W. Given
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Fowler
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Fremont Dakin
(Address) R.F.D.1 Twin Falls, Ida
18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 10-12, 1938
19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho
20. FILED Nov 11, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-9 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1938, to Oct 9, 1938
I last saw her alive on Oct 9 1938: death is said to have occurred on the date stated above, at 6:30 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid fever	Sept 18 '38
Other **contributory causes** of importance:	

Name of operation [illegible] Date of
What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. A. Steaver, M. D.
(Address Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111432

OCT 25 1938

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 193

(No. 158 N Washington)
(If death occurred in a hospital or institution, give its name instead of street and number) 182

2. FULL NAME Marilyn Moyes

(a) Residence No. 158 N Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) 2-10-1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME E.A. Moyes
14. BIRTHPLACE (city or town) Lyman
(State or country) Wyoming

MOTHER
15. MAIDEN NAME Vera Ida Maby
16. BIRTHPLACE (city or town) Marion
(State or country) Idaho

17. INFORMANT E.A. Moyes
(Address) 158 N Washington

18. BURIAL, CREMATION OR REMOVAL
Place Sunset Memorial Date 10-14, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 10/15/38 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-11 1938

22 I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ....., 193.....
I last saw him alive on 10/11 1938: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental hanging	10/11/38
Other contributory causes of importance:	

Name of operation none Date of:
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/11/38 193.....
Where did injury occur? Twin Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public place
Manner of injury Caught neck in noose in swing
Nature of injury Accidental hanging

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Geo C Hadley, M. D.
(Address) Coroner Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111433

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 194

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Daniel Currington

(a) Residence No. Twin Falls Co. Hospital St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): October 31, 1933
7. AGE: Years 5 | Months 11 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School
10. Date deceased last worked at this occupation (mo. and yr.): Oct. 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Buhl, Idaho

FATHER
13. NAME: M. K. Currington
14. BIRTHPLACE (city or town) (State or country): Lancaster Wisconsin

MOTHER
15. MAIDEN NAME: Ruth Brabb.
16. BIRTHPLACE (city or town) (State or country): Ellis Kansas

17. INFORMANT (Address): Mrs. M. K. Currington Buhl. Idaho.
18. BURIAL, CREMATION, OR REMOVAL. Place: Buhl Ida. Date: Oct. 18, 1938
19. UNDERTAKER (Address): B. L. Albertson
20. FILED: 10/17/38 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 14 1938
22 I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1938, to Oct 14th 1938
I last saw h[illegible] alive on Oct 10 1938: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of right Lung	
Cellulitis of face	
Septicemia	

Other contributory causes of importance: —

Name of operation None Date of —
What test confirmed diagnosis? Was there autopsy? Clinical & Laboratory

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) H. E. Lamb, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Berger

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2985

DO NOT WRITE IN THIS SPACE
State File No. 111434

Local Registrar's No. 197

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Casper Nygord

(a) Residence No. Hollister, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of M. Gustava Nygord

6. DATE OF BIRTH (month, day, and year) 10/20/1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Unknown
(State or country) Finland

FATHER

13. NAME Elias Nygord
14. BIRTHPLACE (city or town) Unknown
(State or country) Finland

MOTHER

15. MAIDEN NAME Sylvia Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) Finland

17. INFORMANT Mrs. M. Gustava Nygord
(Address) Hollister, Idaho.

18. BURIAL, CREMATION OR REMOVAL Buried
Place Twin Falls Cem. Date 10-18-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED Oct 18-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) October 15, 1938

22 I HEREBY CERTIFY, That I attended deceased from October 15, 1938, to October 15, 1938
I last saw him alive on October 15, 1938; death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Oct 15 1938

Other contributory causes of importance:

None	

Name of operation None Date of ....
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury Cerebral Embolism
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) Geo C Kelly, M. D.
(Address Twin Falls, Idaho

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111435

Registration District No. 37

Primary Registration District No. 5085

Local Registrar's No. 200

(If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls General Hospital

2. FULL NAME James Thomas Harrison

(a) Residence No. Twin Falls, Ida R.F.D. 2 St.

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of: Mrs. Virginia Harrison

6. DATE OF BIRTH (month, day, and year): 2-25-875

7. AGE: Years 63 Months 9 Days 10 If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

OCCUPATION

How long in this occupation: Yrs. ..... Mos. ..... Ds. .....

10a. Was deceased ever engaged in any other occupation for one year or more? .....

If so, what trade, occupation or profession? .....

How long did he work at such occupation? Yrs. ..... Mos. ..... Ds. .....

10b. Date he last worked at the occupation (month and yr.) .....

How long ago? Yrs. ..... Mos. ..... Ds. .....

MOTHER

12. BIRTHPLACE (city or town) Campbellsville

(State or country) Kentucky

FATHER

13. NAME Benjamin Harrison

14. BIRTHPLACE (city or town) Sallsbery

(State or country) North Carolina

15. MAIDEN NAME De Roushie Atchley

16. BIRTHPLACE (city or town) Knoxville

(State or country) Tennessee

17. INFORMANT R.B. Harrison

(Address) Twin Falls, Ida R.F.D. 2

18. BURIAL, CREMATION OR REMOVAL

Place T.F.Cem Date 10/19 1938

19. UNDERTAKER S.C.Phillips

(Address) Twin Falls Idaho

20. FILED 10.21. 1938

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-19 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 193 ..... to ..... 193 ..... ; that I last saw h[illegible] alive on 10-14 1938, death is said to have occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary cause: Cerebral Hemorrhage	
Secondary cause:	
Other contributory causes of importance:	

EXAMPLE 1

The PRINCIPAL CAUSES OF DEATH and related causes of importance

Intestinal Flu	1918
Pneumonia	1921
Chronic interstitial nephritis	1927
Cerebral hemorrhage	1937
Arteriosclerosis	1938

Name of operation ..... Date of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 193 .....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Kimberly
NOV 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111436

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 196

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sherman Claude Lant

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos/ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 17, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kimberly
(State or country) Idaho

FATHER
13. NAME Sherman S. Lant.
14. BIRTHPLACE (city or town) Cleveland
(State or country) Idaho

MOTHER
15. MAIDEN NAME Helen Larsen
16. BIRTHPLACE (city or town) .....
(State or country) Idaho

17. INFORMANT S. S. Lant
(Address) Kimberly Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Idaho Date Oct 19, 193 8

19. UNDERTAKER J. R. Wiley
(Address) Jerome Idaho

20. FILED Oct 18, 1938
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 18 193 8

22 I HEREBY CERTIFY, That I attended deceased from Oct 17, 193 8, to Oct 18, 193 8
I last saw him alive on Oct 18 193 8: death is said to have occurred on the date stated above, at 1:00 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	Oct 17, 1938
Other **contributory causes** of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harry Albaugh M. D.
(Address) Kimberly, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111437

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37
City of Twin Falls — Primary Reg. Dist. No. 2085
Twin Falls General Hospital (Home, Hospital or Institution) — Local Registrar's No. 198

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in county where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Clyde Britt Moore
(a) Residence: Ely, Nevada (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — Husband of ~~Ex-Wife of~~ Mrs. Katherine Moore
6. Date of Birth (Month, day and year): April 22, 1886
7. AGE: Years 52 | Months 5 | Days 27 | If less than 1 day: hrs. ____ min. ____

Occupation
8. Trade, profession, or particular kind of work done: Garage Proprietor
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Brookville - Pennsylvania

Father
13. NAME: J.H. Moore
14. BIRTHPLACE (City or Town, County and State, or Country): Pennsylvania

Mother
15. MAIDEN NAME: Annie Caldwell
16. BIRTHPLACE (City or Town, County and State, or Country): Pennsylvania

17. SIGNATURE OF INFORMANT: Mrs. Katherine Moore
(Address): Ely, Nevada

18. BURIAL, CREMATION OR REMOVAL
Place: Ely, Nevada Date: 10-20 1938

19. UNDERTAKER: S.C. Phillips
(Address): Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Oct 19-38 (Date) 193_ by _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct, 19-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1938 to Oct 19, 1938
I last saw him alive on Oct 19 1938 Death is said to have occurred on the date stated above, at 6:30 A m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Diabetes mellitus	1928		

Contributory causes of importance not related to principal causes: Nephritis, Chronic interstitial

Where was disease first diagnosed? 1928
Name of operation — — — — date of —
Condition for which performed — Carbuncle
What test confirmed diagnosis? Clinical Laboratory
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and state)
Check whether injury occurred in industry____ home____ public place____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify — — — — —

(SIGNED) Wm. F. Passers M. D.
(Address) Twin Falls, Id

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111438

NOV 12 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 201

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Leno

(a) Residence, No. Filer, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/21/38

7. AGE Years	Months	Days	If LESS than 1 day 16 hrs. or 30 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Filer,
(State or country) Idaho

FATHER

13. NAME Benjamin Leno

14. BIRTHPLACE (city or town) Hebron,
(State or country) N.D.

MOTHER

15. MAIDEN NAME Esther Anderst

16. BIRTHPLACE (city or town) Kulm,
(State or country) N.D.

17. INFORMANT Benjamin Leno
(Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem. Date 10/24/, 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED 10-24-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/22 1938

22 I HEREBY CERTIFY, That I attended deceased from 10/21/, 1938, to 10/22/, 1938
I last saw her alive on 10/21/ 1938: death is said to have occurred on the date stated above, at 1:30p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Atelectasis	

Other **contributory causes** of importance:

Malnutrition (premat)	
wt 2 1/2 lbs	

Name of operation 2 Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D A Drake, M. D.
(Address Twin Falls, Idaho

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 11140

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37
City of Twin Falls — Primary Reg. Dist. No. 1085
446 6th Ave W — Local Registrar's No. 203
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. — Mos. 4 — Days 29

How long in U. S. if of foreign birth? Yrs. — Mos. — Days

NOV 12 1938

2. FULL NAME Leslie Thomas Schatz

(a) Residence: 446 6th Ave W (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of: -----

6. Date of Birth (Month, day and year): May 25, 1938

7. AGE — Years: 0 — Months: 4 — Days: 29 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: -----

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Twin Falls, Idaho

Father

13. NAME: John Schatz

14. BIRTHPLACE (City or Town, County and State, or Country): Lewiston, Idaho

Mother

15. MAIDEN NAME: Ina Goans

16. BIRTHPLACE (City or Town, County and State, or Country): Albion, Washington

17. SIGNATURE OF INFORMANT: Mrs. Ina Schatz

(Address): 446 6th Ave W

18. BURIAL, CREMATION OR REMOVAL

Place: Filer, Idaho — Date: 10-26 1938

19. UNDERTAKER: S.C. Phillips

(Address): Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 10-26 1938 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-19 1938 to 10-24 1938

I last saw him alive on 10-21 1938 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Entracolitis	38	10	18

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? at home

Name of operation None date of

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury No

, 19 Where did injury occur? No
(Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) J. T. Humphrey M. D.

(Address) Twin Falls.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 111440

Registration District No.
Primary Registration District No. 2085
Local Registrar's No. 204

(No. 210)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delbert Ray Slattin

(a) Residence No. R.R. #1 - Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20 1934

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Male	4	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Filer, Idaho
(State or country)

FATHER

13. NAME Abraham J. Slattin

14. BIRTHPLACE (city or town) Chapell, Neb.
(State or country)

MOTHER

15. MAIDEN NAME Irma Malady

16. BIRTHPLACE (city or town) Kearney, Neb.
(State or country)

17. INFORMANT Mrs. D. B. Slattin
(Address) Filer Ida. R#2.

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem. Date 10/[illegible]/38

19. UNDERTAKER Grube-Reynolds Funeral Home
(Address) Twin Falls, Idaho

20. FILED Oct 26 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 25 1938

22 I HEREBY CERTIFY, That I attended deceased from [illegible] 193[illegible] to [illegible], 193[illegible]
I last saw h[illegible] alive on [illegible] 193[illegible]: death is said to have occurred on the date stated above, at 9:30A m.

The **principal cause of death** and related causes of importance were as follows:

Crushed by truck bed falling on him

Date of onset

Other **contributory causes** of importance:

none

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/25/38 193[illegible]
Where did injury occur? Filer, Twin Falls Co, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** at back of home
Manner of injury Truck bed fell on his head
Nature of injury Crushing

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James W. Creed M. D.
(Address Box 102, Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twins Falls
City of Twins Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111441

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 206

(No. Sundell Funeral Home 167
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest G. Rambo.

(a) Residence No. City of Twin Falls. St. Burley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	

5a. If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Ruby Parke Rambo.

6. DATE OF BIRTH (month, day, and year) Aug 28-1910

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	28-	1-	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Station Operator.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buffalo (State or country) Wyo.

FATHER

13. NAME A. H. Rambo.

14. BIRTHPLACE (city or town) Buffalo (State or country) Wyo.

MOTHER

15. MAIDEN NAME Myrtle Looney.

16. BIRTHPLACE (city or town) Buffalo. (State or country) Wyoming.

17. INFORMANT Roma Rambo. (Address) Burley Ida.

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Buffalo Wyo. Date Oct 30., 1938.

19. UNDERTAKER Vic Bailey (Address) L. S. Payne

20. FILED Oct 27, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 26 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1938, to Oct 26, 1938

I last saw him alive on Oct 26 1938: death is said to have occurred on the date stated above, at 3:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shotgun wound in abdomen	Oct. 26, 1938

Other **contributory causes** of importance:

Name of operation None Date of ---
What test confirmed diagnosis? History & exam Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? /suicide Date of injury 10/26/38
193
Where did injury occur? City of Twin Falls
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public place
Manner of injury Gunshot wound
Nature of injury As above

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Haeley Coroner M. D.
(Address) Coroner, Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111442

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 205

(No. Twin Falls General Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number) 159

2. FULL NAME Baby Emery

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/26/38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	10

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER
13. NAME A.C.Emery
14. BIRTHPLACE (city or town) Byron, Ill
(State or country)

MOTHER
15. MAIDEN NAME Lorenda Howard
16. BIRTHPLACE (city or town) Carey,
(State or country) Idaho

17. INFORMANT A.C.Emery
(Address) 238 Tyler St T.F. Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Own Property Date 10/27/38 193

19. UNDERTAKER Parents
(Address)

20. FILED 10/27/38 193 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 26, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938, to Oct 26, 1938,
I last saw her alive on Oct 26 1938: death is said to have occurred on the date stated above, at 4 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity (about 6½ months)	Oct 26, 1938
Other **contributory causes** of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Albaugh, M. D.
(Address) Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 111443

Registration District No.
Primary Registration District No. 2085
Local Registrar's No. 207

NOV 12 1938

(No. 50)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mae, Weller

(a) Residence No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of P. H. Weller

6. DATE OF BIRTH (month, day, and year) 4/26/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Vernon
(State or country) Ohio

FATHER

13. NAME Steve Aggelson
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER

15. MAIDEN NAME Anna Fouls
16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Leroy Weller
(Address) Kimberly, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Twin Falls Cem. Date 10/31, 193 8

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED N 9, 193 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October 26, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from Aug 9, 193 7, to Oct. 26, 193 8
I last saw her alive on Oct. 26, 193 8 death is said to have occurred on the date stated above, at 2:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	
Other contributory causes of importance:	
Ch. arthritis	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? Clinical No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. E. Rush, M. D.
(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

RECEIVED
NOV 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111444

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 209

(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number) 210 j

2. FULL NAME Richard Albert Kennedy
(a) Residence No. Twin Falls, Idaho, Route #3 St.
(Usual place of abode) 29 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-3-1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	0	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pawnee City,
(State or country) Nebraska

FATHER
13. NAME Ronald Alexander Kennedy
14. BIRTHPLACE (city or town) Ryegate,
(State or country) Vermont.

MOTHER
15. MAIDEN NAME Adelaide E. Rowell
16. BIRTHPLACE (city or town) Waterford,
(State or country) Vermont

17. INFORMANT Mrs. D. L. Agnew,
(Address) Fullerton, Nebr.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls cemetery Date Nov., 2, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED Nov 1, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-30-1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1938, to Oct., 30, 1938
I last saw him alive on Oct 29 1938: death is said to have occurred on the date stated above, at 8:00 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Car accident and died from shock	

Other **contributory causes** of importance:

Age.	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury Oct 26 1938
Where did injury occur? Twin Falls
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In public place
Manner of injury Hit by car
Nature of injury Injury to back & neck

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Lamb, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111445

NOV 12 1938

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 210
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie Reed

(a) Residence. (No.) Twin Falls (St.) Twin Falls County General Hospital, Twin Falls.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Reed

6. DATE OF BIRTH (month, day, and year) Nov. 24th. 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME J. S. Clark
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Marie Addie,
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Fred Reed
(Address) Buhl, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl, Ida. Date 11/4/38, 193...

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Ida.

20. FILED Nov 2, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938, to Oct 31, 1938
I last saw h[illegible] alive on Oct 31, 1938; death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension with Hypertensive Heart disease	
Ventricular Fibrillation	Oct. 1938
Pulmonary Edema with Complete Myocardial Failure	Oct 31, 1938
Other contributory causes of importance: Obesity - Arteriosclerosis	

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Edward N. McGrath M.D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111446

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 211

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank C. Boone

(a) Residence No. Twin Falls, Idaho R.R.#3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Annette Boone

6. DATE OF BIRTH (month, day, and year) 6/15-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Table Rock, (State or country) Neb.

FATHER
13. NAME Eli T. Boone
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Eunice Pepoon
16. BIRTHPLACE (city or town) Painsville, (State or country) Ohio

17. INFORMANT Oren Boone Oren Boone
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. 11/5/, 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED 11-4-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/2 1938

22 I HEREBY CERTIFY, That I attended deceased from October 30, 1938, to Nov. 2, 1938
I last saw him alive on 11/2/ 1938 death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	10-30-38
Type 7	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111447

NOV 12 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 214
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 107 2

2. FULL NAME Charles William Mead,

(a) Residence No. 452 - 5th Ave., N. City St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida M. Mead

6. DATE OF BIRTH (month, day, and year) 2-15-1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME John Mead,
14. BIRTHPLACE (city or town) Sauk Co., (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Mary Van Vranken
16. BIRTHPLACE (city or town) Senecal Co., (State or country) Ohio

17. INFORMANT Mrs. Ida M. Mead,
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 11/5/, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls Idaho

20. FILED 11-8-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-3, 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1938, to Nov. 3, 1938
I last saw him alive on Oct 31 1938: death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Heart failure	

Other **contributory causes** of importance:

old age	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Registration District No. 2085
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 111448
Local Registrar's No. 212

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 117 b

2. FULL NAME William Howard Warren

(a) Residence No. Twin Falls, Idaho R.R.#3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1-10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/23/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER

13. NAME Robert L. Warren
14. BIRTHPLACE (city or town) Moberly,
(State or country) Mo.

MOTHER

15. MAIDEN NAME Marie Howard
16. BIRTHPLACE (city or town) Joplin,
(State or country) Mo.

17. INFORMANT Robert L. Warren
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem. Date 11/4/, 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED 11-4-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-3 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1938, to 11/3/, 1938
I last saw him alive on 11/5 1938: death is said to have occurred on the date stated above, at 12:33a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enter-Colitis	10-27-38

Other contributory causes of importance:

Name of operation Nemo Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No.
Manner of injury No
Nature of injury No.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111449

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 215

(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Pearl Foster,

(a) Residence No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-19-1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier and telegrapher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emporia
(State or country) Kansas

FATHER

13. NAME Thomas J. Foster,

14. BIRTHPLACE (city or town) Jefferson Co.,
(State or country) Indiana

MOTHER

15. MAIDEN NAME Lillie M. Harmon

16. BIRTHPLACE (city or town) Jeffersonville,
(State or country) Illinois

17. INFORMANT T. J. Foster,
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~,
Place Twin Falls cemetery Date 11-7-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 11/8, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-4-1938

22 I HEREBY CERTIFY, That I attended deceased from 11/3, 1938, to 11-4-, 1938

I last saw her alive on 11/4 1938: death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemangio-epithelioma both frontal lobes of cerebrum	1934

Other contributory causes of importance:

Name of operation Partial resection of Tumor of brain Date of Sept 24, 1937

What test confirmed diagnosis? Autopsy Was there an autopsy? no examination

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ---, 1938

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George C. Halley, M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111450

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 213

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

(31)

2. FULL NAME Edwin E. Stafford

(a) Residence No. Nth. Jefferson Street Twin Falls St. Idaho
(Usual place of abode)
Length of residence in city or town where death occurred 2-5 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~XXXXXX~~) Etta Stafford

6. DATE OF BIRTH (month, day, and year) 5/22-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber-mill
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cedar Bluffs,
(State or country) Miss.

FATHER
13. NAME James Stafford
14. BIRTHPLACE (city or town) .....
(State or country) Mississippi

MOTHER
15. MAIDEN NAME Julia Hartsfield
16. BIRTHPLACE (city or town) Cedar Bluffs,
(State or country) Miss.

17. INFORMANT Mrs. Etta Stafford
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 11/6/, 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED Nov 7, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/5 1938

22 I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to 11/5/, 1938
I last saw him alive on 11/5 1938: death is said to have occurred on the date stated above, at 11:10a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brights Dis	Not Known

Other contributory causes of importance: None

Name of operation No Date of .....
What test confirmed diagnosis? Microscopical Chemical
Was case referred to coroner? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No
Manner of injury No
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111451

Registration District No. 38
Primary Registration District No. 2085
Local Registrar's No. 216
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Mrs. Martha Ann Coblantz

(a) Residence No. Filer, Idaho. Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-28-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Warrick Co,
(State or country) Indiana

FATHER

13. NAME Robert A.J.Campbell

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME Permela Hart

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Lee Coblantz
(Address) Filer, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Manti, Utah Date 11-8-, 193 8

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 11-8-, 193 8 J. Campbell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-7-1938 193

22 I HEREBY CERTIFY, That I attended deceased from March 193 8, to Nov. 7, 193 8

I last saw her alive on Nov 7 193 8. death is said to have occurred on the date stated above, at 3:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis, Primary Carcinoma of Breast.	1937

Other contributory causes of importance:

Myocardial failure	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D. Donaldson

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Mac Gregor

RECEIVED
NOV 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111452

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 11
(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number) 36

2. FULL NAME Druella Louise Hawkins

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Louis H. Hawkins
14. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

MOTHER

15. MAIDEN NAME Minnie Ponda
16. BIRTHPLACE (city or town) Donnelly
(State or country) Idaho

17. INFORMANT Lewis H. Hawkins
(Address) Mac Gregor Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Amis Cem. Date Oct 28, 1938

19. UNDERTAKER
(Address) C. D. Robb Cascade Ida.

20. FILED Oct 28, 1938 Myrtle Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/27 1938

22 I HEREBY CERTIFY, That I attended deceased from 10/26, 1938, to 10/27, 1938

I last saw h[illegible] alive on 10/27 1938: death is said to have occurred on the date stated above, at 7 25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus infection	10/24/38
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Dr. O. J. Hawkins, M. D.
(Address Mc Call Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Wasburg
City of Lo

RECEIVED NOV-5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111453

Registration District No. 86
Primary Registration District No. 1010.
(No. Little Flower Hospital) Local Registrar's No. 15
(If death occurred in a hospital or institution, give its name instead of street and number) 211 f

2. FULL NAME Wilbur Clark

(a) Residence No. Murray, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Florence Clark

6. DATE OF BIRTH (month, day, and year) April 1902

7. AGE: Years 36 | Months ? | Days ? | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Alexander Clark
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Doris Shaffer
(Address) Burtonville, Ore

18. BURIAL, CREMATION OR REMOVAL
Place Wieser Idaho Date 10-13-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED 11-4, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 1-1938

22 I HEREBY CERTIFY, That I attended deceased from 10-10, 1938, to 10-11, 1938
I last saw h-m alive on 10/10 1938: death is said to have occurred on the date stated above, at 8:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Brain Injury	10-10-38
Lacerated Laceration from motor cycle.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident ~~suicide, or homicide~~? Yes Date of injury ....., 1938.....
Where did injury occur? Near Michaels Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Motor Cycle Road
Manner of injury Collision with ground
Nature of injury as above

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) T. A. Johnson, M. D.
(Address) Murray Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111454

NOV-5

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 16
(No. Settle Flower Hospital
(If death occurred in a hospital or institution, give its name instead of street and number) 9321

2. FULL NAME Ernest L. Oakes

(a) Residence No. 742 E Park St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) 5-21-65

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) London
(State or country) England

FATHER

13. NAME Charles Oakes

14. BIRTHPLACE (city or town)
(State or country) Mass.

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Ed Oakes
(Address) Ironside, Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 10-19-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED 11-4, 1938 Marie Northam
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/15 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-12, 193 8., to 10-15, 193 8.
I last saw him alive on 10/15 193 8.: death is said to have occurred on the date stated above, at 10:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1935
Nephritis	

Other **contributory causes** of importance:

Name of operation ..... Date of
What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. L. Richardson M. D.
(Address) Weiser, Ida.

Curtis

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111455

NOV -5 1938

Registration District No. 86
Primary Registration District No. 1212 Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 1 2

2. FULL NAME Velora Arbella Harris

(a) Residence No. East Court St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of: Edward Harris

6. DATE OF BIRTH (month, day, and year): Nov. 28, 1917

7. AGE: Years: 20 | Months: 10 | Days: 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Claude Bayle
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Florence Bygbee
16. BIRTHPLACE (city or town) (State or country): No Dakota

17. INFORMANT: Edward Harris
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 10-29-1938

19. UNDERTAKER: L. C. Northam
(Address) Weiser Idaho

20. FILED 10-4, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 10-17-1938

22 I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1938, to Oct. 17, 1938
I last saw h~~e~~r alive on Oct 17 1938: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 10, 1938

Other **contributory causes** of importance:

Typhoid fever, Para A	Sept. 13

Name of operation No Date of
What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. Curtis, M. D.
(Address) Finlen Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 1212
(No. ____)

Local Registrar's No. 17

DO NOT WRITE IN THIS SPACE
State File No. 111456

NOV 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Campbell Neeley

(a) Residence No. Sunnyside District St. 46c
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of Husband
(or) ~~WIFE~~ of Lorena Neeley

6. DATE OF BIRTH (month, day, and year) Sept 7 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Claybourn Neeley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Agnes Bowers

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lorena Neeley
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Ida. Date 10-20 1938

19. UNDERTAKER L. G. Northam
(Address) Weiser Idaho

20. FILED 11-4, 1938 Marie Hawthorn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 18 1938

22 I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to Oct 18, 1938
I last saw h. alive on Oct 17 1938: death is said to have occurred on the date stated above, at 3 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Stricture of Colon	9
Other **contributory causes** of importance:	
Myocardial degeneration	1

Name of operation Colostomy Date of 7-9-38
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Courtis, M. D.
(Address Fidler Bldg Weiser Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111457

NOV 5 1938

Registration District No. 86
Primary Registration District No. 1212 Local Registrar's No. 19
(No. Hidden Valley Hill - Ben Ambrose) 210j
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Miller Siddaway
(a) Residence No. Salt Lake Utah St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F | 4. Color or Race Wht | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) ~~WIFE of~~ William Siddaway

6. DATE OF BIRTH (month, day, and year) Sept. 19-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Robert Miller
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Ellen Burke
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT W. C. Siddaway
(Address) [illegible]

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Salt Lake Utah Date 10-27-1938

19. UNDERTAKER L. B. Northam
(Address) Weiser Idaho

20. FILED Oct 28, 1938 Marie Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-25 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1938, to Oct. 25, 1938
I last saw her alive on 25 1938: death is said to have occurred on the date stated above, at 2:26 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Traumatic Pneumonia	Oct. 24, 1938
Other contributory causes of importance: Multiple Bruises, Lacerations, Shock - Possible Skull Fracture	Oct. 23, 1938

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury Oct 23, 1938
Where did injury occur? Cupman, Adams Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Automobile Accident
Nature of injury Multiple Bruises, Lacerations, Shock, Possible Skull Fracture

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alvin S. Thurston, M. D.
(Address) Council - Idaho
By Hyden Hamilton, M.D. Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111458

NOV -5 1938

Registration District No. 86
Primary Registration District No. 1212 Local Registrar's No. 21

(No. 108)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Thomas Davis

(a) Residence No. Ninth Indian Creek St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Olive M Davis

6. DATE OF BIRTH (month, day, and year) Mar. 19, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME H.W. Davis
14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER
15. MAIDEN NAME dont Know
16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Paul Davis
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Cem. Date 10-30-, 1938

19. UNDERTAKER L.C. Northam
(Address) Weiser Idaho

20. FILED 11-4, 1938 Marie Faulkner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 27 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to Oct 27, 1938
I last saw him alive on Oct 27 1938: death is said to have occurred on the date stated above, at 1:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 22-1938
Myocarditis	1935

Other contributory causes of importance: No history of other sickness

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. L. Richardson, M. D.
(Address Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111455

NOV 5 1938

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 22
(No. Mills Flower Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

169

2. FULL NAME Ralph C. Field

(a) Residence No. Weiser Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-23-1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Dahlgreen Illinois

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Jessie Wright Patton Lodge
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 11-7-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED 11-4, 1938 Marie Hawthorn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-29 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1938, to Oct 29, 1938
I last saw him alive on 10/29 1938: death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	1932
Shock from Fall	10-28-1938
Disability (alcoholic)	1938

Other contributory causes of importance:

Patient Suicide - Jumped from 3rd Floor window

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? Yes Date of injury 10/29/38 193...
Where did injury occur? Weiser,
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Place -
Manner of injury Jumped from window
Nature of injury Shock - multiple abrasions

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. L. Richardson M. D.
(Address) Weiser, Idaho

111476

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111476

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 311
NOV 17 1938
(No. 515 S. 15)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada Goff Giles Michael
(a) Residence No. 515 S. 15th St. St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed
6. DATE OF BIRTH (month, day, and year): May 21 1867
7. AGE: Years 71 | Months 5 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Colo.

FATHER
13. NAME: Mark Giles
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Clarissa Russell
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Dean C. Michael Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 11/2, 1938

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 11-4, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 10/30/38

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 38 to Oct 29 38
I last saw h[illegible] alive on Oct 29-38: death is said to have occurred on the date stated above, at 6: A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic nephritis	

Other contributory causes of importance:

Hi Blood Pressure	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. J. Coats M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED NOV 18 1938

DO NOT WRITE IN THIS SPACE
State File No. 111477

Registration District No. 86
Primary Registration District No. 1212
Local Registrar's No. 23

(No. 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Leslie Eastham

(a) Residence No. Eaton District St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edna Eastman (EASTHAM)

6. DATE OF BIRTH (month, day, and year) Oct 10 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Montana

MOTHER FATHER

13. NAME Sol Eastham

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Nancy Jones

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Edna Eastham
(Address) Weiser, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Baker, Oregon Date 11-6-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Nov 6, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-4-1938

22 I HEREBY CERTIFY, That I attended deceased from August 1, 1938, to November 4, 1938
I last saw him alive on Nov. 4 1938: death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory paralysis	Nov. 3, 1938
Encephalitis	?
Other contributory causes of importance:	
Secondary anemia	?
	?

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No & spinal puncture

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Curtis M. D.
(Address) Fruitland Idaho Weiser, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111478

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 91

NOV 14 1938 (No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 210

2. FULL NAME Simpson D'Mary Hayden

(a) Residence No. 1122 - N Oakley Burley Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hayden

6. DATE OF BIRTH (month, day, and year) Aug 21 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) La Belle Kansas

FATHER
13. NAME James Simpson Hayden
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Anna E Shepard
16. BIRTHPLACE (city or town) (State or country) Scott Kansas

17. INFORMANT Mrs Mary Hayden
(Address) 1122 N. Oakley Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date Nov 13, 1938

19. UNDERTAKER Lay & Fuqua
(Address) Burley Ida

20. FILED Nov 13, 1938 Laura G Thacker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 7 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1938, to Nov 7, 1938
I last saw him alive on Nov 7 1938: death is said to have occurred on the date stated above, at 9:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal Fracture of Skull	Nov 4-1938

Other **contributory causes** of importance:

Shock	Nov 4-1938

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 4-1938
193.....
Where did injury occur? Burley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Highway
Manner of injury Struck by Auto
Nature of injury Fracture of Skull

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. [illegible] M. D.
(Address) Burley Idaho

111479

PLACE OF DEATH
County of Elmore
City of Mt. Home
RECEIVED
NOV 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020

DO NOT WRITE IN THIS SPACE
State File No. 111479

Local Registrar's No. 17

Filmer (No. 310)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elbert A. Knight

(a) Residence No. Mountain Home St. Benkelman Nebraska
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Bessie Knight

6. DATE OF BIRTH (month, day, and year) 2/3/1895

7. AGE: Years 43 | Months 9 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hebron Dresher
(State or country) Nebraska

FATHER
13. NAME Seth D. Knight unknown

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME Amanda Smith

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mr. Jos. Laughlin
(Address) Benkelman Nebraska

18. BURIAL, CREMATION OR REMOVAL
Place Benkelman Neb Date Nov. 11, 1938

19. UNDERTAKER Zacher-Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED Nov 11, 1938 A. H. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-7 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Of being accidentally struck by a car driven by a light truck of Salt Lake City, Utah	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Nov. 7 193 8
Where did injury occur? Elmore County Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Skull fractures
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Ralph T. Green Coroner M. D.
(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Benkelman Funeral Home

JOE W. LAUGHLIN, MGR.
PHONE 246
Benkelman, Nebraska

NOVEMBER 16, 1938

Zechery and Bay Funeral Home
Mountain Home, Idaho

Dear MR. BAY

I find that it is going to be necessary in some manner or other to get the name on the death certificate for Mr. Knight changed. I didn't notice until I got home that the name on the certificate was FILBERT it should have been Filmer A, Knight. It will be impossible for me to get the $100.00 from the government until his name is at least corrected.

I am enclosing one of our certificates properly ~~made out so~~ you can coppy it off on one of yours and it may be easier to get this changed before the registrarhas sent it into the state than afterwards.

We will also probably have to change the name on the shipping papers providing however you have not all ready sent in your portion of it.

If my suggested method of procedure in the above is out of order let me know and we will get it done in the manner that you suggest.

Yours Very Truly
Joe. W. Laughlin

JAN 26 1945

111480

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111480

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 92
NOV 1 1938
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 210

2. FULL NAME Mathew Ferlic

(a) Residence No. R. F. D. Burley, Idaho St. Burley Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6-9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Ferlic

6. DATE OF BIRTH (month, day, and year) 9-21-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9-1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town)
(State or country) Jugoslavia

FATHER
13. NAME George Ferlic
14. BIRTHPLACE (city or town)
(State or country) Jugoslavia

MOTHER
15. MAIDEN NAME Mary Ferlic
16. BIRTHPLACE (city or town)
(State or country) Jugoslavia

17. INFORMANT Jennie Ferlic
(Address) Burley, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Rock Springs Wyo. Date Nov. 19, 1938

19. UNDERTAKER Vern B. McCulloch
(Address) Burley-Idaho

20. FILED 11-16, 1938 Laura J. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-15-1938

22 I HEREBY CERTIFY, That I attended deceased from 11-10-, 1938, to 11-15-, 1938.
I last saw h— alive on 11-10 1938.: death is said to have occurred on the date stated above, at 2:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ran over by truck, Traumatic Chest, Injuries abdomen &	11-10-38.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11-10-, 1938.
Where did injury occur? Burley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Sugar Factory
Manner of injury Ran over by Truck
Nature of injury Traumatic Chest-Abd.

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. M. Kelly, M. D.
(Address) Burley Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

NOV 18 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111481

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 217
(No. Lynn Bros. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis George Brandt

(a) Residence No. 358 N. Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred

6. DATE OF BIRTH (month, day, and year) Oct. 5, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P. roadmaster
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Albuquerque
(State or country) N. Mexico

FATHER
13. NAME Louis Peter Brandt
14. BIRTHPLACE (city or town) Chicago
(State or country) Ill.

MOTHER
15. MAIDEN NAME Amelia Lena Meyer
16. BIRTHPLACE (city or town) Delmyra
(State or country) Colo

17. INFORMANT Louis Peter Brandt
(Address) 358 N. Lincoln

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Nov. 15, 1938

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello Idaho

20. FILED 11-14, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 13 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938, to Nov 13, 1938

I last saw h— alive on Nov 13 1938: death is said to have occurred on the date stated above, at 8:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia (Double)	

Other **contributory causes** of importance: None

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. V. Lyons M. D.
(Address) Pocatello Idaho

111482

PLACE OF DEATH

County of Kootenai

City of Near Canyon Garage, Yellowstone Trail. (U.S.#10)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111482

NOV 23 1938

Registration District No. 30
Primary Registration District No. 205 Local Registrar's No. 159

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Leroy Brink

(a) Residence No. 1015 Sherman Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irma Brink

6. DATE OF BIRTH (month, day, and year) 11/6/1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	0	07	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Div. Salesman H. Earl Clark Oil Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.D.A.

10. Date deceased last worked at this occupation (mo. and yr.) 11/1938

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Lincoln, (State or country) Nebraska

FATHER

13. NAME E.D. Brink

14. BIRTHPLACE (city or town) Michigan (State or country)

MOTHER

15. MAIDEN NAME Jennie Whitehouse.

16. BIRTHPLACE (city or town) Ill. (State or country)

17. INFORMANT Mrs. Irma Brink (Address) Coeur d' Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL
CDA Place Forest Cem. Date 11/15, 1938

19. UNDERTAKER The Mooney Mortuary (Address) Coeur d'Alene, Idaho

20. FILED 11/15, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/13/1938

22 I HEREBY CERTIFY, That I attended deceased from 11-13, 193 8, to 11-13, 193 8
I last saw him alive on 11-13 193 8: death is said to have occurred on the date stated above, at 7:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
By Gunshot wound in head	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 11-13 193 8
Where did injury occur? In Cabin at Canyon garage Idaho (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** in home
Manner of injury Gunshot wound
Nature of injury Gunshot Wound in head

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Coroner E. H. Teed M. D.
(Address) Coeur d alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur D' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111483

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 160

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

KOOTENAI COUNTY HEALTH UNIT COEUR D'ALENE, IDA.

2. FULL NAME Ernest W. Cline

(a) Residence No. 421 Dollar St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/2/1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Forestry Blister Rust

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1/38

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Wilksville,
(State or country) Ohio

FATHER

13. NAME John L. Cline

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Ellen Newport

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Allen P. Bybee
(Address) Knoxville, Ia.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Date 11/21/38, 193

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Idaho.

20. FILED 11/21, 1938 L. L. Kreiter M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/17 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1938, to Nov 17, 1938
I last saw him alive on Nov 17 1938: death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1936
Acute pyelonephritis	Oct 1938
Acute Bronchitis	Oct 1938
Diabetes	Unknown

Other **contributory causes** of importance:

Name of operation None Date of —
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert W. Chrisdom, M. D.
(Address Coeur d' Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

NOV 25 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111484

Registration District No. 57
Primary Registration District No. 2022

Local Registrar's No. 52

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

121

2. FULL NAME James Ragsdale Cook

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Laura Helen Cook

6. DATE OF BIRTH (month, day, and year) 11-26-71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9-1938

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Weatherford Texas

FATHER

13. NAME James B Cook

14. BIRTHPLACE (city or town) (State or country) Chattanooga Tenn

MOTHER

15. MAIDEN NAME Mary H Dublett

16. BIRTHPLACE (city or town) (State or country) Coffeyville Miss.

17. INFORMENT (Address) Mrs Laura Cook Hailey Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Hailey Idaho Date 11-4- 1938

19. UNDERTAKER Ray McGoldrick (Address) Hailey Idaho

20. FILED 11-23, 1938 Robt H Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-3-38 193

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1938, to 11-3, 1938

I last saw him alive on 11-3, 1938; death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	3 dys
[redacted]	
[redacted]	
Other contributory causes of importance: Chronic Nephritis	1 yr.

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt H. Wright, M. D.

(Address) Hailey, Idaho

11485

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111485

Registration District No. 73
Primary Registration District No. 2 1 U 5 Local Registrar's No. 254
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William J. Tunnerty.
(a) Residence. No. 347 Wasatch St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white.	unknown

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Aug 31-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ex Service WW.
10. Date deceased last worked at this occupation (mo. and yr.) Nov 4 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City.
(State or country) N.Y.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Marie L. Lowry
(Address) Ida. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Ida Falls Ida. Date 11/9, 1938

19. UNDERTAKER V. F. McHan
(Address) Idaho Falls Idaho.

20. FILED Nov 9, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 5 1938

22. I HEREBY CERTIFY, That I attended deceased from —, 193..., to —, 193... I last saw h... alive on —, 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown	
Probable Heart attack	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1938
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Fred Carter (Coroner) M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111487

111487

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111487

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

2517 Heron Street — Local Registrar's No. 331

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 10 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Frances H. Langford

(a) Residence: 2517 Heron Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced Husband of (or) Wife of

6. Date of Birth (Month, day and year): Jan. 18, 1866

7. AGE: Years 72 | Months 10 | Days 8 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Albany, Illinois

Father

13. NAME: Joseph C. Snyder

14. BIRTHPLACE (City or Town, County and State, or Country): Gardenplaine, Illinios

Mother

15. MAIDEN NAME: Mary H. Ewing

16. BIRTHPLACE (City or Town, County and State, or Country): Albany, Illinois

17. SIGNATURE OF INFORMANT: F. H. Langford

(Address) 2517 Heron Street, Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Savannah, Illinois Date Nov. 30 19 38

19. UNDERTAKER Summers Funeral Home

(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-28 1938 by R. Sharp

(Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 26th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938 to Nov 26 1938

I last saw h[illegible] alive on Nov 26 1938 Death is said to have occurred on the date stated above, at 2 30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

Date of Onset: Yr. | Mo. | Day

Contributory causes of importance not related to principal causes

Hypertension

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? [illegible] Was there an inquest? [illegible]

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify

(SIGNED) [illegible] M. D.

(Address) Boise Ida

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111 488

PLACE OF DEATH
County of Twin Falls,
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111488

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Emery Davis,

(a) Residence. No. 313 -9th. Ave No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Clare Davis

6. DATE OF BIRTH (month, day, and year) August, 26th. 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	2	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Youngsville,
(State or country) Pa.

FATHER
13. NAME John Wallace Davis,
14. BIRTHPLACE (city or town)
(State or country) Penna.

MOTHER
15. MAIDEN NAME Sarah E. Holt
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Mrs. Mabel C. Davis
(Address) Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Ida. Date 11-14-, 1938

19. UNDERTAKER Evans & Johnson Funeral Home
(Address) Buhl, Ida.

20. FILED 11/12, 1938 Anastasia Nelson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/10 1938

22. I HEREBY CERTIFY, That I attended deceased from 2 /, 193-, to Nov 10, 193 8
I last saw h-- alive on Nov 10, 193 8: death is said to have occurred on the date stated above, at 5a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	1936
Pneumonia, Hypostatic	1936

Other contributory causes of importance:

Respiratory Failure	11/-/38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193-
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Mabel C. Davis M.D.
(Address) Buhl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

111489

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 111489

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 011
Local Registrar's No. 58

PLACE OF DEATH
County of Shoshone
City of Kellogg
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Walter V. Murphy

(a) Residence. No. Mullan Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of ~~(or) WIFE of~~ Katherine V. Murphy

6. DATE OF BIRTH (month, day and year) March 16 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	7	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Mine
(c) Name of employer Helena Mont

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER ~~Thomas~~ John Edwin Murphy
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois
12. MAIDEN NAME OF MOTHER Mary Katherine Price
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Illinois

14. Informant Katherine V. Murphy
(Address) Mullan Idaho

15. Filed Nov 25, 1938 John I Beer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 16 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 5:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Coronary Thrombosis
Arteriosclerosis as Suspected
Heart Failure
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Courtroom
Did an operation precede death? No Date of
Was there an autopsy? No
What ~~test~~ confirmed diagnosis?

(Signed) H. Murray Brown M. D.
10/16, 1938 (Address) Wallace Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Wallace Idaho	10/19 1938

20. Undertaker Bruce G Morstad Address Wallace

111490

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111490

RECEIVED
NOV 28 1938

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Augusta Paine

(a) Residence No. 240 West Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: Wh
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elden Paine
6. DATE OF BIRTH (month, day, and year): 12-20-1857
7. AGE — Years: 80 — Months: 11 — Days: 0 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: John Stoops
14. BIRTHPLACE (city or town) (State or country): Don't Know

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT: Ruth Johnson
(Address): Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Payette Ida. Date: 11-12-, 1938

19. UNDERTAKER: R. C. Northam
(Address): Weiser, Idaho

20. FILED 11-26, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-20-1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1937, to Nov. 20, 1938
I last saw her alive on 11-20 1938: death is said to have occurred on the date stated above, at 7:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 14, 1938

Other **contributory causes** of importance:

Bronchial asthma	?
Myocardial degeneration	?

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. Lantis, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111491

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111491

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 23
(No. Dyeard Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DEC 1 - 1938

2. FULL NAME Mr. James A. Goan

(a) Residence No. Grangeville St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Jessie

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 44 | Months 3 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: general work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (mo. and yr.): 1938
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Grangeville Ida.

FATHER

13. NAME: Wm A. Goan
14. BIRTHPLACE (city or town) (State or country): Ill

MOTHER

15. MAIDEN NAME: Katherine Fogel
16. BIRTHPLACE (city or town) (State or country): Oregon

17. INFORMANT: Bro. Ralph Goan
(Address): Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Mt. Ida Date: 11-25, 1938

19. UNDERTAKER: Hancock Funeral Home
(Address): Grangeville, Ida.

20. FILED 11-29-1938 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 22 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1938, to Nov 22, 1938
I last saw him alive on Nov 21 1938.: death is said to have occurred on the date stated above, at 7:15 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	August
	Nov 15

Other **contributory causes** of importance:

Alcoholism	

Name of operation none Date of
What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawhead M. D.
(Address) Grangeville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

11492

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

DEC 1 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111492

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 125

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

9563

2. FULL NAME Willard C. Dyer

(a) Residence. No. 810 Chicago St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida Jones Dyer

6. DATE OF BIRTH (month, day, and year) Feb. 21, 1869

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
69	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Accountant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) ---------

11. Total time (years) spent in this occupation ---------

12. BIRTHPLACE (city or town) (State or country) Columbia City... Indiana

FATHER

13. NAME ---------- Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Ernest Boone, Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Nov. 26 1938.

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED 11-29, 1938. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/21 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/4, 1938., to Nov. 21, 1938.
I last saw h[illegible] alive on Nov. 21, 1938.: death is said to have occurred on the date stated above, at 12:20 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Cardiac Thrombosis	11/4 38
Other **contributory causes** of importance:	

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [signature] M.D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111493

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 479

DEC 1 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hubbard Tracy

(a) Residence. No. 379 North Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva Jorgensen Tracy

6. DATE OF BIRTH (month, day, and year) Aug 14 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alsea
(State or country) Oregon

FATHER

13. NAME Loren Tracy

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Not Data

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Eva Tracy
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ogden - Utah Date Nov. 28, 1938

19. UNDERTAKER Howard Packham
(Address) Blackfoot Idaho

20. FILED Nov. 28 1938 W. M. Wales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11 - 25 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Nov. 25, 1938

I last saw him alive on Nov. 25, 1938; death is said to have occurred on the date stated above, at 11:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	About 1927
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. H. Beck Jr., M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

11494

PLACE OF DEATH

County of Bonn

City of Idaho Falls

DEC 3- 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
111494
State File No.

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 261

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Jane Jackson

(a) Residence. No. Route 2 Idaho Falls Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 59 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. E. Jackson

6. DATE OF BIRTH (month, day and year) Aug. 11, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hooper, Utah

FATHER

13. NAME Ly Frew

14. BIRTHPLACE (city or town) (State or country) Franklin Idaho

MOTHER

15. MAIDEN NAME Hannah Everett

16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMANT L. E. Jackson
(Address) Idaho Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Rose Hill Cem. Idaho Falls, Ida. Date Nov. 19, 1938

19. UNDERTAKER O. Berry
(Address) Idaho Falls Ida.

20. FILED Nov. 18, 1938 Jm Kinnaird
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, ~~day~~ and year) November 15 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Self Inflicted	
Strangulation	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, (suicide) or homicide?..... Date of injury..... 1938
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in (home), or in public place. Home
Manner of injury Rope
Nature of injury Hit neck

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Foster Gassmann M.D.
(Address) Idaho Falls Idaho

111495

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 269

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 73
City of Idaho Falls — Primary Reg. Dist. No. 2350
(Home, Hospital or Institution) — Local Registrar's No. 269

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 0 | Mos. 0 | Days 28

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

111495 92

2. FULL NAME Rose Winsper
(a) Residence: Spencer Hospital — Winsper, Idaho
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — Husband of (or) Wife of: John L. Winsper

6. Date of Birth (Month, day and year): August 9, 1868

7. AGE: Years 70 | Months 3 | Days 17 | If less than 1 day hrs. ____ min. ____

Occupation
8. Trade, profession, or particular kind of work done: Postmistress
9. Industry or business in which work was done: U. S. Postal Service
10. Date deceased last worked at this occupation (month and year): Oct. 1938
11. Total time (yrs.) spent in this occupation: 23

12. BIRTHPLACE (City or Town, County and State, or Country): Waynesburg, Ohio

Father
13. NAME: Wingerter
14. BIRTHPLACE (City or Town, County and State, or Country): Germany

Mother
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Mrs. M. F. Sullivan
(Address) Winsper, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Dubois, Idaho Date Nov. 19__

19. UNDERTAKER: C. L. Buck
(Address) Idaho Falls, Ida.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
Nov. 28 1938 by Tom Kinnaird Registrar
(Date)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct-25 1938 to Nov-26 1938

I last saw h[illegible] alive on Nov-25 1938 Death is said to have occurred on the date stated above, at 3:40 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Coronary Thrombosis	38	10	25
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Home / Hospital

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? ____
(Specify city or town, county and state)
Check whether injury occurred in industry__ home__ public place__
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) H. W. Spencer M. D.
(Address) Idaho Falls Ida

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111496

PLACE OF DEATH

County of Ada

City of Boise

DEC 1 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111496

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 308

(No. 908 North 11th Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha E. Lester

(a) Residence No. 908 North Eleventh Street St.

(Usual place of abode)

Length of residence in city or town where death occurred 45 Yrs. (If nonresident give city or town and state)

yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myron Lester

6. DATE OF BIRTH (month, day, and year): Dec. 17, 1862

7. AGE — Years: 75 | Months: 10 | Days: 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Albia Iowa.

FATHER

13. NAME: Morris Harnett

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Elizabeth Presley

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Mrs E. H. Blair

(Address) 1601 N 12 St Boise

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Date: 11-3-38, 193

Boise, Idaho.

19. UNDERTAKER: Pierce Brothers

(Address) Boise Idaho

20. FILED 11-3, 1938 R. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 11-1 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1938, to Nov 1, 1938

I last saw h[er] alive on Oct. 31 1938: death is said to have occurred on the date stated above, at 9:30a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of ascending Colon —	
Complicated by rupture of Bowel, Caused by	
Obstruction due to the growth	
Other **contributory causes** of importance:	

Name of operation Exploratory and Colostomy Date of 9/12-38

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. M. Taylor, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111497

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 222
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 46 C

2. FULL NAME William Ellis Goddard
(a) Residence No. 632 South Main St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) 11/27/1895

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
42	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. freight house
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Plain City
(State or country) Utah

FATHER
13. NAME Ellis Goddard
14. BIRTHPLACE (city or town) Plaine City,
(State or country) Utah

MOTHER
15. MAIDEN NAME Mary Jane Senior
16. BIRTHPLACE (city or town) Hull
(State or country) Engla

17. INFORMANT Ellis Goddard
(Address) Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Nov. 28, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello Idaho

20. FILED 11-29, 1938 D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/25/1938

22 I HEREBY CERTIFY, That I attended deceased from 8/15, 1938, to 11/23, 1938
I last saw h[illegible] alive on 11/25 1938; death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Sequard	

Other contributory causes of importance:

Name of operation ___ Date of ___
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 193___
Where did injury occur? ___
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ___
Manner of injury ___
Nature of injury ___

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ___
(Signed) [signature], M. D.
(Address) Pocatello

111498

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111498

Registration District No. 99
Primary Registration District No. 21-7 Local Registrar's No. 360
(No. Riverview Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thelma Norman McCain

(a) Residence No. Woolley Apts. St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herbert

6. DATE OF BIRTH (month, day, and year) Apr. 19, 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) Elko (State or country) Nev.

FATHER
13. NAME Eric Oscar Norman
14. BIRTHPLACE (city or town) Jetland (State or country) Sweden

MOTHER
15. MAIDEN NAME Florence M. Jarboe
16. BIRTHPLACE (city or town) Cheyenne (State or country) Wyo.

17. INFORMANT Mrs. Herbert McCain (Address) Woolley Apts. Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Nov. 15, 1938

19. UNDERTAKER Downards Funeral Home (Address) Pocatello Idaho

20. FILED 11-20, 1938 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/12 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1938, to July 1 1938 (45 am)
I last saw her alive on Not at all death is said to have occurred on the date stated above, at about 10 am
The principal cause of death and related causes of importance were as follows:

Husband reported her alive and apparently well at 8 am when called by Hotel Clerk. He found her on floor about 10:35 am

Date of onset

Other contributory causes of importance
Placed her back into bed and called clerk for doctor. Saw her about 10:30 am
Head injury not known.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 1938
Where did injury occur? Death from unknown cause - natural
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury None
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. A. Gellinson, M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111499

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111499

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 239

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Damico

(a) Residence No Twin Falls, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE — Years: dead 38 — Months: — Days: — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hartford, (State or country) Conn.

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT E. F. Prater (Address) Twin Falls, Ida.

18. BURIAL, ~~CREMATION, REMOVAL~~ Place Twin Falls Cem. Date 12/7/ 1938

19. UNDERTAKER Drake-Reynolds Fun. Home (Address) Twin Falls, Idaho

20. FILED Dec 5, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/2 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/2/ 1938, to 12/2/ 1938
I last saw him alive on 12/2/ 1938: death is said to have occurred on the date stated above, at 8:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	12-2-38
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) W. F. Prater, M. D.
(Address Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111500

PLACE OF DEATH
County of Fremont
City of St. Anthony Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111500

DEC 8 - 1938

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 111736

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ben Ambler

(a) Residence No. Drummond Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walton Yorkshire
(State or country) England

FATHER
13. NAME Richard Ambler
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Sarah Ann Illingworth
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Ethel M. Franklin
(Address) Drummond Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fairview Date 12/9, 1938

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED 12/7, 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/6 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938, to Dec 6, 1938
I last saw him alive on Dec 5 1938; death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	
Hypertension	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Lovell, M. D.
(Address) St Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Mack 1/11-01

RECEIVED DEC 8 - 1938

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111501

1. PLACE OF DEATH
County of Ada
City of Boise
St Alphonsus Hospital
(Home, Hospital or Institution)
Registration Dist. No. 1004
Primary Reg. Dist. No. 342
Local Registrar's No.

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 30 | Mos. | Days
How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Mary Josephene Clarkson. 932
(a) Residence: 1610 Franklin Street; (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: Female.
4. White, Black, Yellow, Red: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.
5a. If married, widowed, or divorced Husband of (or) Wife of
6. Date of Birth (Month, day and year): Dec. 4. 1854.
7. AGE: Years 83. Months 11. Days 27. If less than 1 day hrs. min.

Occupation
8. Trade, profession, or particular kind of work done: At Home.
9. Industry or business in which work was done
10. Date deceased last worked at this occupation (month and year)
11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Chester Illinois.

Father
13. NAME: Hugh Whiley.
14. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

Mother
15. MAIDEN NAME: Ellen Mc Quade.
16. BIRTHPLACE (City or Town, County and State, or Country): Ireland.

17. SIGNATURE OF INFORMANT: Edgar P. Clarkson
(Address) 1610 Franklin St Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Horseshoe Bend, Idaho. Date: Dec. 4 1938

19. UNDERTAKER: Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-3 1938 by R. Sharp
(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12 - 1 - 38

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1936 to Dec 1 1938
I last saw her alive on Dec 1 1938 Death is said to have occurred on the date stated above, at 9:40 A m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Chronic myocarditis	10		
Contributory causes of importance not related to principal causes: Arteriosclerosis (Hypertrophic)	15		
Simultaneously			

Where was disease first diagnosed? Boise, Idaho
Name of operation — date of
Condition for which performed —
What test confirmed diagnosis?
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury 19
Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry home public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) Winston W. Mack M. D.
(Address) 500 Eastman Bldg Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111502

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

DEC 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111502

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 140

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME STANLEY, Fred

(a) Residence No. 208 North 19th Street, Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Cauc.	Married

5a. If married, widowed, or divorced HUSBAND OF Mrs. Matilda Stanley

6. DATE OF BIRTH (month, day, and year) May 27, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Massachusetts

FATHER

13. NAME William Stanley

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Mary Blackburn

16. BIRTHPLACE (city or town) (State or country) Massachusetts

17. INFORMANT Marguerite Lewis
(Address) Route #1 - Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date Dec. 7, 1938

19. UNDERTAKER SCHREIBER & McCANN
(Address) Boise, Idaho

20. FILED 12-6, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-3 1938

22 I HEREBY CERTIFY, That I attended deceased from December 1, 1938, to December 3, 1938

I last saw him alive on Dec. 3 1938: death is said to have occurred on the date stated above, at 3:05 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	Unknown

Other **contributory causes** of importance:

Arteriosclerosis, generalized, severe	
Hypertrophy of prostate	

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. McClellan, M. D.

(Address) V.A. Boise, Idaho

H-93

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

DEC 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 184

Primary Registration District No. 6194

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 111503

Local Registrar's No. 161

84

2. FULL NAME David Seamons

(a) Residence No. ..... St. Soda Springs, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olive Seamons

6. DATE OF BIRTH (month, day, and year) 4/17/79

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyde Park (State or country) Utah

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) No data (State or country)

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) No data (State or country)

17. INFORMANT Records State Hospital South (Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place Soda Springs Date Nov 30, 1938

19. UNDERTAKER E. T. Park (Address) Blackfoot Idaho

20. FILED Dec. 2, 1938 Mrs. Hallie F. Lance Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/29 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1938, to Nov. 29, 1938

I last saw him alive on Nov. 28 1938: death is said to have occurred on the date stated above, at 4:35 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Exhaustion in the course of acute mania.	Nov. 19

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury None

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. G. Cranwell, M. D.

(Address) Blackfoot, Idaho

1155½ North Fairfield
Pocatello Idaho
Dec 10 - 1938

DEC 12 1938

Bureau of Vital Statistics

Dear Sir.

Inclose find certificate of death of my Father, which I just received.

You have his wifes name wrong it is annie Seamons instead of Alice Seamons as Alice is her daughter.

and his Date of Birth was March 24. 1879 instead of April 17.

please make corrections & send back

Sincerely

Ernest Seamons.

1115 04

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111504

RECEIVED DEC 10 1938

Registration District No.
Primary Registration District No. 6 Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 94b

2. FULL NAME Lorenzo Peterson
(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Peterson
6. DATE OF BIRTH (month, day, and year): 2/4-1873
7. AGE: Years 65 | Months 10 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Logan
(State or country) Utah

FATHER
13. NAME: James O. Peterson
14. BIRTHPLACE (city or town): Copenhagen
(State or country) Denmark

MOTHER
15. MAIDEN NAME: Christina Peterson
16. BIRTHPLACE (city or town): Denmark
(State or country)

17. INFORMANT: [illegible]
(Address) Emmett Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett Ida Date 12/7, 1938

19. UNDERTAKER: C. D. Buckmaster
(Address) Emmett Idaho

20. FILED 12/6, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/4 1938

22. I HEREBY CERTIFY, That I attended deceased from at death, 193.., to 12/4, 1938
I last saw h... alive on Dec 193..: death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown — probably coronary thrombosis of the heart.	
Other contributory causes of importance:	

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Emmett, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111505

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

RECEIVED DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

(No. Bonners Ferry Hospital)
If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 111505

34

2. FULL NAME John Crowley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fern Crowley

6. DATE OF BIRTH (month, day, and year) Aug. 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1938

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Aroostook Co., (State or country) Maine

FATHER

13. NAME Dennis Crowley

14. BIRTHPLACE (city or town) ... (State or country) Maine

MOTHER

15. MAIDEN NAME Mary Hooks

16. BIRTHPLACE (city or town) ... (State or country) New Brunswick

17. INFORMANT Mrs. Fern Crowley (Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Paradise Valley Date Nov. 12, 1938

19. UNDERTAKER H. H. Crouch (Address) Bonners Ferry, Ida.

20. FILED Nov. 11, 1938. R. M. Bonsell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to Nov. 10, 1938.

I last saw him alive on Nov. 10, 1938; death is said to have occurred on the date stated above, at 7 P. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Syphilitic aortitis	
Other **contributory causes** of importance:	
Chronic myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Crouch M. D.
(Address) Bonners Ferry, Idaho

1 11 506

PLACE OF DEATH
County of Madison
City of Archer
RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111506

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 68

(No. At home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Edgar Grover.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Martha E. Grover.

6. DATE OF BIRTH (month, day, and year) 4/5/1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (mo. and yr.) 11/38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Grantsville, Utah.

FATHER

13. NAME Marshal Grover.
14. BIRTHPLACE (city or town) (State or country) Navoo, Ill.

MOTHER

15. MAIDEN NAME Isabel Orr.
16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Mrs R. E. Grover.
(Address) Thornton, Ida. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Archer, Ida Date 11/25, 1938

19. UNDERTAKER A B Bickersell
(Address) Rigby, Idaho.

20. FILED 12-7, 1938 Mrs Heyrman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/22 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-22, 1938, to 11-22, 1938
I last saw him alive on 11-22 1938: death is said to have occurred on the date stated above, at 2:30A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (Angina Pectoris)	[redacted]

Other **contributory causes** of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) A. Rutherland M. D.
(Address) Rexburg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11507

DEC 14 1938
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 228

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alonzo Call

(a) Residence No. 640 No. 12th St. St. Ricby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Lucy Elvira Call.

6. DATE OF BIRTH (month, day, and year) Nov. 17, 1866.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (mo. and yr.) Oct-1936
11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) Williard, Vt.
(State or country)

FATHER

13. NAME Homer Call.
14. BIRTHPLACE (city or town) Ohio.
(State or country)

MOTHER

15. MAIDEN NAME Nancy Merrill.
16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMANT Cecil A. Call
(Address) Ricby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Ricby, Ida. Date 12-16, 1938

19. UNDERTAKER [illegible]
(Address) Ricby Idaho

20. FILED 12-3, 1938 J. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-3 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/1, 1938, to 12/3, 1938
I last saw h[illegible] alive on 12/2 1938; death is said to have occurred on the date stated above, at 2 10 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Acute Pectoris	

Other **contributory causes** of importance:

Apoplexy stroke 2 yrs ago	

Name of operation [illegible] Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. F. Call, M. D.
(Address) Pocatello Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

DEC 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11508

DO NOT WRITE IN THIS SPACE

State File No. 111508

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 145

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William G. Rowland

(a) Residence No. 211 7/2 Bannock Street St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of) Anina Rowland

6. DATE OF BIRTH (month, day, and year) Oct. 2, 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
92	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Doris M. McKinnis
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date Dec. 14, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 12-14, 1938 R. Shaw Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-11 1938

22 I HEREBY CERTIFY, That I attended deceased from July 9, 1937, to December 11, 1938

I last saw him alive on Dec. 11, 1938; death is said to have occurred on the date stated above, at 5:30 pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Failure	Unknown
Other **contributory causes** of importance:	
Arteriosclerosis, generalized	Unknown

Name of operation None Date of ---

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. McCLELLAN, M. D.

Address V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111509

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 144

DEC 13

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard H. Colley

(a) Residence No. ..... St. Homedale, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Grace Colley

6. DATE OF BIRTH (month, day, and year) Dec. 20, 1876

7. AGE — Years: 61 | Months: 11 | Days: 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME John S. Colley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Doris M. McKinnis

(Address) VA, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Caldwell, Idaho Date Dec. 14, 1938

19. UNDERTAKER Peckham Undertaking Company

(Address) Caldwell, Idaho

20. FILED 12-14 1938 N. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-11 1938

22 I HEREBY CERTIFY, That I attended deceased from December 7, 1938 to December 11, 1938.

I last saw him alive on Dec. 11 1938: death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Unknown
Other contributory causes of importance:	

Name of operation None Date of ---

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... Specify.....

(Signed) J. H. McCLELLAN, M. D.

(Address) V.A., Boise, Idaho

111 5-10

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111510

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 220
(No. Pocatello General Hospital,
(If death occurred in a hospital or institution, give its name instead of street and number) 9502

2. FULL NAME William Arthur Barrett

(a) Residence No. 308 North 8th Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Adelia Weatherman

6. DATE OF BIRTH (month, day and year) January 8, 1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car-Dept.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pocatello U.P.R.R. Shops
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmington, Utah.

FATHER

13. NAME Henry Barrett
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Winter
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT J. L. Barrett
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Nov. 25, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Nov. 23, 1938. D. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 23, 1938.

22 I HEREBY CERTIFY, That I attended deceased from 11/1, 1938, to Nov. 21, 1938
I last saw h. alive on 11-21 1938: death is said to have occurred on the date stated above, at 11:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-renal disease	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. D.
(Address) Pocatello, Idaho.

Registered No. 111511

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 3

City of Idaho Falls — Primary Reg. Dist. No. 2170

Ida. Falls L.D.S. Hospital — Local Registrar's No. 271
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 0 | Mos. 0 | Days 5

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Francis W. Harriman

(a) Residence: Blackfoot, Idaho
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced Husband of (or) Wife of: Ada Walls Harriman

6. Date of Birth (Month, day and year): April 6, 1892

7. AGE: Years 46 | Months 7 | Days 23 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Auto camp owner & operator

9. Industry or business in which work was done: Tourist

10. Date deceased last worked at this occupation (month and year): Nov. 1938

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Los Angeles, California

Father

13. NAME: Elmer E. Harriman

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Lucy Ruddy

16. BIRTHPLACE (City or Town, County and State, or Country): Maine

17. SIGNATURE OF INFORMANT: Ada Walls Harriman

(Address): Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL: Removal

Place: Salt Lake City, Ut. Date: Dec. 1 1938

19. UNDERTAKER: V. F. McHan

(Address): Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Nov 30 1938 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1938 to Nov 29 1938

I last saw [illegible] alive on Nov 29 1938 Death is said to have occurred on the date stated above, at 12:03 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cerebral Hemorrhage	1938	Nov	21
Contributory causes of importance not related to principal causes: Influenza	1938	Nov	14

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) [signature] M. D.

(Address): Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111512

PLACE OF DEATH
County of Fremont
City of Parker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111512

DEC 15 1938

Registration District No. 97
Primary Registration District No. 2177
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Charles Fullmer
(a) Residence No. Parker Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) Wife of~~ Harriett Fullmer

6. DATE OF BIRTH (month, day, and year) Nov 23-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spanishfork
(State or country) Utah

FATHER
13. NAME John Solomon Fullmer
14. BIRTHPLACE (city or town)
(State or country) Tenn.

MOTHER
15. MAIDEN NAME Sarah Ann Stephenson
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT John Charles Fullmer Jr
(Address) Rexburg Idaho Route 2

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City Date Dec 14, 1938

19. UNDERTAKER W. McNaughey
(Address) St. Anthony Idaho

20. FILED Dec 14, 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-11 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-10, 1938 to 12-11, 1938
I last saw him alive on 12-10 1938: death is said to have occurred on the date stated above, at 11 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-10-38
Other **contributory causes** of importance:	
Hypertension	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. H. Gilbert M. D.
(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

11N13

PLACE OF DEATH
County of Bannock
City of McCammon

RECEIVED NOV -5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111513

Registration District No. 8483
Primary Registration District No. 2161216 Local Registrar's No. 27 11
(No. 2 Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary D. Marley

(a) Residence No. McCammon, Idaho. St. McCammon, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Joseph Marley

6. DATE OF BIRTH (month) February (day) 20, (year) 1866.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Toquerville,
(State or country) Utah.

FATHER

13. NAME John H. Stinger

14. BIRTHPLACE (city or town) .....
(State or country) Holland.

MOTHER

15. MAIDEN NAME Elizabeth Hollest

16. BIRTHPLACE (city or town) .....
(State or country) England.

17. INFORMANT Alma Marley
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Idaho Date Oct. 7, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Oct. 26, 1938. Mrs. G. G. Fitch #
Nov. 5, 1938. Asa L. Coffin Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 3, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct 3, 1938
I last saw her alive on Oct 2 1938: death is said to have occurred on the date stated above, at 6:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage of brain	
Other **contributory causes** of importance:	
Senility	

Name of operation None Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Rich, M. D.
(Address) Lava Hot Springs Ida

111514

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111514

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1004
St. Alphonsus Hospital — Local Registrar's No. 332
(Home, Hospital or Institution)

RECEIVED DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Dewie A. Epperson
(a) Residence: Council Idaho
(If non-resident give city or county and state)

2012

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Ora V. Epperson

6. Date of Birth (Month, day and year): August 22 1900

7. AGE: Years 38 | Months 3 | Days 2 | If less than 1 day hrs. ____ min. ____

Occupation:
8. Trade, profession, or particular kind of work done: Miner
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Council Idaho

Father:
13. NAME: Wiley Epperson
14. BIRTHPLACE (City or Town, County and State, or Country): U.S.A.

Mother:
15. MAIDEN NAME: Alice Thompson
16. BIRTHPLACE (City or Town, County and State, or Country): Tuscorara Nev:

17. SIGNATURE OF INFORMANT: Mrs. Ora V. Epperson
(Address): Council Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 11/26 19 38

19. UNDERTAKER: Schreiber & McCann
(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 11-28 1938 (Date) by R. Sharp (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/24/38

22. I HEREBY CERTIFY, That I attended deceased from 11/21 1938 to 11/24 1938
I last saw him alive on 11/24 1938 Death is said to have occurred on the date stated above, at 7 35 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Diaphragmatic hernia	1938	11	21
Fractured ribs Thorax			
Fractured Dist tibia & fibula			
Shock			

Contributory causes of importance not related to principal causes: Pneumonia, Lobar

Where was disease first diagnosed? St. Alphonsus Hosp
Name of operation Reduction of Hernia Date of 11/22/38
Condition for which performed Diaphragmatic hernia
What test confirmed diagnosis? Clinical
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury 11/21/38
19____ Where did injury occur? Mayflower Mine (Specify city or town, county and state) Idaho
Check whether injury occurred in Industry Home public place
Manner of injury Miner caved in — rock struck pt
Nature of injury Rupture of diaphragm

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Pt employed in mine Cave-in

(SIGNED) Robert L. Smith M. D.
(Address) 1st Natl. Bank Bldg Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1115 N Rockford

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111515

DEC 19 1938

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mathilda Peterson

(a) Residence No. 903 14 St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles S Peterson

6. DATE OF BIRTH (month, day, and year) Jan 22, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leaf Valley
(State or country) Minn.

FATHER

13. NAME S. G. Johnson

14. BIRTHPLACE (city or town)
(State or country) Sweeden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Sweeden
(State or country)

17. INFORMANT Charles Peterson
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL burial
Place Lewiston Date Dec. 10, 1938

19. UNDERTAKER Brower Wann CO.
(Address) Lewiston Idaho

20. FILED Dec 15, 1938 L. C. Kretsinger M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-7 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1938, to Dec 7, 1938

I last saw him alive on Dec 7, 1938: death is said to have occurred on the date stated above, at 9.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 1938
1st/ Perdesion.	1936
2/ Hemiplegia	Dec 1938

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. J. Broadbent M. D.

(Address Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111516

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2004

City of Ada County Hospital (Home, Hospital or Institution) — Primary Reg. Dist. No. 125

Local Registrar's No. RECEIVED DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	20		

How long in U. S. if of foreign birth? Yrs. Mos. Days

52

2. FULL NAME Emma Ratabaugh Clark

(a) Residence: 1210 East Jefferson Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — Husband of (or) Wife of:

6. Date of Birth (Month, day and year): October 17, 1848

7. AGE — Years: 90 — Months: 0 — Days: 10 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Carroll, Ohio

Father

13. NAME: Samuel Ratabaugh

14. BIRTHPLACE (City or Town, County and State, or Country): Ohio

Mother

15. MAIDEN NAME: Catherine Brandt

16. BIRTHPLACE (City or Town, County and State, or Country): Ohio

17. SIGNATURE OF INFORMANT: Miss Mable Clark

(Address) 1210 - E. Jefferson St.

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date Oct. 29 1938

19. UNDERTAKER: Summers Funeral Home

(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-3 1938 by R. Sharp

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1938 to Death 19

I last saw h[illegible] alive on 10-27 1938. Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Bronchopneumonia.	1938	Oct	23,
Myocarditis	Many yrs.		

Contributory causes of importance not related to principal causes

Carcinoma skin nose & face	1935		
Lymphoedema R. Leg.	1928		

Where was disease first diagnosed? Ada County Hosp.

Name of operation None. date of

Condition for which performed

What test confirmed diagnosis? Phys. Findings &

Was there an autopsy? No. Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) L. F. West M. D.

(Address) Boise Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise
RECEIVED
DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111517

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 309
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Marcus
(a) Residence No. 615 Hays St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles F. Marcus
6. DATE OF BIRTH (month, day, and year) 10-28-1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	—	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Business woman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME John Dietrich
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Catherine Hoffman
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gertrude McDevitt
(Address) 615 hays St. Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/1, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-3, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/30 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to 10/30/, 1938
I last saw he alive on 10/29/38 193..: death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	
- Senility -	
Other contributory causes of importance:	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193.....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Harry H. Stewart M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Near Eagle
RECEIVED
DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111518

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 124
(No. Died at Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Lemuel McGrath 167

(a) Residence No. 1¼ Miles East of Eagle Rt. 1, St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie McGrath

6. DATE OF BIRTH (month, day, and year) 2/5/1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phillipsburgh
(State or country) Kansas

FATHER
13. NAME Thomas McGrath
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Mrs Laura Greer
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Willard McGrath
(Address) Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 11/2, 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-3, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 30 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. Dead to ....., 193..
I last saw him alive on 10/30, 1938 death is said to have occurred on the date stated above, at About 8:30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound in the Chest. Self Inflicted Suicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jno. McCann Coroner
M. D.
(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Registered No. 111519

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 204
St. Lukes Hospital — Local Registrar's No. 305
(Home, Hospital or Institution)

RECEIVED
DEC 12 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	4		

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Hannah Jane Fox
(a) Residence: 2720 West Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: Female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced Husband of (or) Wife of: Avery N. Fox

6. Date of Birth (Month, day and year): April 12 1864

7. AGE: Years 92 | Months 6 | Days 19 | If less than 1 day hrs. ____ min. ____

Occupation
8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Lysander Onandiago N. Y.

Father
13. NAME: Henry Holstead
14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother
15. MAIDEN NAME: Lydia M. Warren
16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Mrs. Katherine Merry
(Address): 2720 West Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date Nov 1 1938

19. UNDERTAKER: Summers Funeral Home
(Address): 906 Bannock

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 11-1 (Date) 1938 by L. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 25 1938 to October 31 1938
I last saw her alive on October 31 1938 Death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Comminuted Fracture Through Trochanters of Left Femur	1938	10	25
Cardio-Vascular Renal Disease with Uremia	1938	10	27

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?
Name of operation ____ date of
Condition for which performed
What test confirmed diagnosis?
Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury Oct 25 1938, 19____ Where did injury occur? Boise, Idaho
(Specify city or town, county and state)
Check whether injury occurred in industry ____ home ✓ public place ____
Manner of injury Falling.
Nature of injury Fracture.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(SIGNED) Ralph P. Jones M. D.
(Address) Boise Idaho

Braxton V

Registered No. 111520

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

2511 Regan Street (Home, Hospital or Institution) — Local Registrar's No. 306

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 1 | Mos. | Days

How long in U. S. if of foreign birth? DEC 13 1938 | Yrs. | Mos. | Days

2. FULL NAME Dianna. S. Thompson.

(a) Residence: 2511. Regan Street. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Joseph. F. Thompson.

6. Date of Birth (Month, day and year): January. 2. 1865.

7. AGE — Years: 73 | Months: 8 | Days: 29. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Provo Utah.

Father

13. NAME: James Smith.

14. BIRTHPLACE (City or Town, County and State, or Country): England.

Mother

15. MAIDEN NAME: Jane Duke.

16. BIRTHPLACE (City or Town, County and State, or Country): England.

17. SIGNATURE OF INFORMANT: Fred. M. Thompson.

(Address): Boise. Idaho.

18. BURIAL, CREMATION OR REMOVAL

Cloverdale Memorial Park. Date: Nov2 1938

19. UNDERTAKER: Summers Funeral Home. Boise, Idaho. (Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-2 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1938, to Oct 31 1938

I last saw her alive on Oct 30 1938. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Lobar Pneumonia			One
Acute Myocarditis			One
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Boise Idaho

Name of operation None date of

Condition for which performed

What test confirmed diagnosis? None

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry— home— public place—

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) J. N. Braxton M. D.

(Address)

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111521

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

123 S. 9th St. (Home, Hospital or Institution) — Local Registrar's No. 387

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. 2 | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

RECEIVED DEC 13 1938

2. FULL NAME Henry Lorenzo Wadley

(a) Residence: 611. Grove Street. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Louise Wadley.

6. Date of Birth (Month, day and year): August. 3. 1877.

7. AGE: Years 61. | Months 2. | Days 28. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Barber.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Arkansas.

Father

13. NAME: Unknown.

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

Mother

15. MAIDEN NAME: Jennie Kent.

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

17. SIGNATURE OF INFORMANT: Frank C. Wadley

(Address) Grangeville, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Cloverdale Memorial Park Date Nov. 2. 1938

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-2 1938 (Date) by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 31 - 1938

22. I HEREBY CERTIFY, That I attended deceased from October 31st 1938 to October 31st 1938

I last saw him alive on October 31 1938. Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris

Heart Block

Contributory causes of importance not related to principal causes

Arteriosclerosis

Date of Onset	Yr.	Mo.	Day

Where was disease first diagnosed? —

Name of operation — date of —

Condition for which performed —

What test confirmed diagnosis? —

Was there an autopsy? No. Was there an inquest? No.

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? —

(Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(SIGNED) Dr. J. M. Dwyer M. D.

(Address) Boise, Idaho.

a- Borch

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111522

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

St. Alphonsus Hospital — Local Registrar's No. 2

(Home, Hospital or Institution)

RECEIVED DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days: 3

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Lewis A. Getty's 92a

(a) Residence: Robie Creek In Boise County.

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): Dec: 15 1868

7. AGE: Years 69 | Months 10 | Days 16 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Mining Man and Prospector

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Newton Iowa

Father

13. NAME: William Getty's

14. BIRTHPLACE (City or Town, County and State, or Country): Penn:

Mother

15. MAIDEN NAME: Sarah Elizabeth Bowen

16. BIRTHPLACE (City or Town, County and State, or Country): Indiana

17. SIGNATURE OF INFORMANT: Elwin Getty

(Address): Robie Creek Boise Co:

18. BURIAL, CREMATION OR REMOVAL

Place: Robie Creek Boise Co: Date: 11/4 1938

19. UNDERTAKER: Schreiber & McCann

(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-4 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Nov 1 1938

I last saw h[illegible] alive on Nov 1 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Chronic Valvular Heart Disease	1 year		

Contributory causes of importance not related to principal causes: Decompensated Heart with Sexual oedema

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) A. B. Borch M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111523

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 126
(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Reiss

(a) Residence No. Riverdide Station St. 94a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Ludwika Reiss

6. DATE OF BIRTH (month, day, and year): 12-10-1871

7. AGE: Years 66 | Months 10 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER
13. NAME: George Reiss
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Rudolph Jaust Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 11/4, 1938

19. UNDERTAKER: Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-4, 1938 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 11-1-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1938, to Nov 1st, 1938
I last saw him alive on Nov 1st 1938: death is said to have occurred on the date stated above, at 930 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Paralysis	

Other contributory causes of importance:

Hypertension - Heart Lesions.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John Baeck M. D.
(Address) Boise Ida

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111524

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of 3 miles West of Boise, Idaho — Primary Reg. Dist. No. 2094

(Home, Hospital or Institution) — Local Registrar's No. R29

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days: 8

How long in U. S. if of foreign birth? | Yrs. | Mos. | Days

DEC 13 1938

46c

2. FULL NAME Jennie Josephene Warner.

(a) Residence: Died 3 Miles west of Boise Idaho. Residence Grants Pass Ore. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Edward Warner.

6. Date of Birth (Month, day and year): May. 9. 1870.

7. AGE — Years: 68 | Months: 5 | Days: 24 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Salem Nebraska.

Father

13. NAME: Joseph Lockwood.

14. BIRTHPLACE (City or Town, County and State, or Country): New York.

Mother

15. MAIDEN NAME: Theda Jane Martindale.

16. BIRTHPLACE (City or Town, County and State, or Country): New York.

17. SIGNATURE OF INFORMANT: Edward Warner

(Address): Grants Pass Ore.

18. BURIAL, CREMATION OR REMOVAL: Cloverdale Memorial Park Date Nov 5 19 38

19. UNDERTAKER: Summers Funeral Home.

(Address): Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED on 11-10 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-2-38

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1938 to Nov 2- 1938

I last saw her alive on Nov 2 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset: Yr.	Mo.	Day
Ca. of Lower Bowel	?		

Contributory causes of importance not related to principal causes: —

Where was disease first diagnosed? Oregon

Name of operation None. date of

Condition for which performed

What test confirmed diagnosis? Examination

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry— home— public place—

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) Edward T. Norris M. D.

(Address) Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111525

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 313

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Forest Biggers 59

(a) Residence No. Route #1, Boise St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of David Biggers

6. DATE OF BIRTH (month, day, and year) 1-18-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jackson County,
(State or country) Missouri

FATHER

13. NAME Andrew Jackson Cox

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Jane Anglin

16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Ralph Biggers
(Address) Sweet Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Brownlee, Ida. Date 11-6-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 11-5, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-3 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10-36, 1936 to Nov 3-, 1938

I last saw h[illegible] alive on Nov. 3- 1938: death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	

Other contributory causes of importance:

Diabetes Mellitus and Hypertension-Paralysis-

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Boise Ida

Ralph Jones M.D.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111526

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1004
320 Union St. — Local Registrar's No. RECEIVED
(Home, Hospital or Institution)

DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days

How long in U. S., if of foreign birth?	Yrs.	Mos.	Days
	50		

2. FULL NAME Clara Elizabeth Wilson

(a) Residence: 320 Union St. Boise Idaho
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: John Wilson

6. Date of Birth (Month, day and year): Jan: 30th. 1869

7. AGE — Years: 69 — Months: 9 — Days: 4 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Portland Oregon

Father

13. NAME: Isaac Ham
14. BIRTHPLACE (City or Town, County and State, or Country): Illionis

Mother

15. MAIDEN NAME: Mary Bacon
16. BIRTHPLACE (City or Town, County and State, or Country): Michigan

17. SIGNATURE OF INFORMANT: Jennie M. Brown
(Address): Portland Ore:

18. BURIAL, CREMATION OR REMOVAL
Place: Portland Ore. Date: 11 - 9 1938

19. UNDERTAKER: Schreiber & McCann
(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 11 - 9 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 4th. 1938

22. I HEREBY CERTIFY, That I attended deceased from September 4 1938 to November 4 1938
I last saw her alive on November 4 1938 Death is said to have occurred on the date stated above, at 6 30 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Carcinoma of Breast with metastasis to spine and lungs	1938	April	
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?
Name of operation Radical Breast Amputation Date of April 1937
Condition for which performed
What test confirmed diagnosis?
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry____ home____ public place____
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) Ralph L. Jones M. D.
(Address) Boise, Idaho.

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111527

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

811 East State St. — Local Registrar's No. RECEIVED

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	21		

How long in U. S. A. if not a native? DEC 19 1938

Yrs.	Mos.	Days

2. FULL NAME William John Tiss

(a) Residence: 811 East State St. Boise Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Elizabeth Tiss

6. Date of Birth (Month, day and year): March 27th. 1861

7. AGE — Years: 77 — Months: 7 — Days: 8 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Merchant Retired

9. Industry or business in which work was done: Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Kewaskun Wisconsin

Father

13. NAME: Nicholas Tiss

14. BIRTHPLACE (City or Town, County and State, or Country): Alsace- Loraine

Mother

15. MAIDEN NAME: Anna Schildt

16. BIRTHPLACE (City or Town, County and State, or Country): Austria

17. SIGNATURE OF INFORMANT: Mrs. J. Tiss

(Address): La Grande Ore

18. BURIAL, ~~CREMATION OR REMOVAL~~ — Place: St. John's Cemetery — Date: 11/7 1938

19. UNDERTAKER: Schreiber & McCann

(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-9 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/5/38 9 AM

22. I HEREBY CERTIFY, That I attended deceased from July 19 38 to Nov 1st 19 38

I last saw him alive on Nov 1st 19 38 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cardio Vascular			
Renal Disease			
Brights Disease			

Contributory causes of importance not related to principal causes

Asthma

Dropsy

Where was disease first diagnosed? at Home

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? Laboratory

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) J. H. Wyckle M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111528

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of 909½ Main St. (Home, Hospital or Institution) — Primary Reg. Dist. No. 1004 — Local Registrar's No. R14

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

DEC 13 1938

2. FULL NAME Mary Lucille Eckert

(a) Residence: 909½ Main St (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — Husband of (or) Wife of: Charles E. Eckert

6. Date of Birth (Month, day and year): 1868 Dec 18

7. AGE: Years 69 | Months 10 | Days 18 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Retired
9. Industry or business in which work was done: Hotel Business
10. Date deceased last worked at this occupation (month and year): ____
11. Total time (yrs.) spent in this occupation: ____

12. BIRTHPLACE (City or Town, County and State, or Country): Butte Co California

Father

13. NAME: John W. Cory
14. BIRTHPLACE (City or Town, County and State, or Country): U.S.A.

Mother

15. MAIDEN NAME: not obtainable
16. BIRTHPLACE (City or Town, County and State, or Country): U.S.A.

17. SIGNATURE OF INFORMANT: Richard M. Eckert
(Address): Midway Wash

18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill — Date: 11/9 19 38

19. UNDERTAKER: Schreiber & McCann
(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 11-9 (Date) 193 8 by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-6-38

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Nov 6 1938
I last saw her alive on Nov 6 1938 Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Dilatation of Heart			

Contributory causes of importance not related to principal causes: Valvular heart lesion — dropsy. —

Where was disease first diagnosed? ____
Name of operation ____ date of ____
Condition for which performed ____
What test confirmed diagnosis? ____
Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)
Check whether injury occurred in industry ___ home ___ public place ___
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(SIGNED) John Bozik M. D.
(Address) Boise Ida.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111529

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 4-10

City of — Primary Reg. Dist. No. 4-10

Home - 4 miles west of Eagle Idaho — Local Registrar's No.
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED
DEC 3 - 1938

Length of residence in County where death occurred	Yrs.	Mos.	Days
	12.		

How long in U. S. if of foreign birth?	Yrs.	Mos.	Days

2. FULL NAME David. B. Conner. 946

(a) Residence: 4 Miles West of Eagle, Idaho.
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If married, widowed, or divorced — Husband of (or) Wife of:

6. Date of Birth (Month, day and year): December. 5. 1868.

7. AGE — Years: 69. Months: 11. Days: 1. If less than 1 day — hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Cove Oregon.

Father

13. NAME: Jacob Connor.

14. BIRTHPLACE (City or Town, County and State, or Country): Iowa.

Mother

15. MAIDEN NAME: Mary May.

16. BIRTHPLACE (City or Town, County and State, or Country): Iowa.

17. SIGNATURE OF INFORMANT: Lester R. Ayres.

(Address): Eagle Idaho Rt 1

18. BURIAL, CREMATION OR REMOVAL — Place: Star Cemetery. Date: Nov 9 1938

19. UNDERTAKER: Summers Funeral Home.

(Address): Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11/8 1938 (Date) by Ora Reed (Registrar)

Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 6-1938

22. I HEREBY CERTIFY, ~~That I attended~~ deceased from Did not to attend 19____

I last saw h____ alive on ____ 19____ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Probable - Coronary Thrombosis			

Contributory causes of importance not related to principal causes:

Senility			

Where was disease first diagnosed? —

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? History

Was there an autopsy? No. Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____
(Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) L. F. West M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Meridian

DEC 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111530

Registration District No. 11

Primary Registration District No. 2005

Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

46C

2. FULL NAME Grace M. Stott

(a) Residence. No. Meridian Ida Rt 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Stott

6. DATE OF BIRTH (month, day, and year) Jan 3, 1859

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1918

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Keosauqua Iowa

MOTHER FATHER

13. NAME Sam McCreary

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Elizabeth Sullivan

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Lewis Stott
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 11-8, 1938

19. UNDERTAKER E. W. Robison
(Address) Meridian Ida

20. FILED Dec. 8, 1938 E. W. Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-15-38, 193..., to 11-6, 1938

I last saw her alive on 9-13, 1938; death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Unknown
Coma.	

Other contributory causes of importance: Convulsions

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193...

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Jos. M. Thomas M. D.

(Address) Meridian, Ida

111531

Budge

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 1604

City of Boise — Primary Reg. Dist. No.

St. Lukes Hospital — Local Registrar's No. RECEIVED

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 50 | Mos. | Days

How long in U. S. if of foreign birth? | Yrs. | Mos. | Days

DEC 13 1938

2. FULL NAME Lewis Carl Heffner 93c

(a) Residence: Rt. 1 Eagle Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, Husband of (or) Wife of: Lulu J. Heffner

6. Date of Birth (Month, day and year): January 15th 1869

7. AGE: Years 69 | Months 9 | Days 22 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Butcher

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Leona Brown Co. Kansas

Father

13. NAME: Henry Heffner

14. BIRTHPLACE (City or Town, County and State, or Country): Germany

Mother

15. MAIDEN NAME: Amelia Sidenfaden

16. BIRTHPLACE (City or Town, County and State, or Country): Germany

17. SIGNATURE OF INFORMANT: Rose Parker

(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Star Cemetery Date 11/10 1938

19. UNDERTAKER: Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-10 1938 by R. Sharp

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/7/38

22. I HEREBY CERTIFY, That I attended deceased from 11/5 1938 to 11/7 1938

I last saw him alive on 11/7 1938 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cirrhosis, Hypocardia with Decompensation	1937		
Pneumonia	38	11	5
Contributory causes of importance not related to principal cause:			
Arteriosclerosis	1935		

Where was disease first diagnosed? St Lukes Hosp - Boise

Name of operation none date of

Condition for which performed

What test confirmed diagnosis? Ekg - Clinical

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) Bruce C Budge M. D.

(Address) Boise

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Burch

111532

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

St Lukes Hospital — Local Registrar's No. 325

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 45 | Mos. | Days

How long in U. S., if of foreign birth? DEC 13 1938 | Yrs. | Mos. | Days

2. FULL NAME Martha. A. Heaton.

(a) Residence: Eagle, Idaho.

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: John. J. Heaton.

6. Date of Birth (Month, day and year): June. 8. 1866.

7. AGE — Years: 72 | Months: 5 | Days: 1. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Oregon.

Father

13. NAME: Jackson Kearns.

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

Mother

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

17. SIGNATURE OF INFORMANT: Wylie J Leighton

(Address): R 2 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Cemetery Date: Nov. 11 1938

19. UNDERTAKER: Summers Funeral Home.

(Address): Boise. Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-15-38 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 8 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Nov 8 1938

I last saw h[illegible] alive on Nov 8 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Bronchopneumonia	38	11	5
Contributory causes of importance not related to principal causes			
Chronic valvular heart disease	30		

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) A. W. Burch M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111533

Registration District No. 2004

Primary Registration District No. 2004

Local Registrar's No. 321

(No. St. Alphonsus Hospital) 108

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul G. Backer

(a) Residence No. 1115 O'Farrell Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ila Backer

6. DATE OF BIRTH (month, day, and year) 2-26-1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agriculturist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho State Dept. of Agriculture

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alexandria
(State or country) Missouri

FATHER

13. NAME Falkert Backer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Geradine Schudde

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Ila Backer
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 11-12-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 11-14, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-9 193 8

22 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1938, to Nov 9, 1938

I last saw h/m. alive on Nov 9 1938: death is said to have occurred on the date stated above, at 7:53 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 2 '38
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. A. Doelsch, M. D.

(Address) Boise

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111534

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 319

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Bohn 107a

(a) Residence No. 1311 North 24th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred Bohn

6. DATE OF BIRTH (month, day, and year) 10-9-1861

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME George Uitz
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Barbara Noggle
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Wm McDaniel
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mausoleum Date 11-10-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 11-12, 193 8 E. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-9-193 8

22 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1938, to Nov 9, 1938.
I last saw her alive on Nov 8 1938: death is said to have occurred on the date stated above, at 6:55 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/7/38
Other contributory causes of importance:	
Senile Dementia	9/10/38
Generalized Arteriosclerosis	?

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. M. Bondurant, M. D.
(Address) Boise, Idaho

Hamilton

111535

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 1004

City of Boise. — Primary Reg. Dist. No.

St Alphonsus Hospital. — Local Registrar's No. 3220 ED

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 19. | Mos. | Days

How long in U. S. if of foreign birth? DEC 13 1938 | Yrs. | Mos. | Days

2. FULL NAME Iva. V. Wardle.

(a) Residence: Kootnai & Roosevelt Streets. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Hyrum. C. Wardle.

6. Date of Birth (Month, day and year): February. 13. 1894.

7. AGE — Years: 44 | Months: 8 | Days: 27 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Colorado.

Father

13. NAME: Isaac Holtsclaw.

14. BIRTHPLACE (City or Town, County and State, or Country): North Carolina.

Mother

15. MAIDEN NAME: Lillian Slager.

16. BIRTHPLACE (City or Town, County and State, or Country): Tennessee.

17. SIGNATURE OF INFORMANT: Hyrum C Wardle

(Address): 1 B th 4 Boise

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Cemetery Date Nov. 14 19 38

19. UNDERTAKER: Sum[illegible]rs Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-14 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-9 1938 to 11-10 1938

I last saw her alive on 11-10 1938 Death is said to have occurred on the date stated above, at 5-10 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cardiac Emolus	1938	11	10

Contributory causes of importance not related to principal causes

Septicemia & Pneumonia

Bartholinian abscess

Where was disease first diagnosed? Her home

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? None Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) O C Hamilton M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Ida V. Wardle

now lying buried in Morris Hill Cemetery, in the City or Town of Boise

County of Ada State of Idaho, who died on the 10th day of November, 1933 Aged 44 years ____ months

____ days, the cause of death being Cardiac Embolus and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

O. B. Hamilton attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by Private Carrier private or railway conveyance

to Morris Hill Cemetery in the City or Town of Boise County of Ada

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Boise, Idaho it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

this 24th day of November, A.D. 19 33.

permit issued to:
Russell A. Relyea
Relyea Mortuary
Boise, Idaho
License #-412

V. C. Benson
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of ____ State of Idaho, this ____ day of ____ 19____.

Health officer

Form DPH-48019

Pettegrew

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111536

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 8

City of — Primary Reg. Dist. No. 2004

Home (Home, Hospital or Institution) — Local Registrar's No. 13 RECEIVED

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 20. | Mos. | Days

How long in U.S., if of foreign birth? Yrs. | Mos. | Days

DEC 13 1938

2. FULL NAME Florence Elizabeth Wohlschlegel.

(a) Residence: 3 Miles West of Boise, R.D. # 2. Boise, Idaho.
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Herman. W. Wohlschlegel.

6. Date of Birth (Month, day and year): May. 12. 1862.

7. AGE — Years: 76 | Months: 6 | Days: 28. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Wisconsin.

Father

13. NAME: George. W. Blanchard.

14. BIRTHPLACE (City or Town, County and State, or Country): New York.

Mother

15. MAIDEN NAME: Addie Thayer.

16. BIRTHPLACE (City or Town, County and State, or Country): New York.

17. SIGNATURE OF INFORMANT: H W. Wohlschlegel

(Address) R 2 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Cemetery. Date: Nov. 13 19 38

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-15 1938 (Date) by C. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1938 to 11/10 1938

I last saw h[illegible] alive on 10/3 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Dementia Senilis			
Right Hemiplegia			
Cerebral Thrombosis			

Contributory causes of importance not related to principal causes

Cardio Vascular Degeneration			

Where was disease first diagnosed? ____

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____
(Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) Fred. A. Pettegrew M. D.

(Address) ____

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111537

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 8

City of Near City of Boise — Primary Reg. Dist. No. 2004

At Home. Rt. 3. Boise Ida. — Local Registrar's No. 128

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 35 | Mos. | Days

How long in U. S. if not a native birth? DEC 13 1938 | Yrs. | Mos. | Days

2. FULL NAME Theodore Columbus Rea.

(a) Residence: Pierce Park Lane Rt. 3 Boise Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed or divorced — Husband of (or) Wife of: Martha A. Rea

6. Date of Birth (Month, day and year): October 20th. 1857

7. AGE: Years 81 | Months 0 | Days 21 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer. Retired

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Kentuckey

Father

13. NAME: George Washington Rea

14. BIRTHPLACE (City or Town, County and State, or Country): Kentuckey

Mother

15. MAIDEN NAME: Elizabeth Ross

16. BIRTHPLACE (City or Town, County and State, or Country): U.S.A.

17. SIGNATURE OF INFORMANT: Mrs Ed Bowers

(Address) Boise Idaho. Rt. 3.

18. BURIAL, CREMATION OR REMOVAL

Place Meridian Idaho. Date 11/13 19 38

19. UNDERTAKER: Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-14 1938 by R. Sharp

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 11th. 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__ to ____ 19__

I last saw him alive on Dead. 11/11th 19 38 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Found Dead in Bed.			
Natural Cause.			
Had Been in Failing Health For Several Months			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) W. McCann Coroner. M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Ada 111538

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2004

City of — Primary Reg. Dist. No.

Home. (Home, Hospital or Institution) — Local Registrar's No.

RECEIVED DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U.S., if of foreign birth? Yrs. | Mos. | Days

4 C

2. FULL NAME Dow Lorenzo Selby.

(a) Residence: 1 Mile south of Boise, R.D. # 4. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Mildred May Selby.

6. Date of Birth (Month, day and year): February. 27. 1866.

7. AGE: Years: 72 | Months: 8 | Days: 14. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Real Estate and Insurance.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year): 1937.

11. Total time (yrs.) spent in this occupation: 40 years.

12. BIRTHPLACE (City or Town, County and State, or Country): Story County Iowa.

Father

13. NAME: Charles Selby.

14. BIRTHPLACE (City or Town, County and State, or Country): Ohio.

Mother

15. MAIDEN NAME: Hannah Wise.

16. BIRTHPLACE (City or Town, County and State, or Country): Penn.

17. SIGNATURE OF INFORMANT: John D. Selby

(Address) Klamath Falls, Oregon

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Cemetery. Date: Nov. 12 19 38

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-15 1938 (Date) by W. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 11 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938, to November 11 1938

I last saw h[illegible] alive on Nov. 11 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset: Yr.	Mo.	Day
Carcinoma of Rectum			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Boise

Name of operation Colostomy date of July 1938

Condition for which performed Obstruction

What test confirmed diagnosis?

Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(SIGNED) Harold G. Stone M. D.

(Address) 220 1st St., Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Smock.

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111539

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise. — Primary Reg. Dist. No. 204
Home. — Local Registrar's No. 324
(Home, Hospital or Institution)

RECEIVED
DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	35		

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

2. FULL NAME Katie Ward.

(a) Residence: 1132. E. Bannock. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / ~~FEMALE~~: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Harry. G. Ward.

6. Date of Birth (Month, day and year): May. 11. 1861.

7. AGE — Years: 77 — Months: 6 — Days: 1. — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Wayne Wisconsin.

Father

13. NAME: Julius Kautz.

14. BIRTHPLACE (City or Town, County and State, or Country): Germany.

Mother

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

17. SIGNATURE OF INFORMANT: Edwin J Ward

(Address) 1132 E Bannock

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Cemetery. Date: Nov. 15. 1938

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-15 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 12, 1938

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Nov 12 1938, to ____ 19____

I ~~last~~ saw her ~~alive on~~ after death Nov 12 1938 Death is said to have occurred on the date stated above, at about 9 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Probable: Cerebral hemorrhage			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? ____

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? Clinical appearance

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Robert L Smith M. D.

(Address) 1st Nat'l Bank Bldg. Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111540

County of Ada — Registration Dist. No. 2

City of Boise. — Primary Reg. Dist. No. 1004

St Lukes Hospital. (Home, Hospital or Institution) — Local Registrar's No. 323

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	10.		

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

DEC 13 1938

2. FULL NAME Priscilla Hess.

(a) Residence: 1414. E. Jefferson Street. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced — Husband of (or) Wife of:

6. Date of Birth (Month, day and year): March. 10. 1861.

7. AGE — Years: 77 — Months: 8 — Days: 3 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Missouri.

Father

13. NAME: Calloway Johnson.

14. BIRTHPLACE (City or Town, County and State, or Country): Nashville Tenn.

Mother

15. MAIDEN NAME: Nancy. E. Brock.

16. BIRTHPLACE (City or Town, County and State, or Country): Missouri.

17. SIGNATURE OF INFORMANT: H C Filmer

(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Vale Oregon. Date: Nov. 16. 1938

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11.15 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1938 to Nov. 13 1938

I last saw h[illegible] alive on Nov. 12 1938 Death is said to have occurred on the date stated above, at 8 A.M. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cerebral Hemorrhage	1938	11	10

Contributory causes of importance not related to principal causes

Senility.

Where was disease first diagnosed? At home.

Name of operation ____ date of ____

Condition for which performed —

What test confirmed diagnosis? —

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) H. E. Dehman M. D.

(Address) Boise, Ida.

111541

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2 4
City of Boise. — Primary Reg. Dist. No. 1204
Home. — Local Registrar's No. 322
(Home, Hospital or Institution)

RECEIVED
DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 21 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

131

2. FULL NAME John Hiram Steward.
(a) Residence: 1202 ½. N. 8 th Street.
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male.
4. White, Black, Yellow, Red: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced Husband of (or) Wife of: Josephene. E. Steward.
6. Date of Birth (Month, day and year): September. 24. 1869.
7. AGE: Years 69 | Months 1 | Days 20 | If less than 1 day hrs. min.

Occupation
8. Trade, profession, or particular kind of work done: Real Estate
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year): 1937.
11. Total time (yrs.) spent in this occupation: 20 years.

12. BIRTHPLACE (City or Town, County and State, or Country): Fairview Iowa.

Father
13. NAME: Unknown.
14. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

Mother
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

17. SIGNATURE OF INFORMANT: Fred Steward
(Address): Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cemetery. Date: Nov. 15 38

19. UNDERTAKER: Summers Funeral Home.
(Address): Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 11-15 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov - 14 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to Nov 14 1938
I last saw h~~e~~ alive on Nov. 13 1938 Death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
	1933	Apr.	
Uraemia			
Contributory causes of importance not related to principal causes: Cardia Vascular Renal Degeneration			

Where was disease first diagnosed?
Name of operation ____ date of ____
Condition for which performed
What test confirmed diagnosis? Clinical
Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____
(Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) Fred A. Fenwick M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111542

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 131

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME William J. Chivrell

(a) Residence No. State Soldiers' Home, St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Utah

FATHER

13. NAME Alma Chivrell

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Eureka, Utah Date Nov. 16, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 11-16, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-14 1938

22 I HEREBY CERTIFY, That I attended deceased from October 31, 1938, to November 14, 1938

I last saw him alive on Nov. 14 1938: death is said to have occurred on the date stated above, at 11:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright's Disease, with arterio-sclerotic	Unknown
Contracted kidneys, severe	"
Other contributory causes of importance: Asthmatic Bronchitis, severe	Unknown

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No

(Signed) J. H. McClellan, M. D.

(Address V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111543

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 132

(No. Rt. #3. 28th and Hill Road)

(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Minta Pearl Blakely

(a) Residence No. Rt. #3. 28th and Hill Road St.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William S. Blakely

6. DATE OF BIRTH (month, day, and year) 10-28-1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jelloway.
(State or country) Ohio

FATHER

13. NAME David Myers

14. BIRTHPLACE (city or town) J elloway.
(State or country) Ohio

MOTHER

15. MAIDEN NAME Nancy Hiner

16. BIRTHPLACE (city or town) Jelloway
(State or country) Ohio

17. INFORMANT Chester J. Blakely
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11-18-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 11-18, 1938 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-16 1938.

22 I HEREBY CERTIFY, That I attended deceased from ....., 1935, to Death, 193....

I last saw he alive on 11-16 1938: death is said to have occurred on the date stated above, at 4:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	Uncertain
Diabetes mellitus	Uncertain
Chronic nephritis	Uncertain
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Phys + lab findings Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. T. Best, M. D.

(Address) Boise Idaho.

111544

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise. — Primary Reg. Dist. No. 1004

Home. (Home, Hospital or Institution) — Local Registrar's No. 326

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 36 | Mos. | Days

How long in U. S. if of foreign birth: Yrs. | Mos. | Days

DEC 13 1938

2. FULL NAME Lizzie. P. Montgomery. 8291

(a) Residence: 1111. N. 12 Street. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Frank Montgomery.

6. Date of Birth (Month, day and year): March. 17. 1866.

7. AGE — Years: 72 | Months: 8 | Days: 0. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Cuba Illinois.

Father

13. NAME: James Ferguson.

14. BIRTHPLACE (City or Town, County and State, or Country): Penn.

Mother

15. MAIDEN NAME: Martha Clark.

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

17. SIGNATURE OF INFORMANT: Frank Montgomery

(Address) 1111 N 12 st Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Portland Oregon. Date: Nov. 18, 1938.

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-18 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17th 1938, to Nov. 17th 1938

I last saw her alive on Nov. 16th 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hemiplegy — died 8 days.

An invalid for years; Senile mental changes

Date of Onset	Yr.	Mo.	Day

Contributory causes of importance not related to principal causes

Subjected to epileptiform attacks for several years

Where was disease first diagnosed? no positive diagnosis

Name of operation — date of

Condition for which performed —

What test confirmed diagnosis? none

Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury —

, 19 Where did injury occur? —

(Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(SIGNED) J. M. Taylor M. D.

(Address) Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

57

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111545

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1004
St. Alphonsus Hospital — Local Registrar's No. 327
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	9		

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

DEC 13 1938

2. FULL NAME Sophus Jensen

(a) Residence: Kuna Idaho Rt. 1:
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth (Month, day and year): 1881

7. AGE: About | Years: 57 | Months: | Days: | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Yankton Co. So: Dakota

Father

13. NAME: Talor Jensen
14. BIRTHPLACE (City or Town, County and State, or Country): Denmark

Mother

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (City or Town, County and State, or Country): Dont Know

17. SIGNATURE OF INFORMANT: Elmer Jensen
(Address) Kuna Idaho Rt: 1:

18. BURIAL, CREMATION OR REMOVAL
Place Kuna Idaho Date 11/20 19 38

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 11-19 1938 (Date) by L. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 18-38.

22. I HEREBY CERTIFY, That I attended deceased from 11-17 19 38 to 11-18 19 38
I last saw ~~him~~ alive on 11-17 19 38. Death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Mitral Disease with decompensation	38	11	13
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? St. Alphonsus
Name of operation ~ Date of ____
Condition for which performed ~
What test confirmed diagnosis? ~
Was there an autopsy? No Was there an inquest? No.

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ~, 19~ Where did injury occur? ~
(Specify city or town, county and state)
Check whether injury occurred in industry ___ home ___ public place ___
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? ~ If so, specify

(SIGNED) L B Privett M. D.
(Address) East Bedy. Boise

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111546

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1204

420 So. 11th. St. Boise Idaho — Registrar's No. 329

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 37 | Mos. | Days

How long in U. S. if of foreign birth? | Yrs. | Mos. | Days

DEC 13 1938

2. FULL NAME Ellen O'Brien

(a) Residence: 420 So. 11th. St. Boise Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — Husband of (or) Wife of: Dennis C. O'Brien

6. Date of Birth (Month, day and year): May 8th. 1855

7. AGE: Years 83 | Months 6 | Days 13 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housekeeper

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Tarrytown New York.

Father

13. NAME: John Flanagan

14. BIRTHPLACE (City or Town, County and State, or Country): Roscommon Ireland

Mother

15. MAIDEN NAME: Bridget McQueen

16. BIRTHPLACE (City or Town, County and State, or Country): Limerick Ireland

17. SIGNATURE OF INFORMANT: E. L. Sharp.

(Address) 1907 Jefferson St. Boise Ida.

18. BURIAL, CREMATION OR REMOVAL

Place St. John's Date 11/23 19 38

19. UNDERTAKER: Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-22 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1938 to Nov 21 1938

I last saw her alive on Nov 19 1938 Death is said to have occurred on the date stated above, at 7:15 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Arteriosclerosis			
Myocardial			
degeneration			
General Senility			

Contributory causes of importance not related to principal causes

Acute Bronchitis			

Where was disease first diagnosed? at Home

Name of operation None date of

Condition for which performed

What test confirmed diagnosis? Clinical

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) G. H. Wahle M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111547

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 1824

City of Boise — Primary Reg. Dist. No. 330

St. Alphonsus Hosp: (Home, Hospital or Institution) — Local Registrar's No.

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days: 1

How long in U. S. if of foreign birth? DEC 13 1938 — Yrs. | Mos. | Days

2. FULL NAME Carol Jean Gage

(a) Residence: Rt. # 4 Boise (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): November 21st 1938

7. AGE: Years | Months | Days: 1 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Boise, Idaho

Father

13. NAME: John Gage

14. BIRTHPLACE (City or Town, County and State, or Country): Maryville, Mo.

Mother

15. MAIDEN NAME: Rena C. Kleen

16. BIRTHPLACE (City or Town, County and State, or Country): Macon Neb.

17. SIGNATURE OF INFORMANT: John Gage

(Address) Route #4 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Cloverdale Date 11/23 19 38

19. UNDERTAKER: Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-28 1938 (Date) by L. Sharp (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 22 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1938, to Nov 22 1938

I last saw her alive on Nov 22 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
(a) Atelectasis of Lungs.			
(b) Immature development of Child.			
(c)			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Home

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? Clinical

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) W. S. Summerfield M. D.

(Address) ____

Sign ink. Write Plainly with Unfading Ink—This is a permanent record. Read Explanations on back carefully.

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111548

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 8

City of Near Boise — Primary Reg. Dist. No. 2004

Ada Co: Hospital (Home, Hospital or Institution) — Local Registrar's No. 135

RECEIVED DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days

How long in U. S. if of foreign birth?	Yrs.	Mos.	Days

2. FULL NAME Peter Peinovic

(a) Residence: Capital St. South Boise (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of:

6. Date of Birth (Month, day and year): Sept 26th. 1885

7. AGE — Years: 53 — Months: 1 — Days: 27 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Mechanic Apprentice

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Raduc. Yugo-Slavia

Father

13. NAME: George Peinovic

14. BIRTHPLACE (City or Town, County and State, or Country): Raduc Yug-Slavia

Mother

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (City or Town, County and State, or Country): Raduc Yugo-Slavia

17. SIGNATURE OF INFORMANT: Nick Rasanich

(Address): Boise Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill — Date: 11/26 19 38

19. UNDERTAKER: Schreiber & McCann

(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-28 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-23-38.

22. I HEREBY CERTIFY, That I attended deceased from 11-22 19 38 to Death 19 ____

I last saw alive on 11-23 19 38 Death is said to have occurred on the date stated above, at 11:00 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Carcinoma gastrea	Uncertain		

Contributory causes of importance not related to principal causes: Peritonitis

Where was disease first diagnosed? Dr. J. L. Stewart Boise

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? Phys. Findings & X ray

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19 ____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) L. F. West M. D.

(Address) Boise Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111543

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada

City of Boise.

Registration Dist. No. 8

Primary Reg. Dist. No. 2004

Local Registrar's No. 13

RECEIVED

DEC 13 1938

2823 Stewart Ave:
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Leona June Baldwin

(a) Residence: 2823 Stewart Ave. Boise Idaho
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth (Month, day and year) June 25th 1938

7. AGE: Years 0 | Months 4 | Days 28 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country)
Boise Idaho

Father

13. NAME Charles Theodore Baldwin

14. BIRTHPLACE (City or Town, County and State, or Country)
Morris Co: Kansas

Mother

15. MAIDEN NAME Fanny A. Long

16. BIRTHPLACE (City or Town, County and State, or Country)
Robbin Idaho

17. SIGNATURE OF INFORMANT Fanny A Baldwin

(Address) 2823 Stewart Ave. Boise Ida:

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/25 19 38

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 11-28 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-23-38

22. I HEREBY CERTIFY, That I attended deceased from Not in attendance 19____

I last saw h[illegible] alive on ____ 19____ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Broncho pneumonia	1938	Nov.	22

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Office of Dr. Hamilton

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? Phys findings

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____

____ 19____ Where did injury occur? ____
(Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) H. F. Hist M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111550

Stewart

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1004
St. Alphonsus Hospital (Home, Hospital or Institution) — Local Registrar's No. 238

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days

How long in U. S. if of foreign birth? DEC

	Yrs.	Mos.	Days

2. FULL NAME Frank Reed. 131

(a) Residence: Idaho City Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE	4. White, Black, Yellow, Red	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth (Month, day and year) April 9th. 1869

7. AGE	Years	Months	Days	If less than 1 day
	69	7	17	hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Cook

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country) Clinton Ill.

Father

13. NAME Mr ? Reed

14. BIRTHPLACE (City or Town, County and State, or Country) Dont Know

Mother

15. MAIDEN NAME " "

16. BIRTHPLACE (City or Town, County and State, or Country) " "

17. SIGNATURE OF INFORMANT Charles Fairchild

(Address) Centerville Idaho

18. BURIAL, CREMATION OR REMOVAL

Place St. John's Date 11/28 1938

19. UNDERTAKER Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-28 1938 by V. Sharp

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov - 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov - 14 1938 to Nov 25 1938

I last saw h[illegible] alive on Nov 20 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Prostatic Hypertrophy	2 Yr		
with Obstruction	Nov 13	38	
and Chronic nephritis			

Contributory causes of importance not related to principal causes

Chr Myocarditis

Where was disease first diagnosed? Boise Idaho

Name of operation Suprapubic cystotomy Date of operation Nov 18 1938

Condition for which performed Bladder obstruction

What test confirmed diagnosis? Prostatic Adenoma

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ✓

✓, 19____ Where did injury occur? ____
(Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(SIGNED) James Stewart M. D.

(Address) Idaho

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111551

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1004
St. Lukes Hospital (Home, Hospital or Institution) — Local Registrar's No. 329

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? DEC 13 1938 Yrs. | Mos. | Days

2. FULL NAME Robert Thomas Adams

(a) Residence: Boise Idaho Rt: 4. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): October 14th 1938

7. AGE: Years 0 | Months 1 | Days 9 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: None
9. Industry or business in which work was done
10. Date deceased last worked at this occupation (month and year)
11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Boise Idaho

Father

13. NAME: Jack E. Adams
14. BIRTHPLACE (City or Town, County and State, or Country): Jackson Co Kan:

Mother

15. MAIDEN NAME: Marie Becker
16. BIRTHPLACE (City or Town, County and State, or Country): Dunlap Kan:

17. SIGNATURE OF INFORMANT: Jack E. Adams
(Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill — Date: 11/25 19 38

19. UNDERTAKER: Schreiber & McCann
(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 11-28 1938 (Date) by R. E. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 22nd 1938 to Nov 25th 1938

I last saw her alive on Nov 24th 1938 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Broncho-pneumonia			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? no Was there an inquest?

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry___ home___ public place___

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(SIGNED) [illegible] M. D.

(Address) Boise Ida

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111552

Registration District No. 2
Primary Registration District No. 1204 Local Registrar's No. 334
(No. 2515 Woodlawn St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Hedrick. 82d

(a) Residence No. 2515 Woodlawn St. St.
(Usual place of abode)

40 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eldora Hedrick
6. DATE OF BIRTH (month, day, and year): 8/13/1870
7. AGE: Years: 68 | Months: 3 | Days: 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Forest Ranger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1929
11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town): Walla Walla
(State or country): Washington

FATHER
13. NAME: Marion Hedrick
14. BIRTHPLACE (city or town):
(State or country): Kentucky

MOTHER
15. MAIDEN NAME: Nancy Heingsman
16. BIRTHPLACE (city or town): Kentucky
(State or country)

17. INFORMANT: Mrs. Eldora Hedrick
(Address): Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cemetery Date: 11-29, 1938

19. UNDERTAKER: W. M. Bryan
(Address): Boise, Ida.

20. FILED 11-29, 1938 W. A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 11-26 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 15. 1934, to Nov 26, 1938
I last saw him alive on Nov 24 1938.; death is said to have occurred on the date stated above, at 7:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	

Other contributory causes of importance:

Completely paralyzed for 4 years.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. M. Bryan M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of ADA
City of KUNA

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111553

Registration District No. 124
Primary Registration District No. 2201
Local Registrar's No. 252

DEC 5 - 1938

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 9543

2. FULL NAME SAMUEL BARRETT PETERMAN

(a) Residence No. KUNA IDAHO St.
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state) KUNA IDAHO

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of LOUIE PETERMAN
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) NOV-23-64

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) PHILADELPHIA
(State or country) PENN----

FATHER
13. NAME JACOB K PETERMAN
14. BIRTHPLACE (city or town) ROYELSFORD
(State or country) PENN--------

MOTHER
15. MAIDEN NAME KATHERINE BARRETT
16. BIRTHPLACE (city or town)
(State or country) PENN--------

17. INFORMANT Mrs RUBY PRICE
(Address) 1412-N-15th Street BOISE-

18. BURIAL, CREMATION OR REMOVAL
Place CLOVERDALE Date Dec 4th 1938

19. UNDERTAKER W-S-Mateer- W S Mateer
(Address) MERIDIAN IDAHO

20. FILED 12-2, 1938 R Fleeman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-30, 1938, to 11-30, 1938

I last saw him alive on 11-30 1938; death is said to have occurred on the date stated above, at 2:30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Other **contributory causes** of importance:	
Arterial Hypertension	

Name of operation --- Date of ---
What test confirmed diagnosis? -- Was there an autopsy? O

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? O Date of injury --, 193--
Where did injury occur? ------
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** -----
Manner of injury -----
Nature of injury ----

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) Wm. M. Thomas M. D.
(Address) Meridian, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111554

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 136

(No. Veterans Administration)

(If death occurred in a hospital or institution, give its name instead of street and number) 89 L

2. FULL NAME George N. Parkins

(a) Residence No. ..... St. Pekin, Illinois

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) Sept. 6, 1919

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	19	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC Enrollee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Illinois

FATHER

13. NAME Ralph Parkins

14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Doris M. McKinnis
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Manito, Illinois Date November, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 11-29, 1938 N. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-27 1938

22 I HEREBY CERTIFY, That I attended deceased from November 26, 1938, to November 27, 1938

I last saw h. im. alive on Nov. 27 1938: death is said to have occurred on the date stated above, at 11:50 am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mastoiditis, acute, left	2 weeks
Other **contributory causes** of importance:	
Meningitis, Staphylococcic,	
secondary to Mastoiditis	11-23-38

Name of operation None Date of ----

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? ..... (Specify)

(Signed) J. H. McCLELLAN, M. D.

(Address) V.A., Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record Handwritten

Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111555

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 3

City of Near Boise — Primary Reg. Dist. No. 2004

Riverside Sta: Rt.1. Boise (Home, Hospital or Institution) — Local Registrar's No. 1

RECEIVED DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U.S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME George Thomas Attwood

(a) Residence: Riverside Station. Rt. 1. Boise Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — Husband of (or) Wife of: Lilla E. Attwood

6. Date of Birth (Month, day and year): April 17th. 1860

7. AGE — Years: 78 | Months: 7 | Days: 10 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Rancher

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Toddington England

Father

13. NAME: Mr Attwood

14. BIRTHPLACE (City or Town, County and State, or Country): England

Mother

15. MAIDEN NAME: Elizabeth Baker

16. BIRTHPLACE (City or Town, County and State, or Country): England.

17. SIGNATURE OF INFORMANT: Mrs John Fannin

(Address): Rt. No 1: Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Dry Creek emetery Date: 11/29 1938

19. UNDERTAKER: Schreiber & McCann

(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-29 1938 (Date) by R. Sharp (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-27-38

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1938 to 11-26 1938

I last saw him alive on 11-25 1938 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Right hemiplegia	1937		
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Boise Ida

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? Yes Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(SIGNED) O P Hamilton M. D.

(Address) Boise Idaho

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Approved

Registered No. 111556

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise. — Primary Reg. Dist. No. 1004
Pinney Bldg. (Home, Hospital or Institution) — Local Registrar's No. 336

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 27 | Mos. | Days

How long in U. S. if of foreign birth? DEC 13 1938 | Yrs. | Mos. | Days

2. FULL NAME Dr. William Oscar King.

(a) Residence: Pinney Bldg. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): April. 20. 1875.

7. AGE — Years: 63 | Months: 7 | Days: 7 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Dentist.

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year): Nov. 26. 1938.

11. Total time (yrs.) spent in this occupation: 37 years.

12. BIRTHPLACE (City or Town, County and State, or Country): Peru Indiana.

Father

13. NAME: Unknown.

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

Mother

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

17. SIGNATURE OF INFORMANT: Mrs Frank S Bell

(Address) 1916 Hays St. Boise Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Cemetery. Date: Nov. 30 19 38

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-30 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 28th. 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__ to ____ 19__

I last saw him Dead 11/28 19 38 alive on ____ 19__ Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Casuse Unknown. But Natural			
Found Dead In Bed.			
No Indication of Foul Play			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? ____

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____ 19__ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) J. M. Cam Coroner M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Koelsch

Registered No. 111557

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

Home. (Home, Hospital or Institution) — Local Registrar's No. 335

RECEIVED DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 16. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

93c

2. FULL NAME May Thomas.

(a) Residence: 101. Warm Springs Avenue. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): February. 15. 1860.

7. AGE — Years: 78. | Months: 9. | Days: 13. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Sheridan California.

Father

13. NAME: John Swears.

14. BIRTHPLACE (City or Town, County and State, or Country): Germany.

Mother

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

17. SIGNATURE OF INFORMANT: [signature]

(Address) 101 Warm Springs Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Cemetery. Date: Dec. 1. 19 38

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-30 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1938 to Nov 28 1938

I last saw her alive on Nov 28 1938 Death is said to have occurred on the date stated above, at 4 30 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Myocardial degeneration-chronic			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Home

Name of operation none date of

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) W. A. Koelsch M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111558

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 138

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

51 b

2. FULL NAME William Grant Carey

(a) Residence No. Star, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Loretta Carey

6. DATE OF BIRTH (month, day, and year) 10-8-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia,
(State or country) Penn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT W L Carey
(Address) Eagle - Rt #1

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11-30-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED M-30, 1938 L. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-28 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to Death, 193

I last saw him alive on 11-25 1938: death is said to have occurred on the date stated above, at 12:26a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma bladder.	Uncertain
Other **contributory causes** of importance:	
Bronchopneumonia.	11-22-38

Name of operation Cystotomy suprapubic Date of Sept 17, 1938

What test confirmed diagnosis? Was there an autopsy? No. Path. findings.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. Wolf, M. D.

(Address) Boise Idaho

Ms.

111559

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2004

City of Boise. — Primary Reg. Dist. No. 137

Died at 402. Warren Street. (Home, Hospital or Institution) — Local Registrar's No. RECEIVED

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 33 | Mos. | Days

How long in U. S. if of foreign birth: Yrs. | Mos. | Days

DEC 13 1938

167

2. FULL NAME Edna Victoria Myers.

(a) Residence: 2133. Longmont Street. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced Husband of (or) Wife of

6. Date of Birth (Month, day and year): September. 4. 1902.

7. AGE: Years 36 | Months 2 | Days 24. | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Glenns Ferry Idaho.

Father

13. NAME: James Monroe Johnston.

14. BIRTHPLACE (City or Town, County and State, or Country): Penn.

Mother

15. MAIDEN NAME: Anna Marie Olson.

16. BIRTHPLACE (City or Town, County and State, or Country): Norway.

17. SIGNATURE OF INFORMANT: Mrs Mary W Doane

(Address) 2133 Longmont Blvd. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill Cemetery. Date: Dec. 2, 1938

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-30 1938 (Date) by R. L. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dead 19__ to ____ 19__

I last saw her alive on 11/28 1938 Death is said to have occurred on the date stated above, at About 4: P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Gunshot Wound in the Chest			
Self Inflicted.			
(Suicide)			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) J. V. McCann Coroner M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Meridian
(Ward)
DEC 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111560

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. #016
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

46e

2. FULL NAME Frank Edward Madden

(a) Residence No. ..... Meridian St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of Emma Madden (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2 1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	83	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New York.
(State or country)

FATHER

13. NAME Henry Madden
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Lucy Van Gleaf
16. BIRTHPLACE (city or town) New Jersey
(State or country)

17. INFORMANT Ina Nina Elbert
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date Dec 8, 1938

19. UNDERTAKER R. B. Mather
(Address) Meridian Ida

20. FILED 12/7, 1938 W. N. Rice Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/5/1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Dec 5, 1938
I last saw him alive on Dec 5 1938: death is said to have occurred on the date stated above, at 3:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer Liver	Undetermined
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. E. Jewell, M. D.
(Address) Jerome

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of New Meadows

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111561

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 198

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Anderson 95 62

(a) Residence. (No. New Meadows Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. 45 yrs. ____ mos. ____ ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Anderson

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation All his life

12. BIRTHPLACE (city or town) (State or country) Not Known Missouri

FATHER
13. NAME James Anderson
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Blake Hamrick New Meadows (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Meadows Date 11/12, 1938

19. UNDERTAKER Family (Address)

20. FILED DEC 6 1938 DR. ALVIN S. THURSTON COUNCIL, IDAHO
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/12 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 193__ to ____, 193__
I last saw him alive on Nov 7, 193__: death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	7
Senility	2

Other contributory causes of importance: ____

Name of operation ____ Date of 0
What test confirmed diagnosis? ____ Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Alvin S. Thurston M.D., M. D.
(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Fruitvale

DEC 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111562

Registration District No. 7I

Primary Registration District No. ____ Local Registrar's No. 199

(No. 108)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Ernest Baker

(a) Residence. No. Fruitvale St. Fort Hall Road

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E Longenecker Baker

6. DATE OF BIRTH (month, day, and year) NOV 1, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Adelphi (State or country) Iowa

FATHER

13. NAME James Lyman Baker

14. BIRTHPLACE (city or town) ____ (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Adelade Caldwell

16. BIRTHPLACE (city or town) Adelphi (State or country) Iowa

17. INFORMANT Mrs Ennest Baker (Address) Fruitvale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Council Idaho Date II/30/38, 193

19. UNDERTAKER Family (Address)

20. FILED DEC 6, 1938 DR. ALVIN S. THURSTON COUNCIL, IDAHO Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) II/28/38 193

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw him alive on Alive II/28, 1938: death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
(Pneumonia) —	11-24-38
Other contributory causes of importance:	
Coronary Heart Disease	1932

Name of operation 0 Date of 0

What test confirmed diagnosis? Clinic Was there an autopsy? 0

23. If death was due to exter'l causes ~~(violence) fill in also the following~~:
Accident, suicide, or homicide? 0 Date of injury....., 193...
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Alvin S Thurston, M. D.

(Address) Council, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111563

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 197

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

107a

2. FULL NAME Charles A. Coyne

(a) Residence. No. 507 McKinley Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bridge builder

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME — Coyne

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs. R. S. Turner
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Oct 17, 193 8

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 10-17, 193 8 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 15 193 8

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 193 8, to Oct 15, 193 8
I last saw h— alive on Oct 14, 193 8: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(Primary) Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No Probably
(Signed) C. A. Downard, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111564

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 209

DEC 3 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME George M. Robertson

(a) Residence. No. 635 E. Lewis St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Etta

6. DATE OF BIRTH (month, day, and year): July 23, 1875

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
63	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired U.S.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shop employee
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Logan Utah

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs Etta Robertson 635 E. Lewis

18. BURIAL, CREMATION OR REMOVAL
Place: Mountainview Date: Nov. 6, 1938

19. UNDERTAKER (Address): Downards Funeral Home Pocatello Idaho

20. FILED: 12-5, 1938 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Nov 3, 1938
I last saw him alive on Oct 28, 1938: death is said to have occurred on the date stated above, at .... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	about 1920
Other contributory causes of importance:	
Bronchial asthma	about 1910

Name of operation: — Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Rodgers M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111565

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 215

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Janice Pierce 7

(a) Residence No. Arnold Nebraska St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 22 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payette Idaho

FATHER
13. NAME Ray L. Pierce
14. BIRTHPLACE (city or town) (State or country) Lebanon Missouri

MOTHER
15. MAIDEN NAME Helen Leo.
16. BIRTHPLACE (city or town) (State or country) Nemaha Nebraska

17. INFORMANT Ray L. Pierce
(Address) Arnold Neb.

18. BURIAL, CREMATION OR REMOVAL
Place Arnold Neb. Date Nov 10, 1938

19. UNDERTAKER E. L. McKay
(Address) Pocatello Idaho

20. FILED Nov 14, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 6 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-6, 1938, to 11-6, 1938
I last saw her alive on 11-6 1938.: death is said to have occurred on the date stated above, at 10:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
measles	10-30-38
acute pulmonary congestion	

Other contributory causes of importance:

acute	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. C. Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111566

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 210

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

9562

2. FULL NAME Henry F. Herty

(a) Residence No. Pebble, Idaho. St. Pebble, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Margaretha Willinger

6. DATE OF BIRTH (month, day, and year): June 23, 1855.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dresdon, Ohio.

FATHER

13. NAME: Henry Herty
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Mary Elizabeth Brookner
16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Elizabeth Kimport
(Address) Pebble, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Nov. 10, 1938.

19. UNDERTAKER: Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Nov. 8, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): November 6, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1938, to Nov. 6, 1938
I last saw h[illegible] alive on Nov. 6 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	unknown

Other **contributory causes** of importance:

Senility	

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Longhurst M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111567

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 211
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95-12

2. FULL NAME Tom Batson

(a) Residence No. 433½ North Fourth Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Unknown

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 70	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Police Dept.
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Nov. 11, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Nov. 8, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) November 7, 1938.

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Nov. 7, 1938
I last saw him alive on Nov. 6 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial asthma	Several years.
Other **contributory causes** of importance:	
Cardio-vascular	unknown

Name of operation — Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. H. Gingham, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111568

Registration District No. 28
DEC 3 - 1938
Primary Registration District No. 2161
Local Registrar's No. 213
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Michael O'Brien

(a) Residence No. 951 N. Arthur St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen

6. DATE OF BIRTH (month, day, and year) July 6, 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
92	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P. Engineer

10. Date deceased last worked at this occupation (mo. and yr.) 1914

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Galway Co. (State or country) Ireland

FATHER

13. NAME Martin O'Brien

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Margaret Devaney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Margaret O'Brien (Address) 951 N. Arthur

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Nov., 16, 1938

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello Idaho

20. FILED 11-17, 1938 D. Craig Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 15 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-5, 1938, to 11-15, 1938

I last saw h[illegible] alive on 11/7 1938: death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Incident Forge	
Other **contributory causes** of importance:	

Name of operation 0 Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. E. Bowles, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111563

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 214

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonora Myers

(a) Residence No. 328 W. Custer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm R.

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Thomas O'Connell
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John C. Myers
(Address) 307 S. Hayes

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Nov. 21, 1938

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello Idaho

20. FILED 11-19, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936, to Nov 18, 1938
I last saw h[illegible] alive on 11-17 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:—

	Date of onset
Cardio renal disease Chronic	1935
Other **contributory causes** of importance:	
Acute myocarditis Uremia	Nov 1-1938 Nov 11-18

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D C Ray M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111570

1938
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 217
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lauritz Neilsen

(a) Residence No. Arimo, Idaho. St. Arimo, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. Two Days ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Widower of Emma M. Sweet

6. DATE OF BIRTH (month, day, and year) May 24, 1864.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	5	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan,
(State or country) Utah.

FATHER
13. NAME Thomas Neilsen
14. BIRTHPLACE (city or town)
(State or country) Denmark.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Denmark.

17. INFORMANT Mervin Neilsen
(Address) Arimo, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Arimo, Idaho. Date Nov. 21, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Nov. 21, 1938. R. C. May
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) November 18, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1938, to Nov. 18, 1938
I last saw him alive on Nov. 18 1938; death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
cardio-sclerotic	unknown.
Other **contributory causes** of importance:	
Senility	Gradual
Cerebral Hemorrhage	Unknown.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 111571

Local Registrar's No. 216

(No.) 8221
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flora Nancy Hall

(a) Residence No. 954 So 4th avenue St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day and year): December 1st 1860
7. AGE: Years 78 Months 4 Days 8 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: lived with daughter
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rosedale Indiana

MOTHER
13. NAME: Lewis Rukes
14. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER
15. MAIDEN NAME: Calista Challis
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Mrs. C. E. Jeffers Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Konsas City Date: Nov 23 1938
19. UNDERTAKER (Address): N. L. McClung Pocatello Idaho
20. FILED Nov 21 1938 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): November 19 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1937, to Nov 19, 1938
I last saw her alive on 11-19 1938: death is said to have occurred on the date stated above, at 9.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Arterio Sclerosis	1930
apoplexy	Oct 1937
apoplexy	Nov-1938

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so specify
(Signed) D C Ray, M. D.
(Address Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 3 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 111572

Registration District No. 78
Primary Registration District No. 2161
Local Registrar's No. 219
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 54e

2. FULL NAME Chapit Ingwegoop

(a) Residence No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chapit Dixie
6. DATE OF BIRTH (month, day and year): 7-1-58 Reservation
7. AGE: Years 80 | Months 4 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: -
10. Date deceased last worked at this occupation (mo. and yr.): -
11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (city or town) (State or country): Fort Hall, Idaho

FATHER
13. NAME: -
14. BIRTHPLACE (city or town) (State or country): -

MOTHER
15. MAIDEN NAME: -
16. BIRTHPLACE (city or town) (State or country): -

17. INFORMANT: Slim Nephi
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall Date Nov 21 193 8

19. UNDERTAKER: J. L. McKay
(Address) Pocatello Idaho

20. FILED Nov 21 193 8 J. L. McKay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 20 193 8

22 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 193 8, to Nov. 20, 1938
I last saw her alive on Nov. 19, 193 8: death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Multilocular cyst, degenerative, left side of neck.	
2. Arteriosclerosis.	
Other contributory causes of importance:	
Senility.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herman H. Schweizer, M. D.
(Address) Fort Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11573

1938

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 218

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Mrs. Clara Coffin Furey

(a) Residence No. 655 S. Hayes St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. H.

6. DATE OF BIRTH (month, day, and year) May 9 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) 1930
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ottumwa
(State or country) Iowa

FATHER

13. NAME Thomas C. Coffin
14. BIRTHPLACE (city or town) .....
(State or country) S. Carolina

MOTHER

15. MAIDEN NAME Sarah Myers
16. BIRTHPLACE (city or town) .....
(State or country) Kentucky

17. INFORMANT Mrs. George Spangberg
(Address) 655 S. Hayes

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Nov. 22, 1938

19. UNDERTAKER Daywards Funeral Home
(Address) Pocatello Idaho

20. FILED 11-22, 1938 D. O'Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 20 1938

22 I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to Nov 20, 1938

I last saw her alive on Nov 18 1938: death is said to have occurred on the date stated above, at 3:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility,	
Chronic myocarditis	Seven years duration
Other **contributory causes** of importance:	
Chronic bronchitis	3-4 years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. W. Mauss, M. D.
(Address) Pocatello Idaho

PLACE OF DEATH

County of Bannock

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111574

Registration District No. 27

Primary Registration District No. 761

Local Registrar's No. 221

DEC 8 1938

(No ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Martin,

(a) Residence No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Sho. Ind. 4/4	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Phoebe Burton Martin

6. DATE OF BIRTH (month, day, and year) July 1, 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) present

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

FATHER

13. NAME William Martin

14. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Ponzo,
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cedars Date Nov. 29, 1938

19. UNDERTAKER Mc.Hans'
(Address) Pocatello, Idaho

20. FILED Dec. 2, 1938 J. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-23 1938

22 I HEREBY CERTIFY, That I attended deceased from Not attended, 193..., to ..., 193...

I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at 3: P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture, base of skull	11-23-38
(Death was instantanous,)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/23/38 193...

Where did injury occur? Bannock Co., Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public road 2½ miles west of Tyhee, Idaho

Manner of injury Riding in car struck by truck

Nature of injury Fracture of base of skull

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Herman H. Helmers M. D.

(Address) Fort Hall, Idaho.

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 221

(No. Road Two Miles North of City)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Martin

(a) Residence No. Tyhee, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phoebe Burton

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lemhi, County (State or country) Idaho

FATHER

13. NAME William Martin

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Nellie Eagle

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL Place Tyhee, Ida. Date Nov. 28, 1938

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho

20. FILED 11-28 1938 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/28/38

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Auto Accident	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall Coroner M.D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 8 - 1938

Registration District No. 28
Primary Registration District No. 2461

DO NOT WRITE IN THIS SPACE
State File No. 111575

Local Registrar's No. 229

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lizzie Bache

(a) Residence No. Tyhee, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: Sho. Ind. 4/4
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Bache

6. DATE OF BIRTH (month, day, and year): Jul. 1, 1912

7. AGE: Years 26 | Months 24 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fort Hall Idaho

FATHER

13. NAME: Tindahay
14. BIRTHPLACE (city or town) (State or country): Fort Hall Idaho

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hospital Records
(Address): Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Ida. Date: Nov. 29, 1938

19. UNDERTAKER: Mc. Han's Undertakers,
(Address): Pocatello, Idaho

20. FILED: Dec. 2, 1938 A C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): II-24-1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1938, to Nov. 24, 1938

I last saw her alive on Nov. 24 1938: death is said to have occurred on the date stated above, at 10: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture complete pelvis, - left ischium and pubis.	II-23-38
Rupture of bladder	"
Other contributory causes of importance:	
Operation	
Supra-pubic cystotomy	II-24-38

Name of operation ..... Date of .....

What test confirmed diagnosis? - - - Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following: accident

Accident, ~~Suicide, or Homicide?~~ ..... Date of injury ....., 193.....

Where did injury occur? Bannock Co., Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place: Public road 2-1/2 Mi. West of Tyhee

Manner of injury: Side collision with truck. Riding in car struck by truck

Nature of injury: Fracture of pelvis & ruptured bladder.

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Benjamin W. Schwager

(Address) Fort Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

DEC 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111576

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 223
(No. 615 West Young)
(If death occurred in a hospital or institution, give its name instead of street and number)

114

2. FULL NAME Maria E. Ingelstrom
(a) Residence No. 615 West Young St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of A. O. Ingelstrom (Deceased)

6. DATE OF BIRTH (month, day, and year) 10/20/54

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER

13. NAME Andrew Jocobson
14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Stine Greta Danielson
16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Eli F. Ingelstrom
(Address) Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Basalt, Idaho Date Nov. 29 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 11-28, 1938 D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/26/1938

22 I HEREBY CERTIFY, That I attended deceased from 4/15, 1938, to 11/26, 1938
I last saw her alive on 11/1, 1938; death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Other contributory causes of importance:	
Myocarditis	
and Chronic bronchitis	

Name of operation No Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. F. Call, M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111577

Registration District No. 84
Primary Registration District No. 216
Local Registrar's No. 28

DEC 9 1938

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Elizabeth Goodenough

(a) Residence No. McCammon, Idaho. St. McCammon, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of George F. Goodenough

6. DATE OF BIRTH (month, day and year): October 2, 1877.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elbing, (State or country) Germany.

FATHER

13. NAME Karl Martin Glodde

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caroline Gust

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George K. Goodenough.
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Idaho Date Dec. 3, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 4, 1938. Mrs. G. G. Fitz
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): November 29, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938, to Nov 29, 1938
I last saw her alive on Nov 29 1938: death is said to have occurred on the date stated above, at 11:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

None	

Name of operation None Date of —
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. A. Buch, M. D.
(Address) Lava Hot Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111578

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 225

(No. Pocatello General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Verla Mae Apel

(a) Residence No. 340 South Hayes St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of ---
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 12 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
--	--	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Melvin Apel
14. BIRTHPLACE (city or town) Anaconda
(State or country) Montana

MOTHER

15. MAIDEN NAME Lillian Bentley
16. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

17. INFORMANT Melvin Apel
(Address) 340 S. Hayes Poc. Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ burial
Place Mountainview Date Dec. 2, 193 8

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED ~~Dec 2~~ 12-1-, 193 8 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 29 1938 Nov. 29 38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 193 8 to Nov. 29, 193 8
I last saw her alive on Nov. 29, 193 8: death is said to have occurred on the date stated above, at 6:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	Nov. 25, 1938.

Other contributory causes of importance:

New-born infant.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. F. L. Allen, M. D.
(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111573

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 224
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 12202

2. FULL NAME Sadie Luella Richardson

(a) Residence No. North of City St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred Fifteen years yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Thomas A. Richardson

6. DATE OF BIRTH (month, day, and year) January 29, 1869.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beaver,
(State or country) Utah.

FATHER

13. NAME George Dalton
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Jane Lee
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT x Mrs. A. D. Barrett
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Moreland, Ida. Date Dec. 2., 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 1., 1938. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 30, 1938.

22 I HEREBY CERTIFY, That I attended deceased from 11-22, 1938, to 11-30, 1938
I last saw her alive on 11-29 1938. death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bowel obstruction	11-20-38
incarcerated right inguinal hernia	
Other contributory causes of importance:	
Wound infection-sutures	11-23-38

Name of operation reduction hernia Date of 11-23
What test confirmed diagnosis? Cl & OPF. there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) William F. Howard M. D.
(Address) Pocatello, Idaho.

PLACE OF DEATH
County of Ben Lake
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111580

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 212 f

2. FULL NAME Melvin Thomas Orr.

(a) Residence No. Sharon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samantha Skinner
6. DATE OF BIRTH (month, day, and year): Dec 6 1901
7. AGE: Years 36 | Months 8 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sharon Idaho

FATHER
13. NAME: Bert A Orr.
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Samuel Symons.
16. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

17. INFORMANT (Address): Bert A Orr Sharon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Sharon Idaho Date: Aug 27, 1938

19. UNDERTAKER: [illegible]
(Address) Shoshone Idaho

20. FILED Oct 4th, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Aug 23 1938

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1938, to August 23, 1938
I last saw him alive on Aug 23, 1938: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture	Aug 23 1938
Other contributory causes of importance:	
Accident - fall from horse	Aug 23 1938

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 23/38 1938
Where did injury occur? Sharon Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Dwelling
Manner of injury Fall from horse
Nature of injury Skull fracture

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Not used

(Signed) Fred Reed M. D.
(Address) Montpelier Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Paris

NOV 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. ~~59~~ 53
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 111581

Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

9584

2. FULL NAME John Ernst Rubicke

(a) Residence. No. Paris Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 12 1888

7. AGE: Years 49 | Months 11 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Wm Rubicke
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Agnes Dempfelt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Rubicke (Address) Paris Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Paris Idaho Date Sept 16, 193 8

19. UNDERTAKER F. D. Wilson (Address) Montpelier Idaho

20. FILED Sept 30 193 8 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 13th 193 8

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 193 8 to Sept 13, 193 8
I last saw him alive on Sept 13 193 8; death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown was dead when I first saw him.	
Other contributory causes of importance: Unknown.	

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Spencer Neeley M. D.
(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Teton Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111582

Registration District No. 58
Primary Registration District No. 2136 Local Registrar's No.

NOV 30 1938

(No. 210) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mona Jeane Johnson

(a) Residence. No. St. Ovid, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 2 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	6	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ovid Idaho

FATHER
13. NAME Ezra A Johnson
14. BIRTHPLACE (city or town) (State or country) Ovid Idaho

MOTHER
15. MAIDEN NAME Viola Peterson
16. BIRTHPLACE (city or town) (State or country) Preyman Idaho

17. INFORMANT (Address) Ezra Johnson Ovid Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ovid Idaho Date Sept 24, 1938

19. UNDERTAKER (Address) L. D. Stettler Montpelier Idaho

20. FILED Sept 23rd 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938 to Sept 21, 1938
I last saw h[illegible] alive on Sept 21, 1938: death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head injuries	
Fracture of left temporal bone	
Internal injuries	
Internal hemorrhage	
Other contributory causes of importance:	
Auto accident	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Sept 20 1938
Where did injury occur? Ovid Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On County road
Manner of injury Struck by automobile
Nature of injury Multiple injuries

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. F. Gardner, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111583

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

1 NOV 30 1938

(No. 46 5)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole Mattson

(a) Residence. No. St. Meadowville Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Harriet Lillian Henderson

6. DATE OF BIRTH (month, day, and year) July 28, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Charles Idaho

FATHER
13. NAME Ole Mattson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Josephine Understead
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs Ole Mattson
(Address) Lakeview Utah

18. BURIAL, CREMATION OR REMOVAL
Place St Charles Idaho Date Oct 10, 1938

19. UNDERTAKER Bell Mortuary
(Address) Montpelier Idaho

20. FILED Oct 8th 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Oct 6, 1938
Last saw h~~im~~ alive on Oct 6, 1938: death is said to have occurred on the date stated above, at 3:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas.	
Other contributory causes of importance:	

Name of operation Exploratory Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Spencer Clark M. D.
(Address) Cora Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

NOV 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111584

Registration District No. 5-2
Primary Registration District No. 3136 Local Registrar's No.

(No. 1212 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME F. P. Wheeler

(a) Residence. No. (Usual place of abode) St. Linn Grove, Iowa (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 60			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Dr. C. B. Lundsen (Address) Montpelier, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Linn Grove, Iowa Date Oct 15, 1938

19. UNDERTAKER Geo. H. Klemm (Address) Montpelier, Idaho

20. FILED Oct 15, 1938 H. W. Rogers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 13 1938

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1938, to October 13, 1938

I last saw him alive on October 13 1938; death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	

Other contributory causes of importance:

Ruptured Gangrenous appendicitis with Peritonitis	

Name of operation appendectomy Date of Oct. 9 1938

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Lundsen, M. D.
(Address) Montpelier, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 53
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 111585
Local Registrar's No. 5

DEC 12 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

158

2. FULL NAME Allyene Lutz

(a) Residence. No. Garden City St. Utah St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 11, 1938

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or min.
	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garden City Utah

FATHER

13. NAME Hay R. Lutz

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Ruth Hackett

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Fay R. Lutz Garden City Utah

18. BURIAL, CREMATION, OR REMOVAL Place Garden City Cem Date Nov 16, 1938

19. UNDERTAKER Bishop Paul Spence
(Address) Garden City Utah

20. FILED Nov. 16, 1938 Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1938, to Nov 16, 1938.

I last saw him alive on Nov 16, 1938; death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Debility	
Secondary Anaemia	
Emphysema	
Assimilation	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Autopsy findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. O. Moore, M. D.

(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City or Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111586

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No. 137)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arnold Lovely
(a) Residence. No. Montpelier St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Arnold Lovely.
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Elizabeth Trubble
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Robert Lovely
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Oct 20, 1938

19. UNDERTAKER [illegible]
(Address) Montpelier Idaho

20. FILED Oct 20th 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 18 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1938 to Oct 18, 1938
I last saw him alive on Oct 1, 1938: death is said to have occurred on the date stated above, at [illegible]
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Oct 1 1938
Other contributory causes of importance: Hypertrophy Prostate	Unknown
Chronic Nephritis	Unknown

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111587

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John F. Smith

(a) Residence No. Butler Bay Dist. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Lottie Smith
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5, 1874

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Creamery

10. Date deceased last worked at this occupation (mo. and yr.) 11/5/38

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) Fowler
(State or country) Indiana

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) .....
(State or country) Ill.

MOTHER

15. MAIDEN NAME Mary Sweeney

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT Mrs. Lottie Smith
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 11/6, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 12-10, 1938 E. Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 3, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 9-1-, 1934 to 11-3, 1938
I last saw him alive on 10-30 1938: death is said to have occurred on the date stated above, at 10: A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
	11-3-38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Cancer Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Owen D. Rafferty M. D.
(Address) St. Maries Ida.

MARGIN RESERVED FOR BINDING

PRINT CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 111588

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 25

(No. St. Maries Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

184

2. FULL NAME Wayne Russell Hawley

(a) Residence No. / St. Harrison Flats
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 27-1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
15	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (mo. and yr.) 10-28-38

11. Total time (years) spent in this occupation 10 yr.

12. BIRTHPLACE (city or town) (State or country) Mount Angel Oregon

MOTHER FATHER

13. NAME Fred Hawley

14. BIRTHPLACE (city or town) (State or country) S. Dakota

15. MAIDEN NAME Ada Grace Moore

16. BIRTHPLACE (city or town) (State or country) Ida.

17. INFORMANT Fred Hawley
(Address) St. Maries Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place St. Maries Date Nov 6, 193 9

STAPISH FUNERAL HOME
ST. MARIES, IDAHO

19. UNDERTAKER
(Address)

20. FILED 12-10, 193 8 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd, 193 8, to Nov 4th, 193 8

I last saw him alive on Nov 4th 1938; death is said to have occurred on the date stated above, at 3:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Infection following gunshot wounds Left forearm and Left thigh	Nov 1-1938
Other contributory causes of importance: Hemorrhage due to gunshot wounds	11/1/38

Name of operation Tendon + nerve suture area Date of 11/1/38

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/1, 193 8

Where did injury occur? Pecano Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. On a deer hunt

Manner of injury Gun shot by companion

Nature of injury Receiving gun. Laceration Thigh

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) C A Robbins M. D.

(Address) St Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111589

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 26

(No. St. Maries Idaho Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 9 + b

2. FULL NAME Dr. Charles F Brown

(a) Residence No. St. Spokane, Wn
(Usual place of abode) 50yrs. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Olive

6. DATE OF BIRTH (month, day, and year) July 6, 1848

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	90	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired for self
10. Date deceased last worked at this occupation (mo. and yr.) notobt. 1908
11. Total time (years) spent in this occupation 38yrs.

12. BIRTHPLACE (city or town) Illinois
(State or country)

FATHER

13. NAME Ruben S. Brown
14. BIRTHPLACE (city or town) Ky.
(State or country)

MOTHER

15. MAIDEN NAME Not obt.
16. BIRTHPLACE (city or town) Not obt.
(State or country)

17. INFORMANT Mrs. Berneice B. Quackenbush
(Address) Kempis Apts. Spokane, Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Incineration Date 11-10, 1938

19. UNDERTAKER Smith Funeral Home
(Address) Spokane, Wash.

20. FILED 12-10, 1938 Esther Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4/8 1938

22 I HEREBY CERTIFY, That I attended deceased from July, 1938, to Nov 8, 1938
I last saw him alive on Nov 8 1938: death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Nov 8-38
Other contributory causes of importance:	
Senility	

Name of operation None Date of
What test confirmed diagnosis? Symp Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Bonnwell M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone Benewah
City of Near Avery, Idaho
St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111530

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 27
(No. St. Maries Hospital, St. Maries, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number) 1946

2. FULL NAME Joseph P. Quinn

(a) Residence No. 42 Cockwood Avenue, Buffalo, N. Y. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 15, 1918

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	20	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC Laborer
10. Date deceased last worked at this occupation (mo. and yr.) 11/1938
11. Total time (years) spent in this occupation 6 mos.

12. BIRTHPLACE (city or town) Buffalo, New York
(State or country)

FATHER

13. NAME James Quinn
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME MARGARET Hunt
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT CCC Records
(Address)

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place SPOKANE, Wn. Date Nov. 19, 1938

19. UNDERTAKER Hall & Dodd Funeral Home
(Address) 1178 W. Fourth Ave. Spokane, Wn.

20. FILED 12-10, 1938 Walter Koberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-19 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/17/38, 193..., to 11/19/38, 193...
I last saw him alive on 11/19/38 193...: death is said to have occurred on the date stated above, at 2:50 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Compound fracture skull	11/17/38
Compound fracture left tibia	11/17/38
Multiple perforating ounds of both legs.	11/17/38
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? --- Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 11/17/38
193...
Where did injury occur? CCC Camp 187 (Tin Can Flats, Avery, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** In Industry
Manner of injury Dynamite Explosion
Nature of injury Fractures as above.

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Road work

(Signed) DeBrewerville, M. D.
(Address St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah

City of St. Maries,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111591

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 28

(No. 6th & College)

(If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME John Leonard Larson

(a) Residence No. 6th & College St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Larson

6. DATE OF BIRTH (month, day, and year) June 25, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Clothing Store

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Stockholm
(State or country) Sweden

FATHER

13. NAME John Larson

14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Mrs. Clara Larson
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 11/27, 1928

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 12-10, 1928 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) November 24, 1928

22 I HEREBY CERTIFY, That I attended deceased from Mar 3, 1926, to 11-24, 1928

I last saw h~~e~~ alive on 11-23 1928: death is said to have occurred on the date stated above, at 6:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General debility	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur D. Platt M. D.

(Address) St Maries Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111592

Registration District No. 116

Primary Registration District No. 2195 Local Registrar's No. 14

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Johnstone

(a) Residence. No. .... St. Aberdeen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. .... mos. .... ds. How long in U. S., if of foreign birth 60 yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kate Smith Johnstone

6. DATE OF BIRTH (month, day, and year) August 17, 1856

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
82	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Manchester, England

FATHER

13. NAME Samuel Johnstone

14. BIRTHPLACE (city or town) (State or country) Scottland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Thomas Johnstone Aberdeen, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Aberdeen, Idaho Date Nov. 5 1938

19. UNDERTAKER A. W. Davis
(Address) American Falls, Idaho.

20. FILED Nov. 5, 1938 Warren Kunn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1935., to Nov. 2, ..., 1938.
I last saw him alive on Nov. 2, ., 1938.: death is said to have occurred on the date stated above, at 12:55AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
Cerebral Apoplexy	1937
.....	.....
.....	.....
.....	.....
Other **contributory causes** of importance:	
.....	.....
.....	.....
.....	.....

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Warren Kunn, M. D.
(Address) Aberdeen, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot R. 3,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111593

DEC 6 - 1938

Registration District No. 121

Primary Registration District No. 8194

Local Registrar's No. 153

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Jordan

(a) Residence No. North Blackfoot St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) July 9. 1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	74	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Morrisonville
(State or country) Illinois

FATHER

13. NAME Frank Jordan

14. BIRTHPLACE (city or town) .....
(State or country) Ohio

MOTHER

15. MAIDEN NAME Wealthy Winn

16. BIRTHPLACE (city or town) .....
(State or country) Illinois

17. INFORMANT Georgie Pasker
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morrisonville, Ill. Date ....., 193.

19. UNDERTAKER E.T. Peck
(Address) Blackfoot, Idaho

20. FILED Dec. 9, 193 8 W.M. Nalen Co. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-6 193 8

22 I HEREBY CERTIFY, That I attended deceased from 11-5- 193 8, to 11-6, 193 8

I last saw h[illegible] alive on 11-6 193 8: death is said to have occurred on the date stated above, at 10 30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-6-38
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A E Miller M. D.

(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111594

DEC 6 - 1938

Registration District No. 121
Primary Registration District No. 1009
Local Registrar's No. 134

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME Jocab Elbert Murphy

(a) Residence No. South Lansing St. Blackfoot Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 13, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Numa, I
(State or country) Iowa.

FATHER

13. NAME John H. Murphy

14. BIRTHPLACE (city or town) Burlington,
(State or country) Iowa.

MOTHER

15. MAIDEN NAME Ellen Minerva Narris

16. BIRTHPLACE (city or town) Numa
(State or country) Iowa.

17. INFORMANT W R Roberts
(Address) Blackfoot Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Blackfoot, Ida. Novem. 10 1938

19. UNDERTAKER E T Peck
(Address) Blackfoot, Idaho.

20. FILED Dec 9, 1938 Mo Falen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-7 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-11, 1938, to 11-7, 1938
I last saw h— alive on 11-6 1938: death is said to have occurred on the date stated above, at 5 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	[illegible]
Other contributory causes of importance:	
nephritis with Hypertension	2 yrs.

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. D. Hamilton M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111595

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 185

DEC 6 - 1938

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number) 83

2. FULL NAME M. H. Lee

(a) Residence No. ____ St. Twin Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ___ yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Virginia Lee
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/14/84

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME A. M. Lee

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT Records, State Hospital So.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Idaho Date Nov. 13, 1938

19. UNDERTAKER E. F. Peck
(Address)

20. FILED Nov. 11, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/11/1938

22 I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to Nov. 11, 1938

I last saw him alive on Nov. 10 1938: death is said to have occurred on the date stated above, at 2:28 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Paresis	Indefinite

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193____

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** None

Manner of injury None

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) J. Lawrence ____, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111596

Registration District No. I2I-R
Primary Registration District No. 2194-R
Local Registrar's No. 163

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sam Sambo 200 h

(a) Residence No. Fort Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Shoshone Ind. 4/4
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): July I, 1862

7. AGE: Years 76 | Months 5 | Days II | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): — — — —
11. Total time (years) spent in this occupation: — — —

12. BIRTHPLACE (city or town) (State or country): Fort Hall, Idaho

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION OR REMOVAL
Place Mission Cem. Date Nov. I4, 193 8

19. UNDERTAKER (Address): Unknown

20. FILED Dec. 2, 193 8 Mrs Hales E Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) II-I2-93 8

22 I HEREBY CERTIFY, That I attended deceased from Not attended, 193..., to ..., 193...
I last saw h— alive on —— 193...: death is said to have occurred on the date stated above, at —— m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown,- No attending Physician	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) Herman H. Wehmeyer, M.D.
(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

DEC 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111597

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 156

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

930

2. FULL NAME William Henry Olmstead

(a) Residence No. South Broadway Parrish Cabins St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sylvia Haycock Olmstead

6. DATE OF BIRTH (month, day, and year) no data

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	48			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Camas,
(State or country) Utah.

FATHER
13. NAME Henry (William) Olmstead
14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Caroline Pett
16. BIRTHPLACE (city or town) Vernal,
(State or country) Utah.

17. INFORMANT Sylvia Olmstead
(Address) Blackfoot Ida

18. BURIAL, CREMATION OR REMOVAL
Place Ferncliff Cem. Date Nov. 18, 1938

19. UNDERTAKER E. S. Peck
(Address) Blackfoot Ida

20. FILED Nov. 17, 1938 Wm. Hales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-15 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1938, to 11-15, 1938
I last saw h— alive on 11-14 1938; death is said to have occurred on the date stated above, at 1 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs.
Other **contributory causes** of importance:	
Nephritis with Hypertension	1 yr.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. D. Hueni M. D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Firth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111598

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 162
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 53e

2. FULL NAME Heber Christensen

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-25-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMING
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SELF
10. Date deceased last worked at this occupation (mo. and yr.) 8-7-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyrum
(State or country) Utah

FATHER

13. NAME NILS CHRISTENSEN
14. BIRTHPLACE (city or town)
(State or country) DENMARK

MOTHER

15. MAIDEN NAME CHRISTENA JENSEN
16. BIRTHPLACE (city or town)
(State or country) DENMARK

17. INFORMANT E E Christensen
(Address) Blackfoot

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Basalt, Ida Date 11-19-, 1938

19. UNDERTAKER Fitzgerald
(Address) Shelley

20. FILED Nov. 14, 1938 Wm Nalen E Nalen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-16-38

22 I HEREBY CERTIFY, That I attended deceased from August, 1938, to November 14, 1938
I last saw him alive on Nov. 14 1938: death is said to have occurred on the date stated above, at 9:54 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of right axilla and chest.	1937
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. L. Johnson, M. D.
(Address Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11159

DEC 6 - 1938

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 157
(No. Bingham Cty. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clyde Harrison Sarver

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) 1/19/76

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	4	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kincade,
(State or country) Kansas.

FATHER
13. NAME Jacob L. Sarver
14. BIRTHPLACE (city or town) .....
(State or country) Kansas

MOTHER
15. MAIDEN NAME Almeda Dart
16. BIRTHPLACE (city or town) .....
(State or country) France

17. INFORMANT Julia Cowpers
(Address) 711 3 Tuttle Ave

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grouse City Cem Date Nov 17, 1938

19. UNDERTAKER E J Peck
(Address) Blackfoot Idaho

20. FILED Nov 17, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-16 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 1 1st, 193 8, to Nov 16, 193 8
I last saw h— alive on 11-15 193 8 death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach & Liver	8 mo
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. D. Humphreys M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111609

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 158

(No. Beck Hospital) Blackfoot, Ida
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Bell May Jennett 157c

(a) Residence No. Aldridge St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 11-18-38

7. AGE: Years | Months | Days | If LESS than 1 day 10 hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot (State or country) Idaho

FATHER

13. NAME Henry Jennett
14. BIRTHPLACE (city or town) — (State or country) Bingham Co Ida

MOTHER

15. MAIDEN NAME Lois Pratt
16. BIRTHPLACE (city or town) Presto (State or country) Ida

17. INFORMANT Mrs Frank Pratt (Address) R.F.D. No 1 Firth, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Fun Cty Cem Date Nov 19, 1938

19. UNDERTAKER G F Peck (Address) Blackfoot Idaho

20. FILED Nov 19, 1938 W. Nelson E. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-18 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-18, 1938, to 11-18, 1938

I last saw her alive on 11-18 1938: death is said to have occurred on the date stated above, at 3:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	11-18-38

Other **contributory causes** of importance:

Premature birth 6½ mo	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) G W Beck, M. D.

(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

DEPARTMENT OF [illegible]AHO
[illegible]IC WELFARE
BUREAU OF VITA[illegible]STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111601

DEC 6 - 1938

Registration District No. 21

Primary Registration Distri[illegible] No. 2194

Local Registrar's No. 164

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Agency Hospital) 161a

2. FULL NAME Richard Pogue Jr.

(a) Residence No. (Usual place of abode) Fort Hall Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: Washoe-Ban- & Sho. 4/4

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) Nov. 19, 38

7. AGE — Years | Months | Days: 2-I/2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho.

FATHER

13. NAME Richard Pogue, Sr.

14. BIRTHPLACE (city or town) (State or country) Fort Washakie, Wyo.

MOTHER

15. MAIDEN NAME Frances Bagley

16. BIRTHPLACE (city or town) (State or country) Oakland, Calif.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall Idaho Date Nov 22, 1938

19. UNDERTAKER Agency Carpenter,
(Address) Fort Hall Idaho

20. FILED Dec. 2, 1938 Mrs Helen E Paine
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) II-22 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 19 1938, to Nov. 22 1938

I last saw him alive on Nov. 21 1938: death is said to have occurred on the date stated above, at 4: A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Atelectasis, congenital,	
Newborn, Hemorrage cerebral	II-19-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Herman P. Arnold M.D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

DEC 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111602

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 1100
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 150

2. FULL NAME Lois Verda Jammett

(a) Residence No. Aldridge St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry E. Jammett

6. DATE OF BIRTH (month, day, and year) Sept 9 1918

7. AGE: Years 20 | Months 2 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan Peaks
(State or country) Idaho

FATHER
13. NAME Frank Peaks
14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER
15. MAIDEN NAME Wilhelmina Kaiser
16. BIRTHPLACE (city or town) New Lodge
(State or country) Wyoming

17. INFORMANT Eugene Peaks
(Address) Fort Hall R1

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date Nov 27, 1938

19. UNDERTAKER E T Funk
(Address) Blackfoot Idaho

20. FILED Nov 26, 1938 Mrs Helen E Patten
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-25 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1938, to Nov. 25, 1938
I last saw her alive on Nov. 25 1938: death is said to have occurred on the date stated above, at 12:45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	11-19-38
Other **contributory causes** of importance:	
Common cold	11-16-38
Child-birth	11-18-38

Name of operation None Date of —
What test confirmed diagnosis? None. Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) H. W. Beck Jr., M. D.
(Address Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111603

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 165

DEC 6 1938

(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charley Lidell. 1802

(a) Residence No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Sho. Ind. 4/4	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) July 1, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall, Idaho.
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Records
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Fort Hall Idaho Date Nov. 30, 1938

19. UNDERTAKER Agency Carpenter,
(Address) Fort Hall Idaho

20. FILED Dec. 2, 1938 Mrs. Helen E. Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) II-29 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1938 to Nov. 29, 1938
I last saw him alive on Nov. 29 1938: death is said to have occurred on the date stated above, at 9:25 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
I Hemorrhage,-cerebral,	Unknown
2 Pneumonia, lobar	II, 25, 38
3 Uremia, acute	ii, 29, 38

Other contributory causes of importance Senility. Shock, acute, upon life from caused from abrasion of left foot. Incision & drainage of abs

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herman L. Schwager, M. D.
(Address) Fort Hall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 111604

Local Registrar's No. 53

NOV 5 - 1938

(No. 50)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida May Clark

(a) Residence. No. Bellevue, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Vaughn T. Clark

6. DATE OF BIRTH (month, day, and year) Jan 25 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ...

10. Date deceased last worked at this occupation (month and year) 6 Months

11. Total time (years) spent in this occupation 53 yrs

12. BIRTHPLACE (city or town) (State or country) Nicholasville Ohio

FATHER

13. NAME Chas. Ralls

14. BIRTHPLACE (city or town) (State or country) Clermont Co. Ohio.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMENT (Address) Dorothy Freedman

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Bellevue Ida Date 11-3-, 1938

19. UNDERTAKER (Address) Ray McGuedrick Hailey, Ida

20. FILED 11-2, 1938 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Oct 31, 1938
I last saw h alive on Oct 31, 1938: death is said to have occurred on the date stated above, at 1:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right Breast - metastasis To Liver.	1 yr

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...
(Signed) E. W. [illegible], M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Bellevue

DEC 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE

State File No. 111605

Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

46b

2. FULL NAME Robert Harrison

(a) Residence. No. Broadford St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Agnes Cady Martin

6. DATE OF BIRTH (month, day, and year) Aug 3-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 20-1938

11. Total time (years) spent in this occupation 16 years

12. BIRTHPLACE (city or town) (State or country) Edmondsley Durham England

FATHER

13. NAME John Harrison

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Christina Pearson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Agnes C. Harrison Bellevue Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Ida. Date Nov 7, 1938

19. UNDERTAKER E. L. Harris (Address) Hailey Idaho

20. FILED 12-2, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 5, 1938

I last saw him alive on 11-5, 1938: death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:—

	Date of onset
Carcinoma of Stomach	
Cancerous Bowel	
Bedsore.	1 yr.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. W. Jones M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Ketchum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 111606

Local Registrar's No. 55

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Arlene Barker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 11-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bailey Idaho -

FATHER

13. NAME Other Barker

14. BIRTHPLACE (city or town) (State or country) Havana Arkansas

MOTHER

15. MAIDEN NAME Mary Stephns

16. BIRTHPLACE (city or town) (State or country) Dandon Oregon.

17. INFORMENT (Address) Mrs. O. D. Barker Ketchum Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Pacabo Date Nov 10. 1938

19. UNDERTAKER L. Hamm (Address) Hailey Idaho.

20. FILED 12-2, 1938 Robert H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 7 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentaly smothered in bed -	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) Robert H. Wright - Coroner, M. D.
(Address) County Coroner Blaine Co. Hailey, Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111607

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 56

(No. Hailey Clinical Hospital) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Larry Lee Johnson Fox

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	infant

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hailey, Ida.

FATHER

13. NAME Lester H. Johnson

14. BIRTHPLACE (city or town) (State or country) Neb.

MOTHER

15. MAIDEN NAME Ruth Peterson

16. BIRTHPLACE (city or town) (State or country) York Neb.

17. INFORMENT (Address) Lester H. Johnson Sun Valley Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hailey, Idaho Date Nov 14 1938

19. UNDERTAKER (Address) G. Hanns Hailey Idaho

20. FILED 12-2, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1938, to 11-14, 1938
I last saw him alive on 11-14, 1938: death is said to have occurred on the date stated above, at 8 9 P. m. 15 min
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	11-14-38
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111608

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 57

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. Davenport Merritt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Binkley

6. DATE OF BIRTH (month, day, and year) Dec 13-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) Nov 12-1938
11. Total time (years) spent in this occupation always

12. BIRTHPLACE (city or town) (State or country) Shiloh Ft. Michigan

FATHER
13. NAME Wm Wesley Merritt
14. BIRTHPLACE (city or town) (State or country) Don't know

MOTHER
15. MAIDEN NAME Elizabeth Davenport
16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMENT (Address) Mrs Sadie Merritt Stanley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Stanley Ida Date ✓, 1938

19. UNDERTAKER (Address) L. Harris Hailey Ida

20. FILED 12-2, 1938 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/13, 1938, to 11-16, 1938
I last saw him alive on 11-16, 1938: death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Heart & Pancreas and	
Duct & Bladder.	1 yr.
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

Dr. Tyler

PLACE OF DEATH
County of Bonner
City of Sagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11160J

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 28

NOV 19 1938

(No. Sagle, Idaho. R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Fred Percy Lombard

(a) Residence No. Sagle, Idaho. R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Blanche Lombard
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 13, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) May 1938
11. Total time (years) spent in this occupation 58 yrs.

12. BIRTHPLACE (city or town) Mc Dill
(State or country) Wisconsin

FATHER

13. NAME George Lombard
14. BIRTHPLACE (city or town) Reedsville
(State or country) Maine

MOTHER

15. MAIDEN NAME Mary Jane Kimball
16. BIRTHPLACE (city or town) Biddeford
(State or country) Maine

17. INFORMANT Mrs. Blanche Lombard
(Address) Sagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Westmond, Ida Date Sept. 21, 1938

19. UNDERTAKER L.G. Moon
(Address) Sandpoint, Idaho.

20. FILED 9-21-38 193 O C Henderson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) September 19, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938, to Sept 19, 1938
I last saw him alive on Sept 18, 1938: death is said to have occurred on the date stated above, at 7:00a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other contributory causes of importance:	
Arteriosclerosis	1934
Hypertrophied prostate	

Name of operation NO. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F. Tyler M. D.
(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

Dr. Tyler

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111610

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 29

(No. 905 Maple St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

96

2. FULL NAME Fred Sidney Roe

(a) Residence No. 905 Maple St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Elizabeth Roe
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranger Station. U.S. Forest Service
10. Date deceased last worked at this occupation (mo. and yr.) Oct 1937
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Lincoln Neb.

FATHER

13. NAME Oliver Roe
14. BIRTHPLACE (city or town) (State or country) Shelby Ohio.

MOTHER

15. MAIDEN NAME — Hults
16. BIRTHPLACE (city or town) (State or country) Shelby Ohio.

17. INFORMANT Mrs Elizabeth Roe
(Address) Sandpoint Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint Ida Date Sept 29, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho.

20. FILED Sept 29, 1938 W. C. Hardman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 26, 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938 to Sept 26, 1938
I last saw him alive on Sept 26 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aneurism Aorta	1936
Endocarditis Chronic	

Other **contributory causes** of importance:

Name of operation no surgical Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm F. Tyler, M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sand point.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111611

Registration District No. 178
Primary Registration District No. 2155 Local Registrar's No. 80
(No. 903 Lake Street)
(If death occurred in a hospital or ~~institution~~, give its name instead of street and number)

NOV 19 1938

2. FULL NAME John Joseph Burns.

(a) Residence No. 903 Lake St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Burns

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Track worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (mo. and yr.) 1924
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Kirkwood
(State or country) Mo.

FATHER
13. NAME James Burns
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Ann Farrington
16. BIRTHPLACE (city or town) Ireland.
(State or country)

17. INFORMANT Mrs Ella Burns
(Address) Sandpoint Ida.

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Leasburg Missouri Date Oct 4, 1938

19. UNDERTAKER J. G Nicon
(Address) Sandpoint, Idaho

20. FILED Nov 10, 1938 Virgil C Goodman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 1, 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Sept 26, 1938.
I last saw him alive on Sept 24 1938: death is said to have occurred on the date stated above, at 8:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of head of Pancreas.	1938

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clin. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B B Rendle M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111612

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 82
(No. Crosby Res. - 309 S. 2nd)
(If death occurred in a hospital or institution, give its name instead of street and number)

4 6 b

2. FULL NAME Edward Knowles.

(a) Residence No. 309 S. 2nd Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Crosby
(Address) 309 S. 2nd City

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Idaho Date Oct. 5, 193 8

19. UNDERTAKER W. G Moon
(Address) Sandpoint Idaho.

20. FILED Nov 10, 193 8 Virgil C Chandler
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) October 3, 193 8.

22. I HEREBY CERTIFY, That I attended deceased from July 1, 193 8, to Oct 3, 193 8
I last saw him alive on Sept 20 193 8: death is said to have occurred on the date stated above, at 11:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1938
Other **contributory causes** of importance:	
Arteriosclerosis	1930

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W M Taylor M. D.
(Address) Sandpoint, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sells

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111613

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 23
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Henry Dingman

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Philinda Dingman

6. DATE OF BIRTH (month, day, and year): Feb. 21, 1866

7. AGE — Years: 72 | Months: 8 | Days: 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Farm
10. Date deceased last worked at this occupation (mo. and yr.): Aug 1938
11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town): Unknown
(State or country): Illinois

FATHER

13. NAME: David Dingman
14. BIRTHPLACE (city or town): Unknown
(State or country)

MOTHER

15. MAIDEN NAME: Elizabeth Rarl
16. BIRTHPLACE (city or town): Unknown.
(State or country)

17. INFORMANT: Leo Dingman
(Address): R.F.D. 1 Sandpoint Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Sandpoint, Ida. Date: Oct. 25, 1938

19. UNDERTAKER: L. G. Moon
(Address): Sandpoint Idaho

20. FILED: Nov 10, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Oct. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Oct 22, 1938

I last saw him alive on Oct 22 1938: death is said to have occurred on the date stated above, at 5:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1937

Other contributory causes of importance:

Chronic Myocarditis	1936
Arteriosclerosis	

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. F. Tyler, M. D.
(Address) Sandpoint Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Broten

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111614

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 84

NOV 15 1938

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Ricard

(a) Residence No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. ~~SEX~~ Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Ricard

6. DATE OF BIRTH (month, day, and year) April 18, 1876 ~~April 18, 1866~~

7. AGE: Years 62 | Months ~~46~~ | Days 9 | If LESS than 1 day .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1938
11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (city or town) Little Falls (State or country) Minn

FATHER

13. NAME Vincent Hudon
14. BIRTHPLACE (city or town) .... (State or country) Canada

MOTHER

15. MAIDEN NAME Irmine Garron
16. BIRTHPLACE (city or town) .... (State or country) Canada

17. INFORMANT Lawrence Ricard (Address) Kellogg, Idaho.
18. BURIAL, CREMATION OR REMOVAL Lawrence Cem Place Sandpoint Ida Date Oct 31, 1938
19. UNDERTAKER L. G. Moon (Address) Sandpoint Idaho.
20. FILED Nov 10 1938 W. E. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 28, 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Oct 28, 1938
I last saw h. alive on Oct 2 1938: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	1935
Other **contributory causes** of importance:	
Rheumatism	1934

Name of operation ND Date of ....
What test confirmed diagnosis? Clinical ~~Was~~ there an autopsy? ND

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ND If so, specify ....
(Signed) Wm F. Tyler, M. D.
(Address Sandpoint Idaho.

Moon

MORTUARY
420 N. THIRD AVENUE
SANDPOINT, IDAHO

RECEIVED
JAN 10 1939

Re: Anna Pecard, dec

Jan. 7, 1939.

Dates etc on certificate were given us by family. We did not re check in filling in certificate, mistake made by relatives, in figuring.

Correct Age is 62 yrs 6 mos 9 days.

Born Apr. 19, 1876.

L. D. Moon.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BONNER
City of NEWPORT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111615

Registration District No.
Primary Registration District No. Local Registrar's No. 24-38
(No. NEWPORT, IDAHO.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JAMES RILEY FUNK 93 d1

(a) Residence No. NEWPORT, IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ophelia Frances Funk

6. DATE OF BIRTH (month, day, and year) May 27, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Age Pensioner
10. Date deceased last worked at this occupation (mo. and yr.) 11-4
11. Total time (years) spent in this occupation 5yrs

12. BIRTHPLACE (city or town) Moorefield
(State or country) West Virginia

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) West Virginia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) West Virginia

17. INFORMANT Howard Morris
(Address) Newport, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Newport, Wash. Date Nov. 8, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 11-7, 1938 D. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 4, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at about 10a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes:	
Probable Myocarditis.	
History chronic heart disease.	

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. D. Mason Coroner D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Blanchard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111616

DEC 6 - 1938

Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 25-38
(No. Blanchard, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number) 8201

2. FULL NAME CHARLES ADOLPH CARLSEN

(a) Residence No. Blanchard, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 4, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1938
11. Total time (years) spent in this occupation Many years

12. BIRTHPLACE (city or town) Unknown
(State or country) Sweden

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Dept. Public Assistance
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date Nov. 22 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 11-29, 1938 D. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) About Nov. 18, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes:	
Found dead in cabin.	
Probable Cerebral hemorrhage.	
Other **contributory causes** of importance:	
Senility	

Name of operation..... Date of.....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) L. G. Moon CORONER M. D.
(Address SANDPOINT, IDAHO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sawyer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111617

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 26-38

(No. Sawyer, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WILLIAM SHERMAN BASFORD

(a) Residence No. Sawyer, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Basford

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1865

7. AGE: Years 73 | Months 2 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) 1924
11. Total time (years) spent in this occupation many years

12. BIRTHPLACE (city or town) Dane
(State or country) Wisconsin

FATHER

13. NAME Henry Basford
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER

15. MAIDEN NAME Christina Parr
16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Mrs. Mary Basford
(Address) Sawyer, Idaho.

18. BURIAL, CREMATION OR REMOVAL Rivercrest Cem.
Place Sandpoint, Ida. Date Nov. 30, 1938

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED 12-1, 1938 L. G. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 28th 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 7:50 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probable Myocarditis	
following attack influenza	

Other **contributory causes** of importance:

Name of operation none Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. G. Moon CORONER M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11161

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 86

DEC 14 1938

(No. PAGE HOSPITAL, Lincoln St)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME AUGUST BITTERICH

(a) Residence No. Ella Ave & Michigan St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cynthe Bitterich

6. DATE OF BIRTH (month, day, and year) March 4, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1938

11. Total time (years) spent in this occupation Many years

12. BIRTHPLACE (city or town) Berlin
(State or country) Germany

FATHER

13. NAME August Bitterich

14. BIRTHPLACE (city or town) Berlin
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Heidelberg

16. BIRTHPLACE (city or town) Berlin
(State or country) Germany

17. INFORMANT Jasper Bitterich
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem
Place Sandpoint, Ida Date Dec. 1, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho

20. FILED Dec 10, 1938 Ingrid Henderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Nov. 28, 1938
I last saw him alive on Nov 28 1938: death is said to have occurred on the date stated above, at 5 1/2 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm F. Tyler, M. D.
(Address Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Hope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11161

1938 Registration District No. 80
Primary Registration District No. 2157 Local Registrar's No. 26.
(No. Hope, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number) 9321

2. FULL NAME Elizabeth Gillis

(a) Residence No. Hope, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Harry Gillis

6. DATE OF BIRTH (month, day, and year) Jan. 11, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	10	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1938
11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (city or town) Bentonville
(State or country) Arkansas

FATHER
13. NAME Logan Teague
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER
15. MAIDEN NAME Mary Ann Reed
16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT J. H. Gillis
(Address) Hope, Idaho.

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place Spokane, Wash. Date Dec. 2, 1938

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED 11-30, 1938 Orville Crisp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 29, 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 11:00a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes:	
Probable Myocarditis	
following attach of influenza	
No medical attendance	
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? none. Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) L. G. Moon CORONER, M. D.
(Address Sandpoint, Idaho.

Form V. S. 12
N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF ~~WYOMING~~ Idaho

CERTIFICATE OF DEATH

111620

BUREAU VITAL STATISTICS
CAPITOL BUILDING
CHEYENNE, WYOMING

DEC 3 1938

NOV 18 1938

73
2 V V-D

Do Not Write in This Space
File No. 1938
Local
Registered No. 9

1. PLACE OF DEATH
County Bonneville Local Registration Dist. No. 263
Township
City Irwin No. Street
(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred.....yrs....mos.....ds. How long in U. S. if of foreign birth?.....yrs.....mos.....days

2. FULL NAME Marie Rudd

(a) Residence: No. St., Ward 65
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lester Rudd

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day .....hrs, or ..... min.
43	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pine Valley, Utah

FATHER

13. NAME John A. Gardner

14. BIRTHPLACE (city or town) (State or country) Millcreek, Ut.

MOTHER

15. MAIDEN NAME Celestia Snow Gardner

16. BIRTHPLACE (city or town) (State or country) Lehi, Ut.

17. INFORMANT Fannie
(Address)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL to Logan, Utah
Place Date 12-2-38, 19

19. UNDERTAKER L. M. Fannie
(Address) Irwin, Wyo.

20. FILED ~~DEC~~ 19 ~~Registrar~~ County Registrar

Nov. 21. 1938 Cert issued

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26 1938

22. I HEREBY CERTIFY, That I attended deceased from July 4. 8:00 P.M. 1938 to July 4 9:30 P.M. 1938

last saw her alive on July 4, 1938; death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:	DATE OF ONSET
Toxemia of Pregnancy	?
with Eclampsia	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) L. H. Warthen, M. D.

(Address) Afton, Wyoming

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonn.

City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111621

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 250

(No. Ida. Falls S. D. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number) 2168

2. FULL NAME Charles Henry Oakley

(a) Residence. No. St. Dubois, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lina Lois Oakley

6. DATE OF BIRTH (month, day, and year) February 3, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant, Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware & Implements

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) Wilkes-Barre
(State or country) Pennsylvania

FATHER

13. NAME Henry Oakley

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Thirza Bird

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. Belle Owen
(Address) Arco, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Dubois, Ida. Date 11/5, 1938

19. UNDERTAKER O. L. Buck
(Address) Idaho Falls, Ida.

20. FILED Nov 7, 1938 Geo. Owen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 193 8, to Nov 2, 193 8

I last saw h~~im~~ alive on Nov 2, 193 8; death is said to have occurred on the date stated above, at 2:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance:	
Fracture Neck (femur)	Oct 28

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 28, 193 8
Where did injury occur? Home Clark Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fell on hypo
Nature of injury Fracture neck (femur)

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was sick
(Signed) Geo. Owen M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111622

Registration District No. 3

Primary Registration District No. 2107 Local Registrar's No. 253

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Max Dewey Allen 2006

(a) Residence. No. Idaho Falls Ida. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 3 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
no	no	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER FATHER

13. NAME John Joseph Allen

14. BIRTHPLACE (city or town) Rockland
(State or country) Idaho

MOTHER

15. MAIDEN NAME Bessie Hunting

16. BIRTHPLACE (city or town) Menan
(State or country) Idaho

17. INFORMANT Mrs Bessie Allen
(Address) Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Ida Date Nov 6, 1938

19. UNDERTAKER W. F. McHan
(Address) Idaho Falls Idaho

20. FILED Nov 7, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 4 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw ~~he~~ alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown	
Found unconscious	
Dead	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ..... 193....

Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ✓

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Dexter Coroner M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111623

Registration District No. 13
Primary Registration District No. 2170
Local Registrar's No. 279

(No. L. D. S. Hospital Idaho Falls Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Verda Jean Brouwer

(a) Residence No. Ashton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 26 1932

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ashton
(State or country) Idaho

FATHER

13. NAME E. A. Brouwer

14. BIRTHPLACE (city or town) Ashton
(State or country) Idaho

MOTHER

15. MAIDEN NAME Ella Smith

16. BIRTHPLACE (city or town) Albion
(State or country) Wyoming

17. INFORMANT E. A. Brouwer
(Address) Ashton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashton Idaho Date 11 9, 1938

19. UNDERTAKER Lemon Funeral Home
(Address) Ashton Idaho

20. FILED 11-9, 1938 [illegible] Registrar
12/13/38 Copy issued

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-5-1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1938, to Nov 5, 1938
I last saw h[illegible] alive on Nov 5 1938; death is said to have occurred on the date stated above, at 7:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	Nov 4/1938

Other contributory causes of importance:

Diabetes Mellitus	

Name of operation — Date of
What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Idaho Falls, Idaho

111624

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 3
City of Idaho Falls — Primary Reg. Dist. No. 2 IND
(Home, Hospital or Institution) — Local Registrar's No. 2 N V

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 20 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

164

2. FULL NAME Warren Hofhine

(a) Residence: 520 N. Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Edith Jensen Hofhine

6. Date of Birth (Month, day and year): July 26, 1885

7. AGE: Years 53 | Months | Days | If less than 1 day hrs. ____ min. ____

Occupation:
8. Trade, profession, or particular kind of work done: Farmer
9. Industry or business in which work was done: Farming
10. Date deceased last worked at this occupation (month and year): Nov 1938
11. Total time (yrs.) spent in this occupation: 40

12. BIRTHPLACE (City or Town, County and State, or Country): Wellsville, Utah

Father:
13. NAME: Alex Hofhine
14. BIRTHPLACE (City or Town, County and State, or Country): U. S.

Mother:
15. MAIDEN NAME: Lois McCary
16. BIRTHPLACE (City or Town, County and State, or Country): U. S.

17. SIGNATURE OF INFORMANT: Edith Hofhine
(Address): Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls — Date: Dec 19 38

19. UNDERTAKER: Jack G. Wood
(Address): Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Dec 9 (Date) 193 8 by [signature] City Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__ Death is said to have occurred on the date stated above, at about 11 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cerebral Hemorrhage			
Age			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? ____
Name of operation ____ date of ____
Condition for which performed ____
What test confirmed diagnosis? ____
Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:
(Check) Accident — Suicide — Homicide? Date of injury ____ 19__ Where did injury occur? Idaho Falls Idaho (Specify city or town, county and state)
Check whether injury occurred in industry — home — public place —
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) Fred Porter (Coroner) C.D.
(Address) Idaho Falls Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111625

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 13
City of Ucon — Primary Reg. Dist. No. 2 1 1 0
on public highway — Local Registrar's No. 2 1 6
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 3 | Mos. 6 | Days 18

How long in U. S. if of foreign birth? Yrs. ____ | Mos. ____ | Days ____

2. FULL NAME Ronald Lee Murdock

(a) Residence: Ucon, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): April 23, 1935

7. AGE: Years 3 | Months 6 | Days 18 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Infant
9. Industry or business in which work was done
10. Date deceased last worked at this occupation (month and year)
11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Idaho Falls, Idaho

Father

13. NAME: Brigham Dallas Murdock
14. BIRTHPLACE (City or Town, County and State, or Country): Idaho

Mother

15. MAIDEN NAME: Winona Lee
16. BIRTHPLACE (City or Town, County and State, or Country): Grant, Idaho

17. SIGNATURE OF INFORMANT: B. D. Murdock
(Address): Ucon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Ucon, Idaho — Date: Nov. 12, 1938

19. UNDERTAKER: Jack A. Hood
(Address): Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Nov 12 (Date) 1938 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__

I last saw h__ alive on ____ 19__ Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance in order of onset were as follows: Automobile accident.

Ran in truck ?.

Body crushed.

Struck by a truck on highway

Contributory causes of importance not related to principal causes

Date of Onset	Yr.	Mo.	Day

Where was disease first diagnosed? ____

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury Ucon Nov 10, 1938 Where did injury occur? [illegible]
(Specify city or town, county and state)
Check whether injury occurred in industry, home, public place.
Manner of injury Fractured Skull
Nature of injury by truck on highway

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) Fred Dustin (Coroner) M. D.
(Address) Idaho Falls Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111626

RECEIVED DEC 8 1938

Registration District No. 5
Primary Registration District No. 5150
Local Registrar's No. 258

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Infant Jolley

(a) Residence No. 1 (Usual place of abode) 611 - N. 10th St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1938

7. AGE	Years	Months	Days	If LESS than 1 day 4½ hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

FATHER

13. NAME Merle Ray Jolley

14. BIRTHPLACE (city or town) Dayton (State or country) Utah

MOTHER

15. MAIDEN NAME La Rue Whitten

16. BIRTHPLACE (city or town) Roy (State or country) Utah

17. INFORMANT M. Ray Jolley (Address) 151 N. 10th St. I. F.

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Nov. 12, 1938

19. UNDERTAKER Jack A. Ford (Address) Idaho Falls, Idaho

20. FILED Dec 17, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/11 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/11/38, 193..., to 11/11, 1938

I last saw him alive on 11/11 1938: death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11/11/38
6½ mos.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) N. B. Woolley, M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111627

Registration District No. 13
Primary Registration District No. 2 1 7 0 Local Registrar's No. 2 5 7
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Spencer Andrus
(a) Residence No. Garfield Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) June 21 1873.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Utah

FATHER
13. NAME Milo Andrus

14. BIRTHPLACE (city or town)
(State or country) New Jersey

MOTHER
15. MAIDEN NAME Emma Corbett

16. BIRTHPLACE (city or town) Don't know.
(State or country)

17. INFORMANT Juanita. Morgan
(Address) Rigby.

18. BURIAL, CREMATION OR REMOVAL
Place Grant Cem. Date Nov. 16, 193 8

19. UNDERTAKER Coffelt Bros
(Address) Idaho Falls.

20. FILED Nov 17, 193 8 C. H. Jensen
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 11 193 8

22 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 193 8, to Nov. 11, 193 8
I last saw him alive on Nov 11 193 8: death is said to have occurred on the date stated above, at 10 00 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombosis	Indefinite
2. Hypertrophied Prostate	Many years.
3. Acute Gastritis	Nov. 10, 1938

Other **contributory causes** of importance:
1. Over work.

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Eldon Tolk M. D.
(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonny

City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111628

Registration District No. 13

Primary Registration District No. 1214-D Local Registrar's No. 259

(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 121a

2. FULL NAME Floyd Dembowske Chicago Ill.

(a) Residence. No. St. Dubois, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 21 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	8	3 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. enrollee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.C.C. Ca 4607 Dubois Idaho

10. Date deceased last worked at this occupation (mo. and yr.) Nov 10 1938

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Chicago Illinois

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME Catherine Dembowski

16. BIRTHPLACE (city or town) Unk (State or country)

17. INFORMANT Lt. Barry Inf Res. (Address) C.C.C. Co 4607 Dubois Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place Chicago Ill. Date Nov. 17, 1938

19. UNDERTAKER O. C. Bruce (Address) Idaho Falls, Ida.

20. FILED Nov 16, 193[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938, to Nov 14, 1938

I last saw him alive on Nov 14, 1938; death is said to have occurred on the date stated above, at 8:08 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	Nov 10
Generalized peritonitis	Nov 13

Other contributory causes of importance:

Name of operation Appendectomy Date of Nov 11 38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Arthur T. Jones M. D.

(Address) Dubois Idaho

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 11162

1. PLACE OF DEATH

County of Bonneville Registration Dist. No. 13

City of Idaho Falls Primary Reg. Dist. No. 21-0

Home Local Registrar's No. 260

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 4 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. 15 | Mos. | Days

93c

2. FULL NAME Augustina Taffolla

(a) Residence: Idaho Falls RFD #3 (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced Husband of (or) Wife of: Francisco Taffolla

6. Date of Birth (Month, day and year): Aug 28, 1861

7. AGE: Years 77 | Months 2 | Days 16 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done: Housework

10. Date deceased last worked at this occupation (month and year): Nov 1938

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Mexico

Father

13. NAME: Benito Nova

14. BIRTHPLACE (City or Town, County and State, or Country): Mexico

Mother

15. MAIDEN NAME: Pedmia Mendoza

16. BIRTHPLACE (City or Town, County and State, or Country): Mexico

17. SIGNATURE OF INFORMANT: Jesus Taffolla

(Address) Idaho Falls RFD #3

18. BURIAL, CREMATION OR REMOVAL

Place Cemetery Idaho Date Nov 16 1938

19. UNDERTAKER: Jack P. Wood

(Address) Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Nov 16 1938 by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1938 to Nov. 14 1938

I last saw h... alive on ____ 19____ Death is said Dead on arrival

to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Acute cardiac failure			
Chronic myocarditis			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? ____

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? Clinical course

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____

____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) C. C. Erickson M. D.

(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111630

Registration District No. 13
Primary Registration District No. 2170
Local Registrar's No. 264

(No. Idaho Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

56a

2. FULL NAME Calvin Fay Williams.

(a) Residence No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Margaret Mary Williams.

6. DATE OF BIRTH (month, day, and year) June 12, 1902

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	36	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.
10. Date deceased last worked at this occupation (mo. and yr.) 11/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Joseph, Utah.
(State or country)

FATHER

13. NAME Thomas Jasper Williams.
14. BIRTHPLACE (city or town) Salina, Utah.
(State or country)

MOTHER

15. MAIDEN NAME Esther Vernie McMurtrey
16. BIRTHPLACE (city or town) Alabama.
(State or country)

17. INFORMANT Margaret M. Williams
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 11/23, 1938

19. UNDERTAKER A. E. Russell
(Address) Rigby, Idaho.

20. FILED Nov 23, 1938 Lou Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/20 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1938, to Nov. 20, 1938
I last saw him alive on Nov 20 1938; death is said to have occurred on the date stated above, at 7:00A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	Nov. 13, 1938
Rheumatic carditis	" "

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Harper Lilly, M. D.
(Address) Rigby, Idaho.

111631

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 267

1. PLACE OF DEATH

County of Bonneville Registration Dist. No. 3

City of Idaho Falls Primary Reg. Dist. No. 2 1 1 0

L. D. S. Hospital Local Registrar's No.

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days 2

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Marva Williams 70-5

(a) Residence: 327 - Cent 14 & 27.

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced Husband of (or) Wife of

6. Date of Birth (Month, day and year) Nov 20, 1938

7. AGE: Years | Months | Days 2 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Infant.

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country) Idaho Falls, Idaho

Father

13. NAME Harry L. Williams

14. BIRTHPLACE (City or Town, County and State, or Country) Shelton, Idaho

Mother

15. MAIDEN NAME Bertha Whitman

16. BIRTHPLACE (City or Town, County and State, or Country) La Belle Idaho

17. SIGNATURE OF INFORMANT Harry L. Williams

(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Shelton, Idaho Date Nov 23 1938

19. UNDERTAKER Jack A. Ward

(Address) Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Nov 23 1938 by [illegible]

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1938 to Nov 22 1938

I last saw h[illegible] alive on Nov 22 1938 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Hemorrhagic diathesis			
with Cerebral hemorrhage			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? L. D. S. Hospital

Name of operation Spinal Puncture Date of Nov 22

Condition for which performed Intracranial pressure

What test confirmed diagnosis? Clinical & Lab.

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) W. K. Abbott M. D.

(Address) Idaho Falls Ida.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111632

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 266

1. PLACE OF DEATH

County of Bonneville Registration Dist. No. 13

City of Idaho Falls Primary Reg. Dist. No. 1210

Home Local Registrar's No.

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 12 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Merle Douglas Wilson 167

(a) Residence: 353 - 12th Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced Husband of (or) Wife of: Margaret Wilson

6. Date of Birth (Month, day and year): April 25, 1907

7. AGE: Years 31 | Months 6 | Days 28 | If less than 1 day hrs. min.

Occupation

8. Trade, profession, or particular kind of work done: Produce Dealer

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year): Nov. 1938

11. Total time (yrs.) spent in this occupation: 10

12. BIRTHPLACE (City or Town, County and State, or Country): Ainsworth, Iowa

Father

13. NAME: Lloyd Wilson

14. BIRTHPLACE (City or Town, County and State, or Country): New Boston, Illinois

Mother

15. MAIDEN NAME: Clara Viola Crone

16. BIRTHPLACE (City or Town, County and State, or Country): Illinois

17. SIGNATURE OF INFORMANT: Margaret Wilson

(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Idaho Falls Ida Date Nov. 26 1938

19. UNDERTAKER: O. Buck

(Address) Idaho Falls Ida.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Nov 25 1938 by [signature] Registrar

(Date)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__

I last saw h__ alive on ____ 19__ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
a Self Inflicted gunshot wound to right temple			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? ____ Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident (Suicide) Homicide? Date of injury Nov 23, 1938 Where did injury occur? Idaho Falls (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury Gunshot wound

Nature of injury To right temple

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) Fred Dayton Carson M. D.

(Address) Idaho Falls Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111633

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 265

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 3
City of Idaho Falls — Primary Reg. Dist. No. 21-D
L.D.S. Hospital — Local Registrar's No. 26
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 11 | Mos. 6 | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Daniel Jeremiah Ryan 131

(a) Residence: (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: Wht.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Frances Ryan

6. Date of Birth (Month, day and year): Dec. 25, 1883

7. AGE — Years: 54 | Months: 10 | Days: 29 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Cafe Operator, Retired
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year): Jan. 1938
11. Total time (yrs.) spent in this occupation: 8

12. BIRTHPLACE (City or Town, County and State, or Country): Derby Conn.

Father

13. NAME: William Ryan
14. BIRTHPLACE (City or Town, County and State, or Country): Ireland

Mother

15. MAIDEN NAME: Mary Unknown
16. BIRTHPLACE (City or Town, County and State, or Country): Ireland

17. SIGNATURE OF INFORMANT: Frances Ryan
(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Idaho Falls, Idaho Date Nov. 28 1938

19. UNDERTAKER: O. C. Burk
(Address) Idaho Falls, Ida.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Nov. 29 1938 by [signature] Registrar
(Date)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 24, 1938

22. I HEREBY ~~CERTIFY~~, That I attended deceased from Oct 15 1938 to Nov 24 1938
I last saw him alive on Nov 24 1938. Death is said to have occurred on the date stated above, at 8:53 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Chronic Nephritis	1931		
Contributory causes of importance not related to principal cause: Arteriosclerosis	1931		

Where was disease first diagnosed?
Name of operation ____ date of ____
Condition for which performed
What test confirmed diagnosis?
Was there an autopsy? ____ Was there an inquest?

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____. Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) [signature] M. D.
(Address) Idaho Falls Ida.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111634

Registration District No. ~~[illegible]~~ 73
Primary Registration District No. ~~[illegible]~~ 2170 Local Registrar's No. 280
Dec 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No.) L D S Hospital Idaho Falls

145a

2. FULL NAME Rosamond Meldrum Goebel

(a) Residence No. Ashton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Goebel

6. DATE OF BIRTH (month, day, and year) March 7th 1905

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	33	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lovell Wyoming

FATHER
13. NAME John F. Meldrum
14. BIRTHPLACE (city or town) (State or country) Ut

MOTHER
15. MAIDEN NAME Grace Rushford
16. BIRTHPLACE (city or town) (State or country) Ut

17. INFORMANT Henry Goebel
(Address) Ashton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashton Idaho Date 11/27, 1938

19. UNDERTAKER Fennell Mortuary
(Address) Ashton Idaho

20. FILED ~~[illegible]~~ 1938 Registrar.
12/13/38 [signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-25 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 193 8, to Nov. 25, 193 8
I last saw her alive on Nov. 24 193 8: death is said to have occurred on the date stated above, at 7:22 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	Oct 1 38
Other contributory causes of importance: Puerperal Septicemia	Oct 31 1937
Acute Pulm. Edema	

Name of operation ..... Date of Feb 8 1938
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

PLACE OF DEATH

County of ~~Bingham~~ Bonneville

City of Idaho Falls R#4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111635

Registration District No. 13

Primary Registration District No. 21-D

Local Registrar's No. 268

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Mitchell

(a) Residence No. Idaho Falls Ida. Rt. 4 St. 40C

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 56 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Mrried

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Mitchell

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 67 | Months: 1 | Days: 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Hooper (State or country): Utah

FATHER

13. NAME: James Mitchell

14. BIRTHPLACE (city or town): (State or country): Scotland

MOTHER

15. MAIDEN NAME: Anna Hull

16. BIRTHPLACE (city or town): (State or country): Scotland

17. INFORMANT: W. W. Mitchell (Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL Place SHELLEY Date 11-29, 1938

19. UNDERTAKER: (Address) SHELLEY IDA.

20. FILED Nov 26, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 26th 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1938 to Nov 25, 1938

I last saw him alive on Nov 25 1938: death is said to have occurred on the date stated above, at 1:30 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of ileum	1928

Other **contributory causes** of importance: Metastasis to liver

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED DEC 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2-170
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 111636
Local Registrar's No. 270

(If death occurred in a hospital or institution, give its name instead of street and number) 93C

2. FULL NAME Henry Zippel

(a) Residence No. ..... St. Idaho Falls Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 16 1874

7. AGE: Years 64 | Months 9 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trapper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) Unknown
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Linden Hanover
(State or country) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. H. H. Thomson
(Address) Heise - Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lincoln Cem. Date 12/1, 1938

19. UNDERTAKER Clifford E. Hayes
(Address) Idaho Falls Ida

20. FILED Dec. 30, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 28 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1938, to Nov. 28, 1938
I last saw him alive on Nov. 28 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Unk.
Edema pulmonum	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. C. Erickson, M. D.
(Address) Idaho Falls, Ida.

111637

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 272

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 73

City of Idaho Falls — Primary Reg. Dist. No. 21-0

(Home, Hospital or Institution) — Local Registrar's No. 272

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. — Mos. 5 — Days 12

How long in U. S. if of foreign birth? Yrs. — Mos. — Days —

2. FULL NAME May Glenn Baird

(a) Residence: 1st Street

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of:

6. Date of Birth (Month, day and year): June 17, 1938

7. AGE — Years: 0 — Months: 5 — Days: 12 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: None

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Idaho Falls, Idaho

Father

13. NAME: L. C. Baird

14. BIRTHPLACE (City or Town, County and State, or Country): Idaho Falls Idaho

Mother

15. MAIDEN NAME: Wanda Parker

16. BIRTHPLACE (City or Town, County and State, or Country): Rigby, Idaho

17. SIGNATURE OF INFORMANT: Ella Beale

(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Idaho Falls, Idaho Date Dec. 1 1938

19. UNDERTAKER: O. Beck

(Address) Idaho Falls, Ida.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Nov. 30 1938 (Date) by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1938 to Nov. 29 1938

I last saw him alive on Nov. 28 1938 Death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Bronchopneumonia	1938	Nov.	25
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Office

Name of operation None date of

Condition for which performed

What test confirmed diagnosis? C.

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury

, 19 Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(SIGNED) C. C. Erickson M. D.

(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111638

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

9542

2. FULL NAME Edmund M. Lozier

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 27, 1858

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
80	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Machinist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bloomington Ill.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Ruth Campbell
(Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry, Date Nov. 5, 1938

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED Nov 4, 1938 Ruth Bonner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1938, to Nov. 3, 1938.
I last saw him alive on Nov. 2, 1938: death is said to have occurred on the date stated above, at 3 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 2-1938
Arteriosclerosis	?
Other **contributory causes** of importance:	
Hypertension	?

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Barnes, M. D.

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111639

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

DEC 1 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 94a

2. FULL NAME Adaline May Black

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Z.A. Black

6. DATE OF BIRTH (month, day, and year) Apr. 9, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Adams County Wisc.

MOTHER/FATHER

13. NAME T.J. Pishion

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Z.A. Black
(Address) Bonners Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Paradise Valley Date Nov. 17, 1938

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED Nov 10, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 193 8, to Nov 8, 193 8.

I last saw her alive on Nov 6, 193 8: death is said to have occurred on the date stated above, at 11 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial degeneration ?	

Other **contributory causes** of importance:

Angina Pectoris	Nov 6-1938

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

RECEIVED
DEC 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111640

Registration District No. 79
Primary Registration District No. 21-6
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adrian Joseph

(a) Residence. No. Kootenai Village St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 5 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	6	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Creston B.C.
(State or country) Canada

FATHER
13. NAME Ignatius Joseph
14. BIRTHPLACE (city or town) Bonners Ferry
(State or country) Idaho

MOTHER
15. MAIDEN NAME Cecile David
16. BIRTHPLACE (city or town) Creston B.C.
(State or country) Canada

17. INFORMANT Simon Francis
(Address) Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL
Place Indian Cemetery Date Nov 23, 1938

19. UNDERTAKER Indians
(Address)

20. FILED Nov 24, 1938 C M Bonner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 22 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Nov 22, 1938, I last saw h[illegible] alive on Nov 21, 1938.: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Bronchopneumonia	Nov 17 1938
Other contributory causes of importance: Chronic Tuberculous Bronchial glands	1937

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C M Bonner M. D.
(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Butte
City of Arco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111642

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 13

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant-

(a) Residence No. Arco Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 23-1938

7. AGE	Years	Months	Days	If LESS than 1 day 8 hrs. or ... min.
	✓	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Arco
(State or country) Idaho

FATHER

13. NAME Ned Andreason

14. BIRTHPLACE (city or town) Monroe
(State or country) Utah.

MOTHER

15. MAIDEN NAME Rita Hejtmanek

16. BIRTHPLACE (city or town) Perry
(State or country) Okla

17. INFORMANT Rita Hejtmanek
(Address) Arco Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Arco Date Nov 24, 1938

19. UNDERTAKER None
(Address)

20. FILED Nov 24, 1938 Mary G. Dietrich
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 23 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1938, to Nov. 23, 1938

I last saw her alive on Nov. 23 1938: death is said to have occurred on the date stated above, at 11 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 5½ months	
Abortion - do not know cause	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) Arco Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Camas

City of Fairfield

NOV 25 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111643

Registration District No. 58

Primary Registration District No. 2138

Local Registrar's No.

(No. At Hes home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Elizabeth Leek 97

#(a) Residence. No. Fairfield Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Leek

6. DATE OF BIRTH (month, day, and year)
November 2 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
# 86	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) 2yrs. ago

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Lenoxville
(State or country) Pennsylvania

FATHER

13. NAME Chapman Harding

14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Elizebeth Orum

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT William Leek
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place #Boise Idaho Date Aug. 26 1938

19. UNDERTAKER Earnest McHan
(Address)

20. FILED # Oct. 27, 1938 W. O. Parkinson
Registrar. #

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1938, to Aug. 26, 1938

I last saw h[illegible] alive on 25, 1938. death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterosclerosis	
Encephilitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. O. Parkinson, M. D.
(Address) Fairfield Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Camas

City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111644

Registration District No. 58

Primary Registration District No. 2138 Local Registrar's No.

NOV 25 1938

(No. In his home)

(If death occurred in a hospital or institution, give its name instead of street and number)

94 b

2. FULL NAME Richard Marvin Angel

(a) Residence. No. Fairfield Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Angel

6. DATE OF BIRTH (month, day, and year): Sep. 24 1871

7. AGE — Years: 66 Months: 11 Days: 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: lawyer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: office

10. Date deceased last worked at this occupation (mo. and yr.): Mar. 4

11. Total time (years) spent in this occupation: 42

12. BIRTHPLACE (city or town) (State or country): 1936 Eau Claire Wisconsin

FATHER

13. NAME: Texas Angel

14. BIRTHPLACE (city or town) (State or country): unknown New York

MOTHER

15. MAIDEN NAME: Mary Goodrich

16. BIRTHPLACE (city or town) (State or country): unknown probably New York

17. INFORMANT (Address): Mrs. Ida Angel

18. BURIAL, CREMATION OR REMOVAL Place: Fairfield Idaho Date: Sep. 25 1938

19. UNDERTAKER (Address): Earnest McHan

20. FILED Oct. 7, 1938 W. B. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sep. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1938, to Sept. 22, 1938

I last saw h. im alive on Sept. 22 1938. death is said to have occurred on the date stated above, at 3p ...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Attack	
Coronary Erubolism	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) W. B. Parkinson, M. D.

(Address) Fairfield Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Camas

City of # ~~Fairfield~~ Hill City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111645

Registration District No. 58

Primary Registration District No. 2138 Local Registrar's No.

(No. 159)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norman Earl Ruby

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sep. 28 1938

7. AGE: Years | Months | Days: 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

12. # BIRTHPLACE (city or town) Hill City
(State or country) Idaho

FATHER

13. NAME Marcus Clifford Ruby

14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15. MAIDEN NAME Icil May Norman

16. BIRTHPLACE (city or town) Ethel
(State or country) Wash.

17. INFORMANT Clifford Ruby
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hill City Idaho Date Oct. 2 1938

19. UNDERTAKER # Parents buried the baby
(Address)

20. FILED Oct. 2 1938 W B Parkinson #
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sep. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Sep. 28 1938, to Sep. 29 1938

I last saw him alive on Sep. 28 1938: death is said to have occurred on the date stated above, at 5 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	
Imature	
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. L. Parkinson, M. D.
(Address) Fairfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

RECEIVED DEC 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111646

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 187

(No. Mercy Hospital, Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hiram Kelly Ferguson

(a) Residence. No. 320 - 13th Ave S St. Nampa
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of M. Maude Ferguson

6. DATE OF BIRTH (month, day, and year) Oct 21 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 11-26-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville Illinois

FATHER

13. NAME Ezekiel Ferguson

14. BIRTHPLACE (city or town) (State or country) Fayetteville Tenn

MOTHER

15. MAIDEN NAME Esther Kelly

16. BIRTHPLACE (city or town) (State or country) Fayetteville Tenn

17. INFORMANT Mrs. M. Maude Ferguson (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cemetery Date 10-17 1938

19. UNDERTAKER S. V. Peterson (Address) Caldwell Idaho

20. FILED Dec 16, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 1937, to 10-14-, 1938.
I last saw h.. alive on 10-13-, 1938; death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia and exhaustion.	9-6-'38.
Cancer	

Other contributory causes of importance:

Carcinoma of rectum and bladder.	10-1-37.

Name of operation Colostomy Date of June '38
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. O. Bethune, M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111647

Registration District No. 2007

Primary Registration District No. 3 0 Local Registrar's No. 121

(No. Roswell - at home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Thompson

(a) Residence. No. Sandpoint St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of D. L. Thompson

6. DATE OF BIRTH (month, day, and year) 12/16/1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Thomas G. Moore

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Nancy Hann

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT D. L. Thompson (Address) Sandpoint Ida

18. BURIAL, CREMATION OR REMOVAL Place Sunset Date 10-21, 1938

19. UNDERTAKER E. V. Peckham (Address) Sandpoint Ida

20. FILED 12-3, 1938 Mrs. Alice Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-19 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937, to Oct 19, 1938.

I last saw her alive on Oct 19, 1938; death is said to have occurred on the date stated above, at 12:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Other contributory causes of importance: Cerebral hemorrhage	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury....., 193..

Where did injury occur? ✓ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) D. Thompson M. D.

(Address) Sandpoint Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11164

DEC 10 1938

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 178
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Emma Jane Huntley

(a) Residence. No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 18-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78		14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Neb.

FATHER
13. NAME John Penn.
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT E. A. Huntley
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho Date 11-7, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED Dec 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-2 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to 11-2, 1938
I last saw h alive on 11-2-, 1938: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar Pneumonia	10-26-38

Other contributory causes of importance:

None

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Richmond M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Nat. Co. 12-15-38 11-3-38

PLACE OF DEATH

County of Canyon

City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111649

DEC 6 - 1938

Registration District No. /

Primary Registration District No. 2005

Local Registrar's No. 126

(No. 23a) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Washington Morrison

(a) Residence. No. Wilder St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lucy E. Morrison

6. DATE OF BIRTH (month, day, and year) 2-19-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hawkins Co. Tennessee

FATHER

13. NAME Thomas Morrison

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Jane McKee

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT R. J. Morrison (Address) Wilder Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morrell Hill Cem. Date 11-7, 1938

19. UNDERTAKER Peckham (Address) Caldwell Ida.

20. FILED 12-6, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-4 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193....: death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1928
Acute enterocolitis	Nov. 1-38
Acute Coronary	Nov 4-38
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Kaley, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDER

1. PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111650

County of Canyon
City of Caldwell

REC. DEC 7 - 1938

Registration District No. 2007

Primary Registration District No. 3 Local Registrar's No. 122

(No. Roswell - Nome)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillie Mary Dickey

(a) Residence. No. Caldwell St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bruce Dickey

6. DATE OF BIRTH (month, day and year) Feb 21 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME W. H. Smith

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah Atkins

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Bruce Dickey Parma Idaho

18. BURIAL, CREMATION OR REMOVAL Canyon Hill Cem. Date 11-14-1938

19. UNDERTAKER (Address) E. V. Pickerell Caldwell Ida

20. FILED 12-3-1938 Mrs. Alice Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-11-1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to 11-11-, 1938

I last saw her alive on 11-10, 1938; death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
none	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Mitchell M. D.

(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111651

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 180

DEC 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John S. Shumate

(a) Residence. No. So. of Nampa Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of Grace Shumate
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-16-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Wm. Shumate

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mariette Owens

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Wm A. Shumate
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho Date 11-15, 1938

19. UNDERTAKER F. S. Robinson
(Address) Nampa Idaho

20. FILED Dec. 3, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/2, 1938, to 11/12, 1938
I last saw him alive on 11/12, 1938; death is said to have occurred on the date stated above, at 2 45/P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	11/10/38
Other contributory causes of importance:	
Mild Hypertensive Ht. Disease	?

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) W. E. Rose, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111652

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 173

DEC 16

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Carlin

(a) Residence No. [illegible] St.
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Apr. 1 1862
7. AGE: Years 76 | Months 7 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Prospector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Jim McNally Nampa, Idaho
18. BURIAL, CREMATION OR REMOVAL: Place Mt. Calvary Cem. Date 12/14, 1938
19. UNDERTAKER (Address): Smith Valley Nampa Ida
20. FILED Dec 2, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/12 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-11-38, to 11-11, 1938
I last saw h[illegible] alive on 11-11 1938: death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart disease	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Smith M. D.
(Address) Smith Valley, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

DEC 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111653

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 179

(No. 182)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest George Fuhriman

(a) Residence. No. Nampa, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	w	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-13-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME Geo. M. Fuhriman

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Alva Pearl Yorgason

16. BIRTHPLACE (city or town) (State or country) Ore

17. INFORMANT Geo. M. Fuhriman
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale, Boise Date 11-13, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED Dec 3, 1938 Ryda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-13-, 1938, to 10-24, 1938

I last saw him alive on 10-24, 1938; death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Suffocation	11-12-38
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-12, 1938

Where did injury occur? At home Nampa Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert S. Rodgers M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon.

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111654

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 181

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ollie Grice

(a) Residence. No. Nampa Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-17-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wyo.

FATHER

13. NAME Walter N. Towse

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mrs. Walter Coyle
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 11-20 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-17 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 193.8., to 11-17, 1938

I last saw h.. alive on 11-17, 193.8.; death is said to have occurred on the date stated above, at 1 PM. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Cervix	
Other contributory causes of importance:	

Name of operation No Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Horace B. Bellmap, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111655

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 174
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucius Albertis Hart
(a) Residence No. 210 - Elder St. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Hart
6. DATE OF BIRTH (month, day, and year): May 17 1859
7. AGE: Years 79 | Months 6 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Justice of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Peace
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Hampton Ohio

FATHER
13. NAME: Jacob Hart
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Amelia
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Mrs. Emma Hart Nampa Ida
18. BURIAL, CREMATION OR REMOVAL. Place: Sunset Cemetery Date: 11/25, 1938
19. UNDERTAKER (Address): W. H. Talley Nampa Ida
20. FILED Dec. 3, 1938 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 11/19 1938
22 I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1938, to Nov. 19, 1938
I last saw him alive on Nov 19 1938: death is said to have occurred on the date stated above, at 7:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Nov 5
Influenza	

Other contributory causes of importance: Infirmities of age

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. A. Poole M.D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11165b

DEC 10 1938

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 182

(No.) State School at Nampa, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darrell Wilkins

(a) Residence No. State School St. ~~Nampa~~ Parma, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not married

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	13	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (mo. and yr.) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

FATHER

13. NAME Leslie Wilkins

14. BIRTHPLACE (city or town) Coltman, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Zola Thomas

16. BIRTHPLACE (city or town) Milo, Idaho
(State or country)

17. INFORMANT State School Records
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Date 12-20-38, 193

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Dec. 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-19-'38, 193

22 I HEREBY CERTIFY, That I attended deceased from 7-15-'37, 193, to 11-19-'38, 193
I last saw him alive on 11-18 193 8: death is said to have occurred on the date stated above, at 2:45 ~~p~~ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epilepsy	from age 6 months
Other **contributory causes** of importance:	

Name of operation None Date of ---
What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury None, 193
Where did injury occur? No Injury
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** None
Manner of injury ---
Nature of injury No injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Calloway, M. D.
(Address) State School, Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
DEC 16 1938

DO NOT WRITE IN THIS SPACE
State File No.

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 182

(No. State School + Colony)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darrell Wilkins

(a) Residence No. (Usual place of abode) Parma Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of not-married

6. DATE OF BIRTH (month, day, and year) Mar 2 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Patient-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME Leslie Wilkins

14. BIRTHPLACE (city or town) Coltman
(State or country) Idaho

MOTHER

15. MAIDEN NAME Gola Thomas

16. BIRTHPLACE (city or town) Milo
(State or country) Idaho

17. INFORMANT State School Records
(Address) Nampa Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Parma Ida. Date Nov. 20, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 19 1938

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937, to Nov. 19, 1938

I last saw him alive on 11-18 1938: death is said to have occurred on the date stated above, at 2:46 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epilepsy	from age of 6 mo.

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury none 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** No injury

Manner of injury none

Nature of injury "

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Callaway, M. D.

(Address State School Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111657

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 175
(No. 119-12 Ave No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennet Mae Seesholtz
(a) Residence No. 119-12 Ave. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day, and year) June 19 1938
7. AGE: Years | Months: 5 | Days: 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho.

FATHER
13. NAME Louis Clyde Seesholtz
14. BIRTHPLACE (city or town) (State or country) Lancaster Ohio

MOTHER
15. MAIDEN NAME Lodyce Rutherford
16. BIRTHPLACE (city or town) (State or country) Heber Utah

17. INFORMANT Mr. L. C. Seesholtz
(Address) Nampa Ida.
18. BURIAL, CREMATION OR REMOVAL
Place Interment Date 12/21, 1938
19. UNDERTAKER Wm. D. Talley
(Address) Nampa Idaho
20. FILED Dec. 3, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/20 1938
22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at about 1:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Streptococcus throat. Diagnosis by Dr. McKenna. Found Dead by Mother about 7:30 A.M.	
Other contributory causes of importance: Bad Cold	

Dr McKenna last seen alive Nov 6

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm D Talley C. M. D.
(Address) Nampa, Idaho Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon.
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111658

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 183
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DFG

2. FULL NAME George William Haltom

(a) Residence. No. Nampa Idaho, R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-26-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	10	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME John Haltom
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Wheatly
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Sarah Haltom
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 11-23, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec 3, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1937, to 11/21, 1938
I last saw h[illegible] alive on 11/21, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation due to Auricular fibrillation	11/14
Other contributory causes of importance: Tuberculosis of the Prostate	1920

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. B. Hyde, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11165

Registration District No. 7
Primary Registration District No. 1906 Local Registrar's No. 176
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard Absalum Morgan
(a) Residence No. 803 - 1st So. - Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Ann Morgan
6. DATE OF BIRTH (month, day, and year): Dec 8, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer -
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oscoma (State or country) Indiana

FATHER
13. NAME Chas. H. Morgan
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Eliza Boring
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Pearl Campbell - (Address) Nampa, Idaho -
18. BURIAL, CREMATION, OR REMOVAL Place Nampa Cemetery Date 11/25, 1938
19. UNDERTAKER Keith Talley (Address) Nampa, Idaho
20. FILED Dec 3, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/22 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 193X, to Same date, 193.
I last saw h-- alive on 11-22 193X; death is said to have occurred on the date stated above, at 11:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	11-22-38 6: P.M.

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Bellamy M.D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111660

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 184

DEC 10 1938

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Pedigrew Shaw

(a) Residence. No. Nampa Idaho 1612-4th St So. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-11-51

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME Dryden

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Reynolds

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Mrs E. L. Shaw
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 11-27, 1938

19. UNDERTAKER F. P. Robinson
(Address) Nampa Idaho

20. FILED Dec 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-24 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1938, to 11/24, 1938
I last saw her alive on 11/23, 1938; death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
a. Auricular fibrillation	11/17

Other contributory causes of importance:

Hypertensive Chronic Disease	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ~~U.S.~~ Was there an autopsy? No

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, (specify) .....

(Signed) M. D. Ross, M. D.
(Address) Nampa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11166

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 177

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annae Mary Bryson 8201

(a) Residence No. 890 - Sunset Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Commodore Perry Bryson

6. DATE OF BIRTH (month, day, and year) April 19 1863

7. AGE: Years 75 | Months 7 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana town Penn

FATHER
13. NAME John L. Lucas
14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER
15. MAIDEN NAME Mary Powell
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Mrs. Maggie Fleck
(Address) Paul Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Confederate Date 11 30, 1938

19. UNDERTAKER Keith Talley
(Address) Nampa, Ida

20. FILED Dec 3, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11 27 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-15-38, 193..., to 11-27, 1938
I last saw her alive on 11-27 1938: death is said to have occurred on the date stated above, at 11:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-17-38

Other **contributory causes** of importance: Arterio sclerosis years

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Bellamy M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

R... Div.

DEC 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111662

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 127

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

4 b.

2. FULL NAME John Beall

(a) Residence. No. 1815 Everett St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Margaret Beall

6. DATE OF BIRTH (month, day, and year): Dec. 2, 1876

7. AGE — Years: 61 — Months: 11 — Days: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1923

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Peoli Ohio

FATHER

13. NAME: Ausman Todd Beall

14. BIRTHPLACE (city or town) (State or country): Tascarawes County, Ohio

MOTHER

15. MAIDEN NAME: Ann Hagan

16. BIRTHPLACE (city or town) (State or country): Tascarawas County, Ohio

17. INFORMANT (Address): Mrs. John Beall 1815 Everett, Caldwell

18. BURIAL, CREMATION OR REMOVAL
Place: Canyon Hill Date: 11-29 1938

19. UNDERTAKER (Address): Paul L. Case 616 Main, Caldwell, Ida.

20. FILED 11/29, 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 27 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937, to Nov. 27, 1938.
I last saw him alive on Nov 27, 1938: death is said to have occurred on the date stated above, at 11 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma, Gastric	1937
Other **contributory causes** of importance:	

Name of operation Partial Gastrectomy Date of Aug 12-37

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Wm B. Hansford M. D.
(Address) Caldwell Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of CARIBOU

City of Soda Springs IDA

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111663

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 38

(No. Caribou Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 127a

2. FULL NAME Margaret Armstrong Campbell

(a) Residence. No. RICHFIELD, IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of L.E.CAMPBELL

6. DATE OF BIRTH (month, day, and year)
November 22 1886

7. AGE: Years 51 | Months 11 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tripp South Dakota

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT L. E. Campbell
(Address) RICHFIELD, IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place Richfield, Idaho Date 11/17/38

19. UNDERTAKER E. O. Whitman
(Address) Soda Springs, Idaho

20. FILED 11/15, 1938. D. Russell Liggett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14/1938

22. I HEREBY CERTIFY, That I attended deceased from 11/13/38, 193..., to 11/14/38, 193...
I last saw her alive on 11/14/38 193...: death is said to have occurred on the date stated above, at 11.10 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis Acute	
following rupture of the	
Gall Bladder.	
(Con't)	
Other contributory causes of importance:	
Arthritis Multiple.	

Name of operation Lap. with drain Date of 11/14/38
What test confirmed diagnosis? Phys. Ex. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Caribou

City of Soda Springs, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111664

Registration District No. 62

Primary Registration District No. 7159 Local Registrar's No. 39

(No. Cambridge Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117a2

2. FULL NAME LUCY E. SKINNER

(a) Residence. No. Soda Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Charles M. Skinner

6. DATE OF BIRTH (month, day, and year) Feby. 20th, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	8 X	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). Franklin, Idaho
(State or country)

FATHER

13. NAME Joseph ALBISTON

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Adella Rice

16. BIRTHPLACE (city or town). Farmington,
(State or country) Utah

17. INFORMANT C. Charles M. Skinner
(Address) Soda Springs, Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place. Meadow Ville, Ida Date 11/21/1938
Idaho E. S. Whiteman

19. UNDERTAKER
(Address) Soda Springs, Idaho

20. FILED 11/19/38 1938 D. Richard Leyson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/19 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/10/38, 1938, to 11/19/38, 1938.
I last saw him alive on 11/19/38 1938; death is said to have occurred on the date stated above, at 5.25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of the bowels	
Following a Gastroenterostomy	
Other contributory causes of importance:	
Gastric Ulcer, Pyloric	
Gastroenterostomy	11/11/38
Name of operation	Date of
X-Ray	
What test confirmed diagnosis?	Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CARIBOU

City of SODA SPRINGS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111665

Registration District No. 82

Primary Registration District No. 2159

Local Registrar's No. #043

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Johnson Anderson

(a) Residence. No. Soda Springs Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Anderson

6. DATE OF BIRTH (month, day, and year) Sept 29 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Carl M. Anderson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Annie Anderson Soda Springs Ida

18. BURIAL, CREMATION OR REMOVAL
Place Chesterfield Ida Date 12-11, 1938

19. UNDERTAKER (Address) E. D. Whitmarsh Soda Springs Ida

20. FILED 12-10, 1938 W. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-8- 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 12-8-, 1938.

I last saw him alive on 12-8-, 1938.; death is said to have occurred on the date stated above, at 10 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	Jan 1 1935

Other contributory causes of importance:

Perforating gastro enterostomy

Name of operation operation Date of May 15 1935

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ramon Kjerkeby, M. D.
(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of CARIBOU

City of SODA SPRINGS

IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 47 11666

Registration District No. 17

Primary Registration District No. 7159

Local Registrar's No. 47

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

108

1. FULL NAME CONNIE BERNIECE TRAPPETT

(a) Residence. No. GRACE, IDAHO. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. Color or Race: WHITE

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Daughter of MR. AND MRS. ARNOLD TRAPPETT

6. DATE OF BIRTH (month, day, and year): OCT. 4TH, 1938

7. AGE — Years: — Months: 2 — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: BABY

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Soda Springs Idaho

FATHER

13. NAME: Arnold Trappett

14. BIRTHPLACE (city or town) (State or country): Grace Idaho

MOTHER

15. MAIDEN NAME: Berniece Bowers

16. BIRTHPLACE (city or town) (State or country): Beaverdams Utah

17. INFORMANT (Address): Arnold Trappett Grace, Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place: Grace, Ida. Date: 12/11/1938

19. UNDERTAKER: E. B. Hutsman

(Address) Soda Springs, Idaho

20. FILED 12/10/38 1938 D. Russell Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/9/1938

22. I HEREBY CERTIFY, That I attended deceased from 12/9/38, 1938, to 12/9/1938, 1938. I last saw her alive on 12/9/1938: death is said to have occurred on the date stated above, at 11:20 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute st. laryngeal obst.	Dec. 8 1938
pneumonia	

Other contributory causes of importance:

Mt. to Tris. media	Dec. 8 1938

Name of operation: Mt. to par. Date of: Dec 9

What test confirmed diagnosis?: ... Was there an autopsy?: No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?: No If so, specify.....

(Signed) Evan M. Rowley, M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly Classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11667

RECEIVED DEC 16 1938

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 94
(No. Nelson Nursing Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Linville 50

(a) Residence No. Declo, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of July-15-1877
6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Instructor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ---
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Mill Grove
(State or country) Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Rev. C. G. Arras
(Address) Burley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cemetery Date Nov. 16, 1938

19. UNDERTAKER Hugh McCulloch
(Address) Burley-Idaho

20. FILED 11-17-, 1938 Laura G. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-12-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	

Other contributory causes of importance:

Left [illegible] removal by [illegible]	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111663

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 93

(No. Occidental ave. Burley) 184

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delfina Murguia Murguia

(a) Residence No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 26 1893

7. AGE: Years 43 | Months 10 | Days 30 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Pascual Murguia

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Josefa Antuni

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Juan Murguia
(Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 11-27, 1938

19. UNDERTAKER J. R. Sayler
(Address) Burley Idaho

20. FILED Nov 26, 1938 Laura D Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-16 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-10-, 193 8, to 11-10-, 193 8

I last saw h— alive on 193 8: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Choked on food	
Other contributory causes of importance:	
Partial paralysis	
muscles of deglutition from	
gunshot wound of skull	several years

Name of operation ..... Date of ..... ago

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... , M. D.

(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

RECEIVED DEC 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11166

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 95
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lyman T. Haynes
(a) Residence No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Mar.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-26-58

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert Ida
(State or country)

FATHER
13. NAME Lloyd Haynes
14. BIRTHPLACE (city or town) Neb.
(State or country)

MOTHER
15. MAIDEN NAME Nora Ward
16. BIRTHPLACE (city or town) Burley Ida
(State or country)

17. INFORMANT Lloyd Haynes
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 11-29, 1938

19. UNDERTAKER P. Taylor
(Address) Burley

20. FILED Nov 28, 1938 Laura B. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-28 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-26, 1938, to 11-28, 1938
I last saw him alive on 11-27 1938: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	11-10-38
Other **contributory causes** of importance:	

Name of operation Spinal Puncture Date of 11-16-38
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thos. B. Cochrane, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111670

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 90

(No. at home in Malta)

(If death occurred in a hospital or institution, give its name instead of street and number) 11a

2. FULL NAME Alfred A. Lee

(a) Residence No. Malta Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Sgl

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 25-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malta Idaho

FATHER

13. NAME Frank C. Lee

14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER

15. MAIDEN NAME Minnie Montgomery

16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMANT Frank C. Lee
(Address) Malta

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Ogden Date 11-30, 1938

19. UNDERTAKER C.O. Gaynor
(Address)

20. FILED 11-30, 1938 Laura G Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dr 1 Bronchial Pneumonia	
Dr 2 Lobar Pneumonia	
Dr 3	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clark
City of Dubois

RECEIVED DEC 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111671

Registration District No. 175
Primary Registration District No. ____ Local Registrar's No. 4
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 51C

2. FULL NAME William Madison Garretson

(a) Residence. No. ____ St. Dubois, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie J. Garretson

6. DATE OF BIRTH (month, day and year) February 29, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	7	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) Jan 1938
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Kersinsville Indiana

FATHER
13. NAME James G. Garretson
14. BIRTHPLACE (city or town) (State or country) Kersinsville Indiana

MOTHER
15. MAIDEN NAME Frances G. Wiggins
16. BIRTHPLACE (city or town) (State or country) Frankfort Indiana

17. INFORMANT (Address) Nellie J. Garretson Dubois Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Dubois, Ida. Date Oct. 7, 1938

19. UNDERTAKER (Address) O. Buck Sr. Dubois, Ida.

20. FILED 10/6, 1938 B. H. Shannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938, to Oct. 5, 1938
I last saw him alive on Aug 19, 1938 death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate & metastasis	D.K
Other contributory causes of importance: Myocarditis	

Name of operation Changed Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) W. R. Allett, M. D.
(Address) Box 10 Eisenbeis M.D. Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Gilbert section rural route from Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111672

RECEIVED DEC 6 - 1938

Registration District No. 96

Primary Registration District No. 2157 Local Registrar's No. 95

(No. Rural home)

(If death occurred in a hospital or institution, give its name instead of street and number)

95 1/2

2. FULL NAME JOHNSON ELLISON CORDELL

(a) Residence No. Gilbert section(Rural from Orofino St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of Sara N. Cordell
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) oct 19/1855

7. AGE: Years 83 | Months no | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farms

10. Date deceased last worked at this occupation (mo. and yr.) not known

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) Salsburg
(State or country) N. Carolina

FATHER

13. NAME JAMES CORDELL

14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mrs. Victor Richardson
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gilbert Date Nov 2nd, 193 8
(burial on home ranch)

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Ida.

20. FILED 11-2, 1938 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 193 8 to ?, 193

I last saw h.im alive on Sept 30 193 8: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	several months
general arteriosclerosis.	several years.
Other contributory causes of importance:	
fracture r hip	10 years

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. Shaw, M. D.

(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111673

RECEIVED DEC 6 - 1938

Registration District No. 96

Primary Registration District No. 2157

Local Registrar's No. 96

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

/31

2. FULL NAME Henry C. Eagan

(a) Residence No. ____ St. Hope, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 16 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice M. Eagan

6. DATE OF BIRTH (month, day, and year) 9/20/83

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Purriport
(State or country) Michigan

FATHER

13. NAME Everel Eagan

14. BIRTHPLACE (city or town) Ontario
(State or country) Canada

MOTHER

15. MAIDEN NAME Ellen Johnson

16. BIRTHPLACE (city or town) Ontario,
(State or country) Canada

17. INFORMANT State Hospital Records,
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Cem Date 12/7, 1938

19. UNDERTAKER A. A. Sharp
(Address) Orofino Ida

20. FILED 12-, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/3 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1938, to Nov. 3, 1938

I last saw him alive on Nov. 3 1938: death is said to have occurred on the date stated above, at 4:20A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 mo. ago

Other **contributory causes** of importance:

General Arteriosclerosis	1 yr.
Chronic Interstitial Nephri-	3 mo.
Cerebral Arterioscleros-is with Psychosis	6 mo.

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) John Irvine McElwain M. D.

(Address Orofino, Idaho

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11167

Registration District No. 20
Primary Registration District No. 2057 Local Registrar's No. 98
(No. Burns Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary C. Biggs

(a) Residence No. ... St. Bakersfield Calif.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. L. Biggs

6. DATE OF BIRTH (month, day, and year) Sept 17 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Josephine Bohman
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Schafer
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs J. R. Crawford
(Address) Orofino Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bakersfield Cal. Date 11-9, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 11-9, 1938 Wm Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-25, 1938, to 11-8, 1938

I last saw her alive on 11-8 1938: death is said to have occurred on the date stated above, at 10:20 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Unknow
Liver & Bladder involved also	
Other **contributory causes** of importance:	none

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. R. Johnson, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

RECD DEC 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11167

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 100
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number) 83

2. FULL NAME William McMorrow

(a) Residence No. St. Orofino, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) 4-24-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	6	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberjack
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unas.
10. Date deceased last worked at this occupation (mo. and yr.) Unas.
11. Total time (years) spent in this occupation Unas.

12. BIRTHPLACE (city or town) Crystal Falls
(State or country) Michigan

FATHER
13. NAME Edward McMorrow
14. BIRTHPLACE (city or town) Oshkosh
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME Louise LaPlante
16. BIRTHPLACE (city or town) Unas.
(State or country) Unas.

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. Date 11-10, 193[illegible]

19. UNDERTAKER F.A. Billberg Attd.
(Address) Orofino Ida

20. FILED 11-15, 193[illegible] W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/8 1938

22 I HEREBY CERTIFY, That I attended deceased from November 7, 1938, to November 8 1938
I last saw him alive on Nov. 8 1938: death is said to have occurred on the date stated above, at 3:15a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	2 yrs. Ago
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thos. Irvine McKinney M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111676

Registration District No. 90
Primary Registration District No. 2687 Local Registrar's No. 99
(No. Orofino Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

DEC 46C

2. FULL NAME George English Sam
(a) Residence No. Pierce Ida St. Pierce Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) Jan 18 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trapper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. woods
10. Date deceased last worked at this occupation (mo. and yr.) 2
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Ed English Sam
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Agnes Brown
(Address) Pierce Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pierce Ida Date 11-15, 1938

19. UNDERTAKER Blake Funeral Home
(Address) Orofino Ida

20. FILED 11-13, 1938 W. E. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/12 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/10, 1938, to 11/12, 1938
I last saw h— alive on 11/11 1938: death is said to have occurred on the date stated above, at 1.40 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	Unknown
Other **contributory causes** of importance:	
Hemorrhage from bowel	11/11/38

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. J. Hopkins, M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 6 1938

DO NOT WRITE IN THIS SPACE
State File No. 11067

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 102
(No. Burns Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number) 11a

2. FULL NAME Jack E Malley

(a) Residence No. ... St. Weippe Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) ?
7. AGE: Years 64 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woods work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Jack
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Burns Hosp. (Address) Orofino Ida
18. BURIAL, CREMATION OR REMOVAL Place Weippe Ida Date 11-19, 1938
19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida
20. FILED 11-22, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-17 1938
22 I HEREBY CERTIFY, That I attended deceased from 11-1, 1938, to 11-17, 1938
I last saw him alive on 11-17 1938: death is said to have occurred on the date stated above, at 10 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Influenza	11-1-38
Other **contributory causes** of importance:	
Cardiac Asthma	11-5-38

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193 ✓
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓
Manner of injury ✓
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) W. F. Colvinson, M. D.
(Address) Orofino

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell
DEC 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111678

Registration District No. 76
Primary Registration District No. 2167 Local Registrar's No. 101
(No. Caldwell Hosp.) 184
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Hudson

(a) Residence No. St. Hollingswood Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widr

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 15 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	8	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Peck Ida
(State or country)

FATHER
13. NAME John Hudson
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER
15. MAIDEN NAME Nina Hewett
16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT Henry Hudson
(Address) Orangemont 2 miles

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Date 11/22, 1938

19. UNDERTAKER H A Shaw
(Address)

20. FILED 11/23, 1938 H A Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-20 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-19, 1938, to 11-20, 1938
I last saw him alive on 11-19 1938: death is said to have occurred on the date stated above, at 8.30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bullet wound of lower abdomen - with shock and Hemorrhage	11-19-38
Other **contributory causes** of importance:	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide or homicide~~? Date of injury 11/19 1938
Where did injury occur? In Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** In Home
Manner of injury shot with gun
Nature of injury bullet wound of abdomen

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A B Pappenhagen, M. D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11167

Registration District No. 90
Primary Registration District No. 2107 Local Registrar's No. 103

(No. Home Hospital or Institution) At Home
(If death occurred in a hospital or institution, give its name instead of street and number)

109

2. FULL NAME Richard O. Hutchins

(a) Residence No. Pierce Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male White	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 20-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino Idaho
(State or country)

FATHER

13. NAME Claude Hutchins
14. BIRTHPLACE (city or town)
(State or country) Wash.

MOTHER

15. MAIDEN NAME Mary Whipple
16. BIRTHPLACE (city or town)
(State or country) N. D.

17. INFORMANT Leonard Cardiff
(Address) Pierce Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pierce Ida Date 11-22, 1938

19. UNDERTAKER The Family
(Address) Pierce Ida

20. FILED 11/22, 1938 W. A. Spears
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-20-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 3:10 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ✓

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193... ✓
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wayne L. Kerns Coroner, M. D.
(Address) Orofino Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111650

REC'D DEC 6-1938

Registration District No. 90

Primary Registration District No. 2167

Local Registrar's No. 104

(No. Orofino Hospital) 108

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard Milton Hiatt

(a) Residence No. Orofino St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ann Hiatt

6. DATE OF BIRTH (month, day, and year) 7/27/1896

7. AGE — Years: 42 | Months: 3 | Days: 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 9/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sidney
(State or country) Iowa

FATHER

13. NAME W. S. Hiatt

14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Mellissa Hiatt

16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT Mrs. W. M. Hiatt
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn. 11/23, 1938

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wn

20. FILED 11-22, 1938 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/21/1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1938 to Nov. 20, 1938

I last saw him alive on Nov. 20 1938: death is said to have occurred on the date stated above, at 10:25 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Meningitis, acute pneumococcic	Nov. 16 1938

Other **contributory causes** of importance:

Lobar pneumonia	Oct. 15, 1938

Name of operation None Date of

What test confirmed diagnosis? Laboratory + clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. V. Hoffany, M. D.

(Address Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111681

Registration District No. 90
Primary Registration District No. 2167 Local Registrar's No. 105
(No. Orofino Idaho (Ranch))
(If death occurred in a hospital or institution, give its name instead of street and number) 188

2. FULL NAME Henry Caufield
(a) Residence No. Orofino, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Harriet L. Caufield

6. DATE OF BIRTH (month, day, and year) Mar. 31, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner & Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) 4yrs ago
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) McLain County
(State or country) Illinois

FATHER
13. NAME John Caufield
14. BIRTHPLACE (city or town) North Ireland
(State or country)

MOTHER
15. MAIDEN NAME Margaret Hamilton
16. BIRTHPLACE (city or town) North Ireland
(State or country)

17. INFORMANT Harriet L. Caufield
(Address) Orofino. Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Cemetery Date 11/25, 1938
Orofino Ida.

19. UNDERTAKER Blake Fundral Home
(Address) Orofino, Idaho

20. FILED 11/25, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-22 1938

22 I HEREBY CERTIFY, That I attended deceased from ~~about~~ ~~Maybe before that~~ 1934, to 11-22, 1938
I last saw him alive on 11-22 1938.: death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age Pneumonia	11-18-38
Nephritis, Broncitis (chronic)	
Anuria	11-18-38

Other contributory causes of importance:

Cerebral Apoplexy about	
1st attack about	1934

Name of operation None Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193...
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. H. Robertson M. D.
(Address Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111652

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 106

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

37

2. FULL NAME Claus H. Legbandt

(a) Residence No. 724 E. 7th Street St. Moscow, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. 12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Evelyn N. Legbandt

6. DATE OF BIRTH (month, day, and year) 12-5-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unas.
10. Date deceased last worked at this occupation (mo. and yr.) unas.
11. Total time (years) spent in this occupation unas.

12. BIRTHPLACE (city or town) Doebay,
(State or country) Washington

FATHER

13. NAME John T. Legbandt
14. BIRTHPLACE (city or town) Schleiswig Holstein
(State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schmuck
16. BIRTHPLACE (city or town) Schleiswig Holstein
(State or country) Germany

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place State Hospital Cemetery Date November 30 1938

19. UNDERTAKER Fred A. Bellberg
(Address) State Hospital North, Orofino, Ida.

20. FILED 11/30, 1938 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-28-1938

22 I HEREBY CERTIFY, That I attended deceased from July 16, 1938, to November 28 1938
I last saw him alive on 11-28 1938: death is said to have occurred on the date stated above, at 10:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 hrs ago
Other contributory causes of importance:	
Septic Throat	5 days ago
Chronic Myocarditis	6 mo. ago
Manic-Depressive psychosis depressed type	6 mo ago

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) John Vernon McKelvey M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, ...NFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. ...N RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Pierce

RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111683

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 110

(No. Brunetta street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Swen J. Swenson

(a) Residence No. Pierce Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 8-1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woods worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tolley. (State or country) N. D.

FATHER

13. NAME John Swenson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Alive Nelson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT John Swenson
(Address) Portland Ore

18. BURIAL, CREMATION OR REMOVAL
Place Clearwater Ida Date Dec 1, 1938

19. UNDERTAKER Arfino Mortuary
(Address) Arfino Ida

20. FILED 12/7, 1938 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-30 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 1:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broken neck	
Chest Injuries	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following: Accident
Accident, suicide, or homicide? ..... Date of injury 11-30, 1938
Where did injury occur? Pierce Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Highway
Manner of injury Struck by Car
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Wayne L. Hazzard Coroner, M. D.
(Address) Arfino Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111684

Registration District No. 90
Primary Registration District No. 2107 Local Registrar's No. 112
(No. OROFINO HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

18

2. FULL NAME LAURALEA VERNE COURT

(a) Residence No. GREER, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	child

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of child

6. DATE OF BIRTH (month, day, and year) may/21/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
no	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) GREER
(State or country) IDAHO

FATHER

13. NAME HOLLIS COURT
14. BIRTHPLACE (city or town) CROTHERSVILLE
(State or country) INDIANA

MOTHER

15. MAIDEN NAME PHRODA HILL
16. BIRTHPLACE (city or town) SHEPARD
(State or country) Mont.

17. INFORMANT Hollis Court
(Address) Greer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino, Ida. Date Dec. 9th, 1938

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Idaho

20. FILED 12/9-, 1938 Wm. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/9 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/19, 1938, to 12/9, 1938
I last saw h[illegible] alive on 12/7 1938: death is said to have occurred on the date stated above, at 11:22 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis	11/17/38
Over	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Spinal Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. J. Hopkins, M. D.
(Address Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111685

NOV 15 1938

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 25

(No. ,)
(If death occurred in a hospital or institution, give its name instead of street and number)

951-4

2. FULL NAME Price Cooksey

(a) Residence. No. # Challis Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): May 1857

7. AGE: Years 81 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Calif.

FATHER

13. NAME: # Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown / Unknown

MOTHER

15. MAIDEN NAME: # Unknown
16. BIRTHPLACE (city or town) (State or country): # Unknown

17. INFORMANT (Address): Erick Burstedt Challis Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Challis Date Sept 12, 1938

19. UNDERTAKER (Address): John Lee Mackay Ida.

20. FILED Sept 12, 1938 Elma M. McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 9 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.... alive on Sept 8, 1938: death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(Heart trouble)	
# Acute dilatation of heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Erick Burstedt Coroner D.
(Address) Challis Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Clayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111686

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 256
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Georgette

(a) Residence No. Clayton St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cy.

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Raymond Gossi

18. BURIAL, CREMATION OR REMOVAL
Place Clayton Date Nov 20, 1938

19. UNDERTAKER John N. Lee
(Address) Mackay, Ida.

20. FILED Nov 21, 1938 Elsie McKenney Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/18 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1935, to November, 1938

I last saw him alive on November 1938: death is said to have occurred on the date stated above, at 5 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	8 yrs ago
Other **contributory causes** of importance:	
Hypertension (Cardiac) Chronic	2 yrs ago

Name of operation Date of
What test confirmed diagnosis? Sympt. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. Richards, M. D.
(Address) Mackay, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore E.
City of Mountain Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111687

DEC 7 - 1938

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances CatherinePhilippi

8221

(a) Residence. No. Mountain Home St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Primus Philippi

6. DATE OF BIRTH (month, day, and year) Sept, 26, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	I	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Canton Ohio (State or country)

FATHER
13. NAME Graibill Binkleyy
14. BIRTHPLACE (city or town) ..... (State or country) Penn,

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) ..... (State or country) England

17. INFORMANT Mr. Primus Philippi
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain Rest Date Nov 26, 1938

19. UNDERTAKER Zacher-Bey Funeral Home
(Address) Mountain Home, Idaho

20. FILED Nov 25 1938 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-23- 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-14-, 1938, to 11-23-, 1938
I last saw her alive on 11-21-, 1938; death is said to have occurred on the date stated above, at 2:1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-14-38
Other contributory causes of importance:	
Arterio-Sclerosis	1928

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Evans, M. D.
(Address) Mountain Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Atlanta

DEC 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34

Primary Registration District No. 2020

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 111688

Local Registrar's No. .....

2. FULL NAME Robert Charles Steward 157c

(a) Residence. No. Atlanta Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.— yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 20 - 1938

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
—	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise Idaho
(State or country)

MOTHER FATHER

13. NAME Jack L. Steward

14. BIRTHPLACE (city or town) Mt. Corry,
(State or country) Ohio

15. MAIDEN NAME Lucile Falor

16. BIRTHPLACE (city or town) Akron, Ohio
(State or country)

17. INFORMANT Jack L. Steward
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Atlanta Date 11/30, 1938

19. UNDERTAKER None. Body prepared for
(Address) burial by parents and friend

20. FILED Dec. 3, 1938 Thom Hoare
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 29 - 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1938, to Nov. 29, 1938.

I last saw him alive on Nov. 29 1938.: death is said to have occurred on the date stated above, at 10:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
heart failure	
"child born with misformed heart after about 60 days treatment under Drs. Tremaine	
Other **contributory causes** of importance:	
and Deadman who then advised child could not live possibly longer than two to three weeks.	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, Specify .....

(Signed) Mrs. Ruth Rawe M.D. Practical Nurse

(Address) Atlanta

Thom Hoare
Local Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
RECEIVED
DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11168

Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.
(No. 940)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna S Macyngall

(a) Residence. No. Glenns Ferry, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Henry Macyngall

6. DATE OF BIRTH (month, day, and year) July 22, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) Oct 15 1938
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Ark.

FATHER
13. NAME Ferris
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Harris
16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT W. H. Macyngall (Address) Glenns Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glenns Ferry Cemetery Date ....., 193...

19. UNDERTAKER E. K. Robinson (Address) Nampa Idaho

20. FILED Nov 30, 1938 Mary Lueleen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1938, to 11/30, 1938
I last saw her alive on 11/30, 1938; death is said to have occurred on the date stated above, at 1-15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1933
Coronary thrombosis	11/12/38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Higgins, M. D.
(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Mountain Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111690

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 19

DEC 7 - 1938

48

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Attie Brady Faraday

(a) Residence. No. i Mountain Home St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	M Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles B Faraday

6. DATE OF BIRTH (month, day, and year)
January I, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Carlin (State or country) Nevada

FATHER

13. NAME John Brady

14. BIRTHPLACE (city or town) ..... (State or country) Ireland

MOTHER

15. MAIDEN NAME Bessie Brady

16. BIRTHPLACE (city or town) ..... (State or country) Ireland

17. INFORMANT Miss Maxine Faraday (Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Dec. 2, 1938

19. UNDERTAKER Zacher-Kay Funeral Home (Address) Mountain Home Idaho

20. FILED Dec 3, 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-30-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-26-, 1938, to 11-30, 1938

I last saw h[illegible] alive on 11-26, 1938: death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1936
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. E. Evans M. D.

(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Mink Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111691

DEC 8 1938

Registration District No. 27
Primary Registration District No. 2709
Local Registrar's No. 27

(No. at home)
(If death occurred in a hospital or institution, give its name instead of street and number)

46d

2. FULL NAME Richard T. Oliverson

(a) Residence No. Mink Creek St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada K. Oliverson

6. DATE OF BIRTH (month, day, and year) Mar. 31, 1876

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
62	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Franklin
(State or country) Idaho

FATHER

13. NAME James Oliverson
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Caroline Roberts
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Ada K. Oliverson
(Address) Mink Creek, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mink Creek Date Sept. 9, 1938

19. UNDERTAKER J. Sherwin Webb
(Address) Preston, Idaho

20. FILED Dec 8, 1938 Geo. Stales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-5 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-5, 1938, to 9-9, 1938
I last saw him alive on 9-5 1938: death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
& Rheumatism	1937

Other contributory causes of importance:

Name of operation ___ Date of ___
What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 193___
Where did injury occur? ___
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ___
Manner of injury ___
Nature of injury ___

24 Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) [illegible] M. D.
(Address ___

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Windor

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11169

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 26

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

DEC 8 - 1938

188

2. FULL NAME Birtram Harold Swainston

(a) Residence No. Windor Idaho St.

(Usual place of abode) Life (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Id.

FATHER

13. NAME Harold Swainston

14. BIRTHPLACE (city or town) (State or country) Whitney Id.

MOTHER

15. MAIDEN NAME Myrtle Lorena Campbell

16. BIRTHPLACE (city or town) (State or country) North Ogden Utah

17. INFORMANT Harold Swainston
(Address) Windor Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Whitney Id. Date Oct 19, 1938

19. UNDERTAKER M. M. Hendricks
(Address) Preston Idaho

20. FILED Dec 8, 1938 Geo. L. Stalls Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct. 16, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 10-16-, 1938, to 10-16-, 1938

I last saw him alive on 10-16 1938: death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of skull	
Fracture of left side of Frontal bone	10-16-38

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 10/16, 1938

Where did injury occur? Preston R 2, Franklin, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place At his home

Manner of injury Kicked by horse on left side of head

Nature of injury Compound fracture of skull

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. R. Collins, M. D.

(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 5 1938

DO NOT WRITE IN THIS SPACE
State File No. 111693

Registration District No. 27
Primary Registration District No. 2219 Local Registrar's No. 24
(No. At home)
(If death occurred in a hospital or institution, give its name instead of street and number)

8241

2. FULL NAME Aaron Emil Nelson

(a) Residence No. Preston St.
(Usual place of abode) 50 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 18 1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grantsville
(State or country) Utah

FATHER

13. NAME Andrew Nelson
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Anna Lens Jacobson
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Hill Nelson
(Address) Preston Id.

18. BURIAL, CREMATION OR REMOVAL
Place Preston Id. Date Nov 11, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho.

20. FILED Dec 8, 1938 G. W. Stoker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1938, to Nov 8, 1938
I last saw him alive on Nov 8, 1938; death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct 30, 1938
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? P.A. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) O. B. Cutler, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111694

DE ... 1938

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 25

(No. At Home.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Franklin Edwards

(a) Residence No. Preston, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~XXXXXXXX~~ Thelma Larson Edwards

6. DATE OF BIRTH (month, day, and year) 12/24/1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (mo. and yr.) Aug 38

11. Total time (years) spent in this occupation 12 yr.

12. BIRTHPLACE (city or town) Carterton
(State or country) New Zealand

FATHER

13. NAME Edwin Sildon Edwards

14. BIRTHPLACE (city or town) Wellington
(State or country) New Zealand

MOTHER

15. MAIDEN NAME Allice Franklin

16. BIRTHPLACE (city or town) Mauricivillo
(State or country) New Zealand

17. INFORMANT Thelma Larson Edwards
(Address) Preston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Whitney Date 11/16, 1938

19. UNDERTAKER Frank A. Ecker
(Address) Preston, Idaho

20. FILED Dec 8, 1938 Fred States Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Nov 11, 1938

I last saw h~~er~~ alive on Nov 11 1938: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Sept 1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. K. Cutler M. D.

(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111695

Registration District No. 21
Primary Registration District No. 2119
Local Registrar's No. 28

RECEIVED DEC 8 - 1938

(No. 105 North 1st West)
(If death occurred in a hospital or institution, give its name instead of street and number)

128 a

2. FULL NAME Karen Johnson

(a) Residence No. Preston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of child.

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	3	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minder
(State or country) Idaho

FATHER
13. NAME Arene L. Johnson
14. BIRTHPLACE (city or town) Preston
(State or country) Colorado

MOTHER
15. MAIDEN NAME Elenna Cardwright
16. BIRTHPLACE (city or town) Teton
(State or country) Ida.

17. INFORMANT Arene Johnson
(Address) Preston Ida

18. BURIAL, CREMATION OR REMOVAL
Place Preston Ida Date Nov 23, 1938

19. UNDERTAKER M W Hendricks
(Address) Preston Ida

20. FILED Dec 9, 1938 G. W. Castle
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-20 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-19-, 1938, to 11-20, 1938
I last saw her alive on 11-20 1938: death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetany	11-19-38
Other contributory causes of importance:	
Acute Gastro-Enteritis	11-19-38

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H B Davis M. D.
(Address) Preston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 8 1938

DO NOT WRITE IN THIS SPACE
State File No. 111696

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 29
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Linnay Hanson Shuldberg

(a) Residence No. Preston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 11, 190[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
37	7	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER
13. NAME Wm. A. Shuldberg
14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER
15. MAIDEN NAME Sarah Jane Hansen
16. BIRTHPLACE (city or town) Hyde Park
(State or country) Utah

17. INFORMANT Wm A. Shuldberg
(Address) Winder, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston, Ida. Date Dec. 2, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston, Idaho

20. FILED Dec 8, 1938 G. M. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-30-1938

22 I HEREBY CERTIFY, That I attended deceased from 11-30, 1938, to 11-30, 1938
I last saw him alive on 11-30 1938; death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	11-25-38
Other contributory causes of importance:	
Chronic Appendicitis	11-25-38
	1922

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. H. Ogden M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Macks Inn Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11697

Registration District No. 102
Primary Registration District No. 6 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henton D. Boyer

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ada Boyer

6. DATE OF BIRTH (month, day, and year): Aug. 1st 1872

7. AGE — Years: 66 | Months: — | Days: 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Bloomfield (State or country) Iowa

FATHER

13. NAME W. M. Boyer
14. BIRTHPLACE (city or town) — (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Moore
16. BIRTHPLACE (city or town) — (State or country) Ky

17. INFORMANT Mrs. Ada Boyer (Address) Ashton-Idaho

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER
(Address)

20. FILED 8/12, 1938 Lenek Kier Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-11 1938

22 I HEREBY CERTIFY, That I saw deceased from Aug 11, 193 8, to 193 ; I last saw h alive on 193 : death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prob. Coronary occlusion	8/11-38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. Richards, M. D.
(Address 115 E. So Temple Salt Lake City, Utah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Parker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111698

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 3
(No. known no -)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. Leon Miller
(a) Residence. No. Parker Idaho St. 159
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parker (State or country) Idaho

FATHER
13. NAME J. Leland Miller
14. BIRTHPLACE (city or town) Parker (State or country) Idaho

MOTHER
15. MAIDEN NAME Edith Grace Farley
16. BIRTHPLACE (city or town) Ogden (State or country) Utah

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date Oct. 8, 1938

19. UNDERTAKER (Address)

20. FILED 10-8, 1938 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1938, to 10-8, 1938.
I last saw him alive on 10-8, 1938; death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other **contributory causes** of importance:
Spontaneous Rupture of Membranes at 6-6½ Mo.

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Gilliland, M. D.
(Address) Ashton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11169

NOV 25 19..

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 362

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alden Logan Roseborough

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or ~~WIFE of~~) Dora Spiker Roseborough

6. DATE OF BIRTH (month, day, and year) May 2-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Common Laborer -
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kirksville Mo.

FATHER

13. NAME Logan Roseborough
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Susan E. Fitzgerald
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Dora S. Roseborough
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Date 10/30, 1938

19. UNDERTAKER H. M. Hazlett
(Address) St. Anthony Idaho

20. FILED 11-2, 193 8 Sarah B. Musick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/25 1938

22 I HEREBY CERTIFY, That I attended deceased from November, 193 7, to October 4, 193 8
Last saw him alive on October 4 193 8: death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10/22/38

Other contributory causes of importance:

Hypertension	
Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John C Rushton Jr MD D
(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Parker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11170

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 358

NOV 14 1938

(No. 47a Moore)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosard Glenn Jenkins

(a) Residence No. Parker Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Leola Harris Jenkins
6. DATE OF BIRTH (month, day, and year): Sept. 12, 1910
7. AGE: Years 28 | Months 1 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: On Farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Anthony Idaho

FATHER
13. NAME: David LeRoy Jenkins
14. BIRTHPLACE (city or town) (State or country): Farmington Utah

MOTHER
15. MAIDEN NAME: Mary Alice Earl
16. BIRTHPLACE (city or town) (State or country): Plymouth Utah

17. INFORMANT: Mrs. LeRoy Jenkins
(Address): Parker Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Parker Date: 11/2, 1938

19. UNDERTAKER: W. H. Mathews
(Address): St. Anthony Idaho

20. FILED: Nov 8, 1938 Sarah Thrush
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 10/28 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to October, 1938
I last saw him alive on October 9 1938: death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinomatosis cranial	1937
Other **contributory causes** of importance:	
Postgagal Carcinoma	1928

Name of operation ..... Date of .....
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Lamb, M. D.
(Address) St Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Teton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111701

Registration District No. 99
Primary Registration District No. 9977 Local Registrar's No. 361
(No. Home of Pearl Willis)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pete Satoh

(a) Residence No. Teton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Japanese
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 68. | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown (State or country)

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) " (State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Andrew Martinez (Address) Sugar City Idaho
18. BURIAL, CREMATION OR REMOVAL Place Rirenside Date 11/6, 1938
19. UNDERTAKER W. M. Hathorn (Address) St. Anthony Idaho
20. FILED 11-20, 1938 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/5 1938
22 I HEREBY CERTIFY, That I attended deceased from 11/4, 1938, to 11/6, 1938
I last saw him alive on 11/5 1938: death is said to have occurred on the date stated above, at 5:00 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/4/38
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. F. Gray M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony
RECEIVED
DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11702

Registration District No. 79
Primary Registration District No. 2177
Local Registrar's No. 345 345

(No. At home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Winifred B. Rule 97a

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of J. E. Rule

6. DATE OF BIRTH (month, day, and year) Sept 25-1863

7. AGE: Years 75 | Months 1 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Flinton Canada

MOTHER FATHER
13. NAME George Brotherston
14. BIRTHPLACE (city or town) (State or country) Kalador Canada
15. MAIDEN NAME Elvira Egge
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. H. E. Shade
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rivergrove Date 11/11, 1938

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 11/11, 1938 Sarah B. Musick
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/8 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1938, to Nov 8, 1938
I last saw ~~her~~ alive on Nov 8 1938: death is said to have occurred on the date stated above, at 3 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Thrombosis Iliac Artery	Oct.

Other **contributory causes** of importance:
Christian Science

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so specify .....
(Signed) E. L. Jerry, M. D.
(Address) St Anthony

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111705

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 359
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merlin Hobbs

(a) Residence No. St. Anthony Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): .....

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18 1915

7. AGE — Years: 23 | Months: 7 | Days: 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Raised on the Farm
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

FATHER

13. NAME Sheldon N. Hobbs
14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Mary L. Hathaway
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Raymond Hobbs
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilford Date Nov 17, 1938

19. UNDERTAKER W. M. Hancock
(Address) St. Anthony Idaho

20. FILED Nov 20 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 12 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-12, 1938, to 11-12, 1938

I last saw him alive on 11-12 1938: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured Liver Injury & Hemorrhage	11-12-38
Fractured Rib and Laceration	
Severed Spinal Cord	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-12-38
193.....
Where did injury occur? St. Anthony, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public road
Manner of injury Automobile Truck Collision
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Russell M. D.
(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Chester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111704

DEC 10 1938

Registration District No. 10 2
Primary Registration District No. 6. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

572

2. FULL NAME Dorothea Leetjen —

(a) Residence No. Ashton St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/7- 1870

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	68	5	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Concordia Mo
(State or country)

FATHER
13. NAME Henry Walters
14. BIRTHPLACE (city or town) Dr
(State or country) Germany.

MOTHER
15. MAIDEN NAME Caroline Hartman
16. BIRTHPLACE (city or town) Dr
(State or country) Germany

17. INFORMANT Mrs. Henry Leetjen
(Address) Ashton Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ashton Idaho Date 11- 21 193 8

19. UNDERTAKER Lewis Kier
(Address) Ashton Idaho

20. FILED 12- 19 1938 Lewis Kier
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11 18 193 8

22 I HEREBY CERTIFY, That I attended deceased from 10- 2 193 8, to 11- 18 193 8.
I last saw her alive on 11- 17 193 8: death is said to have occurred on the date stated above, at 1:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1928

Other **contributory causes** of importance:
Rheumatoid Arthritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. Kingsley, M. D.
(Address) Ashton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11170

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 364

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Nielsen Jacobsen

(a) Residence No. St. Anthony St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Esther Jacobsen

6. DATE OF BIRTH (month, day, and year) Mar 2-1876

7. AGE: Years 62 | Months 8 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bear River City
(State or country) Utah

FATHER
13. NAME Soren Jacobsen
14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER
15. MAIDEN NAME Christina Pedersen
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Mrs. Wm. Jacobsen
(Address) St. Anthony Route #1

18. BURIAL, CREMATION OR REMOVAL
Place Rigby Date 11/22, 1938

19. UNDERTAKER H. M. Harrison
(Address) St. Anthony Idaho

20. FILED Dec 1, 1938 Sarah B Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/19 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1938, to Nov 19, 1938

I last saw him alive on Nov 19 1938: death is said to have occurred on the date stated above, at 9 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Brain Injury from Basal Skull fracture	

Other **contributory causes** of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? A. Date of injury 11/12 1938
Where did injury occur? St. Anthony Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Highway - R.R. Crossing
Manner of injury auto - Train Collision
Nature of injury Brain Injury from Basal Skull fracture

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Nielsen, M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111700

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 366

DEC 13 1938

(No. or Name of street) At Jack Bolton Home
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rev. Tubbs

(a) Residence No. Drummond Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walton Berkshire
(State or country) England

FATHER
13. NAME Richard Tubbs
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Sarah Ann Hainsworth
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. Ida Peart
(Address) Drummond Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emerson Date 12/9, 1938

19. UNDERTAKER W. H. Hutchinson
(Address) Drummond Idaho

20. FILED Dec. 9, 1938 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/6 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938, to Dec 6, 1938
I last saw him alive on Dec 5 1938.: death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	
Hypertension	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Louie, M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11170

Registration District No.
Primary Registration District No. 6 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 67

2. FULL NAME Kenneth Charles Johnson

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht	Sing

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/26-1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett Ida
(State or country)

FATHER
13. NAME Ray L. Johnson
14. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

MOTHER
15. MAIDEN NAME Nellie May Pitman
16. BIRTHPLACE (city or town) Ruby
(State or country) Idaho

17. INFORMANT Ray L. Johnson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida. Date 11/1, 1938

19. UNDERTAKER C. Buckner
(Address) Emmett Ida

20. FILED ....., 1938 J. C. Raymond
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/29 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937, to Oct 29, 1938
I last saw h— alive on Oct 29 1938: death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Status Lymphaticus	10/29/38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. K. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Sweet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 3 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 11170

Registration District No. 6
Primary Registration District No. 6 Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 95 W 3

2. FULL NAME Clifford Goble Goodwin

(a) Residence No. Sweet Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of Sarah L. Goodwin
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/10-1866

7. AGE: Years 71 | Months 10 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bethel
(State or country) Ohio

FATHER
13. NAME John M. Goodwin
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Ruth Goble
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT J. K. Reynolds
(Address) Sweet, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Payette Ida Date 11/10, 1938

19. UNDERTAKER E. O. Buckner
(Address) Emmett Ida

20. FILED 11/7, 1938 J. K. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/6 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938, to Nov 6, 1938
I last saw him alive on Nov 1 1938 death is said to have occurred on the date stated above, at 12:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebrovascular Accident	Nov 6, 1938
Other **contributory causes** of importance:	
Essential Hypertension	4 yrs
Arteriosclerosis - Cerebral	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111709

Registration District No.
Primary Registration District No. 6 Local Registrar's No.
(No)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Bert Hess

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: wht
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of Mattie R. Hess
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-23-1875

7. AGE: Years 63 | Months 7 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canyon City
(State or country) Oregon

FATHER
13. NAME Moses Hess
14. BIRTHPLACE (city or town)
(State or country) Switzerland

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs. Elmer Hess
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 11/20, 1938

19. UNDERTAKER C. O. Buckmaster
(Address) Emmett Ida

20. FILED 11/19, 1938 J. C. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/17 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1938 to Nov 16, 1938
I last saw h[e] alive on Nov 16 1938 death is said to have occurred on the date stated above, at 4:A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Arteriosclerotic Heart Disease	12 yrs
Coronary Occlusion	3 days 11/14/38

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. P. Bulluck, M. D.
(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111710

Registration District No.
Primary Registration District No. 6 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 145a

2. FULL NAME Catherine Elizabeth Johnson

(a) Residence No. Emmett St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roy B. Johnson

6. DATE OF BIRTH (month, day, and year) 11/16-191

7. AGE: Years 27 | Months — | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER
13. NAME T. H. Irving
14. BIRTHPLACE (city or town) Newton
(State or country) Mass

MOTHER
15. MAIDEN NAME Grace T. Johnson
16. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

17. INFORMANT T. H. Irving
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 11/20, 1938

19. UNDERTAKER C. D. Buckner
(Address) Emmett Ida

20. FILED 11/19, 1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/18 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1938, to Nov. 18, 1938
I last saw he alive on Nov. 15 1938: death is said to have occurred on the date stated above, at 3 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Puerperal sepsis	Nov. 12/38

Other **contributory causes** of importance:

Toxemia of pregnancy	Nov 12 38
Contracted pelvis	

Name of operation Cesarean section Date of 11/13/38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11171

Registration District No.
Primary Registration District No. 4
Local Registrar's No.
(No.)

DEC 3- 1938

If death occurred in a hospital or institution, give its name instead of street and number) 158

2. FULL NAME William Roy Johnson

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced (write the word)~~
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/13/35

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER

13. NAME Roy B. Johnson
14. BIRTHPLACE (city or town)
(State or country) Oregon

MOTHER

15. MAIDEN NAME Catherine E. Irving
16. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

17. INFORMANT Roy B. Johnson
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 11/20, 1938

19. UNDERTAKER E. D. Buckenmeyer
(Address) Emmett Idaho

20. FILED 11/19, 1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/19 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/13, 1938, to 11/19, 1938

I last saw h[illegible] alive on 11/19 1938: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic conjestion of the liver	11/13/38
at birth	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11171

DEC 3 - 1938

Registration District No. 9
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME Lillie Allen Wolfe

(a) Residence No. Emmett Ida St.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Fem | 4. Color or Race white | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Silas Wolfe

6. DATE OF BIRTH (month, day, and year) 10/12-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleveland
(State or country) Ohio

FATHER
13. NAME Cloyzius Allen
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Besenius
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Anna Taylor
(Address) Park City Utah

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 11/25, 1938

19. UNDERTAKER O Buckner
(Address) Emmett Ida

20. FILED 11/25, 1938 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/22-1938

22 I HEREBY CERTIFY, That I attended deceased from 11-21-, 1938, to 11-22, 1938
I last saw her alive on Nov 21 1938; death is said to have occurred on the date stated above, at 1-30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexia. Cerebral hemorrhage	
Other **contributory causes** of importance:	
Chronic nephritis Hypertension	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J L Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

...VED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11715

Registration District No. 4
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Percy Clyde Sample
(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 2/8-1916
7. AGE: Years 22 | Months 9 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): North Loup Neb

FATHER
13. NAME: Clyde C. Sample
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Leona Curry
16. BIRTHPLACE (city or town) (State or country): Neb

17. INFORMANT (Address): Leona Elliott Emmett Ida

18. BURIAL, CREMATION OR REMOVAL: Place Emmett Ida Date 11/30, 1928

19. UNDERTAKER (Address): C. D. Buckmun Emmett Idaho

20. FILED 11/27, 1928 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/27 1928

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____ 193...: death is said to have occurred on the date stated above, at ____ m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental drowning following plunge of automobile into lake	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 11/27 1928
Where did injury occur? Near Emmett, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public place
Manner of injury Drowning
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) Merle Buckmun, Coroner
(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Emmett
City of Gem

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11714

Registration District No. 9
Primary Registration District No. ____ Local Registrar's No. ____

DEC 3 - 1938

(No ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elles C. Moulton

(a) Residence No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie Moulton

6. DATE OF BIRTH (month, day, and year) 10/16-1911

7. AGE — Years: 27 | Months: 1 | Days: 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Sweet
(State or country) Idaho

FATHER

13. NAME Frank Moulton
14. BIRTHPLACE (city or town) Mo
(State or country)

MOTHER

15. MAIDEN NAME Flora Deck
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Frank Moulton
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 11/29, 1938

19. UNDERTAKER C. D. Buckmun
(Address) Emmett Idaho

20. FILED 11/29, 1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/27 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____ 193...: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental drowning following plunge of automobile into lake	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 11/27, 1938
Where did injury occur? Near Emmett, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public place
Manner of injury Drowning
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Meyle Buckmun, Coroner M. D.
(Address) Emmett, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11171

Registration District No.
Primary Registration District No. 9 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa Pauline Flowers 177

(a) Residence No. Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest Flowers

6. DATE OF BIRTH (month, day, and year) 10/2-1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Plymouth (State or country) Idaho

FATHER
13. NAME Adam Nitzel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Emma Dewark
16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT Ernest Flowers
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date Dec 2, 1938

19. UNDERTAKER O. D. Buckner
(Address) Emmett Idaho

20. FILED 12/1, 1938 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/30 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/29, 1938, to 11/30/38, 193.
I last saw h[illegible] alive on 11/30 1938; death is said to have occurred on the date stated above, at 7 17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Botulism	11/28/38
from ham canned Com.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. R. Bullock, M. D.
(Address Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Meridian

REGISTERED AUG 23 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22

Primary Registration District No. 2018

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 11171

Local Registrar's No.

2. FULL NAME Ralph Arnold

(a) Residence No. St. Salt Lake City Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL Place Ada Co. Cem. Date July 18, 1938

19. UNDERTAKER J. B. Wiley (Address) Meridian Idaho

20. FILED Aug 18, 1938 E. L. Simonton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18, 1938

22 I HEREBY CERTIFY, That I attended deceased from July 12, 1938 to July 17, 1938

I last saw him alive on 7/16 1938: death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Morfluxus Poison	
Chronic	
with cardiac failure	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Zeller M. D.

(Address Jerome Ida

#2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

[redacted]
Special Agent,
Boise, Idaho.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ralph Arnold
Who died at Wendell on July 17, 1938
Residence: No. St. # Salt Lake City Utah
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years Months Days 1
Sex M Color or race W Single, married, widowed or divorced:

Date of birth # Nov 4 1901 Age: # Years 86 # Months 8 # Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Hobo - No trade

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month Year
Birthplace (State or country) Montana Utah
Birthplace of father (State or country) Utah
Birthplace of mother (State or country) Utah
Principal cause of death: Morphine poison, chronic; with cardiac failure
(This is considered a violent death, fill out items below.)

Other contributory causes of importance
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No
If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of Probably July 15, 1938
Where did injury occur? Jerome Idaho
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Probably Hypodermic needle
Nature of injury
Was disease or injury in any way related to occupation of deceased?
If so, specify No
Name of physician C. F. Zeller
Address of physician Jerome

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

H. O. McMartin, M.D.
Special Agent.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

RECEIVED
AUG 23 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
1111.
State File No.

Registration District No. 22
Primary Registration District No. 2018 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Burchell

(a) Residence No. East Alton Ell St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Burchell

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28 30	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Woodrow Davis
(Address) Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Eldorado Ell Date Aug 17, 1938

19. UNDERTAKER R. W. Wiley
(Address) Jerome Idaho

20. FILED 9-17, 1938 R. L. Winston
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 16 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Aug 16, 1938
I last saw him alive on Aug 16 1938: death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated duodenal ulcer	Aug 15, 1938
Other contributory causes of importance:	

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Reuben C. Matson M. D.
Address Jerome Idaho

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

[redacted]
Special Agent,
Boise, Idaho.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John Burchell

Who died at Wendell on August 16, 1938

Residence: No. _____ St. East Alton, Illinois
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days 4 days

Sex M Color or race W Single, married, widowed or divorced: M

Date of birth Jan 22-1908 Age: Years 30 Months 7 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month Aug Year 1938

Birthplace (State or country) Harrisburg, Ill

Birthplace of father (State or country) Ill

Birthplace of mother (State or country) Ill

Principal cause of death: Perforated duodenal ulcer

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Reuben C. Matson

Address of physician Jerome

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

W. O. McMartin, M.D.

Special Agent.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Wendell

AUG 23 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11171

Registration District No. 22
Primary Registration District No. 2218 Local Registrar's No.
(No. W Valentine Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number) 184

2. FULL NAME Marvin Clark (Robert Carlson)

(a) Residence No. St. Iowa Penitentiary
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) ✓
7. AGE: Years 23 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ✓
(State or country)

FATHER
13. NAME E A Clark ✓
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Aug 20, 193 8

19. UNDERTAKER Fred Worley
(Address) Jerome Idaho

20. FILED 8-20, 193 8 C. L. Summerton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 16 193 8

22 I HEREBY CERTIFY, That I attended deceased from Aug. 13, 193 8, to Aug. 15, 193 8
I last saw h[illegible] alive on Aug 15 193 8: death is said to have occurred on the date stated above, at 6 10 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bullet wound of abdomen + Contents with shock + haemorrage	
Other **contributory causes** of importance:	

Name of operation Laparotomy Date of
What test confirmed diagnosis? Was there an Repair of intestines + haemostasis

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Zeller M. D.
(Address) Jerome, Idaho

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

[redacted]
Special Agent,
Boise, Idaho.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Marvin Clark (Robert Wilson) both names on certificate
Who died at St. Valentine's Hospital on August 15, 1938
Residence: No. _____ St. Iowa Penitentiary ? Escaped convict (over)
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days 2
Sex Male Color or race White Single, married, widowed or divorced: Single

Date of birth Jan 5 - 1915 Age: Years 23 Months 7 Days 10

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common Laborer

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.: _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Bullet wound of abdomen & contents with shock and hemorrhage

Other contributory causes of importance _____
Name of operation Laparotomy Date of Aug 14 1938
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, ~~or homicide~~? _____ Date of injury Aug 14, 1938
Where did injury occur? Jerome Jerome Co. Idaho
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Street
Manner of injury Gun Shot
Nature of injury Shot Through Abdomen
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician C. F. Zeller
Address of physician Jerome

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

W. O. McMartin, M.D.

Special Agent.

Over

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11171

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. St. Valentine's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darrell Wycoff 1198

(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14-1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho

FATHER

13. NAME Aaron Wycoff
14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Ella Patrick
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Aaron Wycoff
(Address) Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Cem. Date Sept 4, 1938

19. UNDERTAKER J. R. Wilday
(Address) Jerome Idaho

20. FILED 12-15, 1938 L. L. Winston
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1938, to Sept 3, 1938
I last saw him alive on 9/2/38: death is said to have occurred on the date stated above, at 2:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Decompensation (Metabolism - diabetes)	?

Other **contributory causes** of importance:

Dehydration acidosis	

Name of operation None Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Carlyle Burrill M. D.
(Address Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11172

Registration District No. 27
Primary Registration District No. 2718 Local Registrar's No.
(No. St Valentines Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene B Vandaveer 177
(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 18, 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	5	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High Schol Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome Idaho
(State or country)

FATHER
13. NAME C Vandaveer
14. BIRTHPLACE (city or town)
(State or country) Oklahoma

MOTHER
15. MAIDEN NAME Mertie Seeley
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT C. Vandaveer
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cemetery Date Sept 6, 1938

19. UNDERTAKER J R Wooley
(Address) Jerome Idaho

20. FILED 12-15, 1938 L. L. Simonton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 5 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1938, to Sept 4, 1938
I last saw him alive on 9/4 1938: death is said to have occurred on the date stated above, at 1130 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastroenteritis	8/22/38
(food poisoning)	

Other contributory causes of importance:

Polyserositis	8/25/38
acute nephritis	
Mitral Stenosis	

Name of operation None Date of —
What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Orville Read M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11172

Registration District No. 22
Primary Registration District No. 2018 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph William Mracheck
(a) Residence No. West Point District St. Wendell, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Savage Mracheck

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	-	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) Aug. 1938
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME John Mracheck
14. BIRTHPLACE (city or town) (State or country) Unknown Austria

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. J. B. Morris
(Address) Wendell, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Wendell, Ida Date Oct. 2, 1938
19. UNDERTAKER C. L. Johnston
(Address) Buhl, Idaho
20. FILED 9-30, 1938 C. L. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/29 1938
22 I HEREBY CERTIFY, That I attended deceased from 9/26, 1938, to 9/29, 1938
I last saw h alive on 9/29 1938: death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Typhoid	9/5/38
Typhoid Pneumonia	9/28/38
Other contributory causes of importance:	
Hemiplegia	
Acute Coronary Failure	9/29/38

Name of Operation Post Mortem Date of 9/29/38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) John W Alexander M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22
Primary Registration District No. 2018
(No. .....)

DEC 16 1938

DO NOT WRITE IN THIS SPACE
State File No. 11172

Local Registrar's No. .....

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Henry a Head

(a) Residence No. ..... Wendell Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-30-1858

7. AGE — Years: 80 — Months: — — Days: 7 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Utah

FATHER

13. NAME William Head
14. BIRTHPLACE (city or town) ..... (State or country) Tenn

MOTHER

15. MAIDEN NAME Don't Know.
16. BIRTHPLACE (city or town) ..... (State or country) Tenn

17. INFORMANT J. B. Head. (Address) Wendell.

18. BURIAL, CREMATION OR REMOVAL
Place Preston Ida. Date ....., 193.....

19. UNDERTAKER A E Thompson
(Address) E Jimerton

20. FILED 10-8, 1938 E. Jimerton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/7 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-3, 1938, to 10-8, 1938

I last saw h alive on 9-3 1938; death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Chronic myocarditis	7
Chronic nephritis	1
Other contributory causes of importance:	
Arteriosclerosis.	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J H Cummell M. D.
(Address) Jerome

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111725

Registration District No. 27
Primary Registration District No. 2018
Local Registrar's No.
(No. St Valentines Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rexford Steiner

(a) Residence No. (Usual place of abode) Jerome Idaho St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years | Months: 3 | Days: 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jerome Idaho

FATHER
13. NAME: Carl Steiner
14. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

MOTHER
15. MAIDEN NAME: Zella Forabery
16. BIRTHPLACE (city or town) (State or country): Fremont Utah

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Oct 26, 1938

19. UNDERTAKER J. R. Wiley
(Address) Jerome Idaho

20. FILED 10-24, 1938 L. Winterton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938, to October 23, 1938
I last saw h~~im~~ alive on Oct 22 1938: death is said to have occurred on the date stated above, at 1:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute gastroenteritis	Oct 15, 1938

Other **contributory causes** of importance:
Thrush
Chr. gastro-enteritis

Name of operation None Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Carlyle Russell M. D.
(Address) Jerome, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111724

Registration District No. 22
Primary Registration District No. 2018
Local Registrar's No.

PLACE OF DEATH
County of Gooding
City of Wendell
REGISTERED DEC 16 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kathryn Niel Hartwell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Hartwell

6. DATE OF BIRTH (month, day and year) June 26 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	4	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Greenup Co
(State or country) Kentucky

PARENTS

10. NAME OF FATHER J. D. Patrick

11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)

12. MAIDEN NAME OF MOTHER Lovina Gray

13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)

14. Informant James B. Hartwell
(Address) Hartwell Ida

15. Filed Nov 5, 1938 C. L. Simanton
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 3 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1938, to Nov 3, 1938
that I last saw h alive on Nov 3, 1938
and that death occurred, on the date stated above, at 7:15 A m.
The CAUSE OF DEATH* was as follows: Uraemic poisoning with convulsions

(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Urinalysis etc

(Signed) C. L. Simonton, M. D.
11-5, 1938 (Address) Wendell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Wendell Ida	11-5 1938
20. Undertaker Sampson Bros	Address Gooding

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—LINES 16 TO 18 INCLUSIVE TO BE FILLED IN BY A PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BIND.

PLACE OF DEATH

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111725

Registration District No. 24

Primary Registration District No. ..... Local Registrar's No. 804

(No. Gooding Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cordia May Shonk 46 f

(a) Residence. No. Shoshone - Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Claude Richter Shonk

6. DATE OF BIRTH (month, day, and year) Sept - 10 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) ?
(State or country) Ky

FATHER

13. NAME Hyrum Bowmer

14. BIRTHPLACE (city or town) ?
(State or country) Ohio

MOTHER

15. MAIDEN NAME Emily Gilbert

16. BIRTHPLACE (city or town) ?
(State or country) Kentucky

17. INFORMANT Beatrice Shonk
(Address)

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Shoshone Ida Date Nov 14, 1938

19. UNDERTAKER Myrtle E. Burdett
(Address) Shoshone Idaho

20. FILED 11-30, 1938 J. H. Cronnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-1, 1938, to Nov 9, 1938.

I last saw h[illegible] alive on Nov 9, 1938. death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	Jan/38

Other **contributory causes** of importance:

Name of operation Exploratory Date of 9/14/38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Smith, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11172

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 805
(No. Gooding Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph Wallace Rogers
(a) Residence No. ____ Hagerman St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): M
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Marie Rogers
6. DATE OF BIRTH (month, day, and year): 5-18-1915
7. AGE: Years 23 | Months 6 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Surveyor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Mesa (State or country) Colorado

FATHER
13. NAME J. T. Rogers
14. BIRTHPLACE (city or town) Georgia (State or country)

MOTHER
15. MAIDEN NAME Mrs Nellie Potter
16. BIRTHPLACE (city or town) Kansas (State or country)

17. INFORMANT Mrs Gilbert Farnsworth (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date 11-21-, 1938

19. UNDERTAKER W. E. Thompson (Address)

20. FILED 11-30-, 1938 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/20 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-15, 1938, to 11-20, 1938
I last saw ~~him~~ alive on 11/20 1938; death is said to have occurred on the date stated above, at 9:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	unknown
Other contributory causes of importance: Rheumatic Heart Disease	ages 12
Influenza	11/12/38

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) Luther G. Thompson M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kookie

RECEIVED

NOV 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 106

Primary Registration District No. 2184

DO NOT WRITE IN THIS SPACE

State File No. 11172

Local Registrar's No. 451

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Edward Cox

93c

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs J. E Cox.

6. DATE OF BIRTH (month, day, and year) July 26-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith (retired)

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Louisville
(State or country) Kentucky

MOTHER FATHER

13. NAME Cox

14. BIRTHPLACE (city or town) Dont-Know
(State or country)

15. MAIDEN NAME Dont-Know

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs J. E. Cox
(Address) Kookie Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kookie Date Oct-14 193..

19. UNDERTAKER Geo Freeman
(Address) Kookie - Idaho

20. FILED Oct 17, 1938 J M Verbeekmoes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct-12 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Oct-12, 1938.
I last saw him alive on Oct-12, 1938.: death is said to have occurred on the date stated above, at 2 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. M. Verbeekmoes M. D.
(Address) Kookie - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111728

Registration District No. 105

DEC 10 1938

Primary Registration District No. 2183 Local Registrar's No. 43

(No. Our Lady of Consolation Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

66 W

2. FULL NAME Edwin Buettner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bernice Buettner

6. DATE OF BIRTH (month, day, and year) May 17, 1905

7. AGE: Years 32 | Months 5 | Days 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mechanic

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cottonwood (State or country) Idaho

FATHER

13. NAME William Buettner

14. BIRTHPLACE (city or town) Wis (State or country)

MOTHER

15. MAIDEN NAME Alma Holtenseed

16. BIRTHPLACE (city or town) Wis (State or country)

17. INFORMANT Bernice Buettner
(Address) Cottonwood Ida

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date 11/12 1938

19. UNDERTAKER Glenn Auborn
(Address) Grangeville Ida

20. FILED Nov. 10, 1938 W. W. Orr
By J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1938, to Nov. 9, 1938

I last saw him alive on Nov. 9, 1938; death is said to have occurred on the date stated above, at 3:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hyperthyroidism with Angina	Jan 38
Other **contributory causes** of importance:	

Name of operation Thyroidectomy Date of Nov 9-38

What test confirmed diagnosis? Lab clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wesley F. Orr ....., M. D.

(Address) Cottonwood, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Westlake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11172

DEC. 10 1938

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 42
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amos Vincent Myatt

(a) Residence No. St. Spokane, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ziener Pearl Zeigler

6. DATE OF BIRTH (month, day, and year) Jan. 1 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging Camp
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelly,
(State or country) Michigan

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT W. S. Salisbury.,
(Address) Winchester, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Spokane, Wn. Date Nov. 16., 1938

19. UNDERTAKER Clyde Colvin
(Address) Craigmont, Idaho.

20. FILED 11-30, 1938 W. F. Orr
By J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 9 1938.

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 12:30 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Stage Found dead on afore date in Camp near Westlake,	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Glenn Colvin, M.D.
(Address) Grangeville, Idaho
Coroner of Idaho County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

RECEIVED
NOV 17 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 22
(No. ____)

DO NOT WRITE IN THIS SPACE
State File No. 111750

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie Benedict

(a) Residence No. 113 South A. St. St.
(Usual place of abode)

43 yrs

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grant Benedict

6. DATE OF BIRTH (month, day, and year) 3/17/79

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	59	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 10/9/37

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) Ne Soto
(State or country) Iowa

FATHER

13. NAME J. D. Perkins

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Lydia X

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Grant Benedict
(Address) Grangeville Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Nov. 11, 1938

19. UNDERTAKER Marie L. Green
(Address) Grangeville Idaho

20. FILED 11-13, 1938 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-9 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-8-, 1938, to 11-9-, 1938
I last saw h[illegible] alive on 11-9 1938: death is said to have occurred on the date stated above, at 12:10 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Not known

Other **contributory causes** of importance:

Nephritis	Not known

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Chipman M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Ferdinand, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111731

1936 Registration District No.

Primary Registration District No.

Local Registrar's No. 44

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wayne Randolph

(a) Residence No. 646 8th St. Clarkston, Wn
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/6/1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bridge Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Urich
(State or country) Missouri

FATHER

13. NAME D. T. Randolph

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Sarah Minnie Johnson

16. BIRTHPLACE (city or town) Gowen
(State or country) Missouri

17. INFORMANT D. T. Randolph
(Address) Clarkston, Wn

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn Date 11/13, 1938

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wn

20. FILED 11-14, 1938 W. F. Orr
By J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/11 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull, Caused from 69 foot Fall From bridge number 40 Two Miles South of Ferdinand, Idaho	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 11/11, 1938

Where did injury occur? Ferdinand. Ida
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place on Highway

Manner of injury 69 Foot Fall From Bridge

Nature of injury Fracture Skull

24 Was disease or injury in any way related to occupation of deceased? No If so, specify Bridge Carpenter

(Signed) Glenn Taylor M.D.
Coroner of Idaho County

(Address) Grangeville, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

DEC 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111732

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 24
(No. Dysard Hospital Grangeville Ida.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. John W. Smith 94 ½

(a) Residence No. (Usual place of abode) J Riggins Ida. St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walcey Glenn

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87 ~~88~~	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher.
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) not obt.
(State or country) Iowa

FATHER

13. NAME not obt.

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME not obt.

16. BIRTHPLACE (city or town)
(State or country) Ark.

17. INFORMANT Mrs. R. E. Keys
(Address) Riggins Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Riggins Date 11-23, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida

20. FILED 12-2, 1938 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 21 1938

22 I HEREBY CERTIFY, That I attended deceased from April 22, 1938, to Nov. 21, 1938.
I last saw him alive on Nov 20 1938: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-1-38.
Other **contributory causes** of importance: Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Chapman M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jefferson

City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111733

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DF 1938

8221

2. FULL NAME Marie R. Edinger

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anthony Edinger

6. DATE OF BIRTH (month, day, and year) January 11, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (mo. and yr.) Sept 1935

11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (city or town) Prague
(State or country) Czecho-Slovakia

FATHER

13. NAME Rikka

14. BIRTHPLACE (city or town) Prague
(State or country) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Prague
(State or country) Czecho-Slovakia

17. INFORMANT Mrs. C. R. Kelly
(Address) Roberts, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Roberts, Ida. Date Nov. 17, 1938

19. UNDERTAKER [illegible]
(Address) Ida. Falls, Ida.

20. FILED 11-17, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, ~~day and year~~) November 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1938, to Nov 12, 1938

I last saw her alive on Nov 12, 1938; death is said to have occurred on the date stated above, at 8:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Nov. 10-1938
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M.D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Montevieu (?)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111734

DEC 10 1938

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 48
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Czarnecki

9564

(a) Residence No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/27/1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 12/38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Poland
(State or country)

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Judge George M. Larsen.
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho Date 12/5, 1938

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 12/5, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-2-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him Alive on Dec. 2 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dead upon examination	
apparently died during	
night of Heart attack.	
No medical attention	
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Veronica Jacobson Coroner
(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111755

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 49
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Emmiet Preston.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby,
(State or country) Ida.

FATHER

13. NAME Bert E. Preston
14. BIRTHPLACE (city or town) Ogden,
(State or country) Utah

MOTHER

15. MAIDEN NAME Marie Noreen
16. BIRTHPLACE (city or town) Rigby, Idaho
(State or country)

17. INFORMANT Bert Preston
(Address) Rigby, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 12/8, 1938

19. UNDERTAKER none
(Address)

20. FILED 12/7, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-7 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-6, 1938, to 12-6, 1938
I last saw him alive on 12-6 1938: death is said to have occurred on the date stated above, at 2 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B G Irwin, M. D.
(Address) Rigby Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Je rome

NOV 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111736

Registration District No.

Primary Registration District No.

Local Registrar's No. 18

(No. 13 C)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Milo T Miller

(a) Residence. No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Leah Miller

6. DATE OF BIRTH (month, day, and year) 7-4-1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... unspecified

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Danial Miller

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Leah Kittering

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Harry Miller Jerome, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date 10-23-38

19. UNDERTAKER (Address) D. P. & H. Nusbaum Jerome, Ida

20. FILED 10/24, 1938 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-21-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938, to Oct 20, 1938

I last saw h[illegible]live on Oct 20, 1938: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Acute Hypostatic Pneumonia	
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome
REC'D DEC 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111737

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Tiffany Durfee

(a) Residence No. ..... Jerome Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tillah D Durfee

6. DATE OF BIRTH (month, day, and year) Dec 5, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Beaver Dam
(State or country) Utah

FATHER

13. NAME Myron Durfee

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Serena Cahoon

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mrs Tillah Powers
(Address) Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Filer Idaho Date Nov 13, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 11/11, 1938 C. A. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 9 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1935, to Nov. 9, 1938
I last saw h~~im~~ alive on Nov. 5 1938: death is said to have occurred on the date stated above, at 1:10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1935

Other **contributory causes** of importance:

Hypertension	1925?

Name of operation No Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reuben C Matson M. D.
(Address Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

DEC 3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11750

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 940

2. FULL NAME Jake Kiehn

(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of Eva Kiehn
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 6 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Russia

FATHER
13. NAME Not Known

14. BIRTHPLACE (city or town)
(State or country) Russia

MOTHER
15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)
(State or country) Russia

17. INFORMANT Chris Kiehn
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date Nov 25, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 11/23, 1938 C F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 21 1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 193—, to ——, 193—
I last saw h— alive on —— 193—; death is said to have occurred on the date stated above, at 6:05 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other **contributory causes** of importance:	

Name of operation —— Date of ——
What test confirmed diagnosis? —— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, ~~suicide~~, or ~~homicide~~? —— Date of injury ——, 193—
Where did injury occur? ——
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ——
Manner of injury ——
Nature of injury ——

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J R Wiley (Coroner) M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome
DEC 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111739

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No. 59)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Ann Davis
(a) Residence No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John A Davis

6. DATE OF BIRTH (month, day, and year) Oct 9-1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Tenn

FATHER
13. NAME Willis Conner
14. BIRTHPLACE (city or town)
(State or country) Tenn

MOTHER
15. MAIDEN NAME ? Lusk
16. BIRTHPLACE (city or town)
(State or country) Tenn

17. INFORMANT W C Davis
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cove Oregon Date Nov 25, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 11/23, 1938 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937 193..., to Nov. 20, 1938
I last saw her alive on Nov. 21 1938; death is said to have occurred on the date stated above, at 6:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other **contributory causes** of importance:	
Diabetes Mellitus	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. F. Zeller, M. D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111740

RHL DEC 9 1938

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. 18
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME [redacted] Herald Raymond Larson
(a) Residence No. ½ mi S & W Jerome St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ____ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 11 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	3	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Wendell
(State or country) Idaho

FATHER
13. NAME C K Larsen
14. BIRTHPLACE (city or town) Litchfield
(State or country) S-Dak

MOTHER
15. MAIDEN NAME Blanch Givens
16. BIRTHPLACE (city or town) Buhl
(State or country) Idaho

17. INFORMANT C K Larsen
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Dec 5, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 12/3, 1938 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1938, to Dec 3, 1938
I last saw h alive on Dec 2 1938; death is said to have occurred on the date stated above, at 5:04 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1938
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. F. Zeller M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11174

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DEC 8

2. FULL NAME Jane Flathers 46 C

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Quincy Flathers

6. DATE OF BIRTH (month, day, and year) Sept 3-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	3	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME William Connor
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Martha Evans
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Elmer Flathers
(Address) Hooding Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Dec 8, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED Dec 7, 1938 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 5, 1938

22 I HEREBY CERTIFY, That I attended deceased from March 25, 1938 to December 3, 1938
I last saw her alive on Dec. 3 1938: death is said to have occurred on the date stated above, at 8:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of transverse colon	?
Other **contributory causes** of importance:	
Secondary Ca of liver	?
Myocardial degeneration	

Name of operation None Date of —
What test confirmed diagnosis? Clin Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Carlyle Russel M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH,
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
NOV - 9 1938

DO NOT WRITE IN THIS SPACE
State File No. 111742

Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 32

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Salina Steward Farmer

(a) Residence. No. Harrison Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): widowed
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Stanley E. Farmer
6. DATE OF BIRTH (month, day, and year): 8-21-1857
7. AGE: Years 81; Months 1; Days 17; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rockford Ill

FATHER
13. NAME: —— Alanson
14. BIRTHPLACE (city or town) (State or country): Can.

MOTHER
15. MAIDEN NAME: Malinda ——
16. BIRTHPLACE (city or town) (State or country): Can.

17. INFORMANT (Address): Mrs. Myrtle Farmer Harrison Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Harrison Ida Date: 10-11-, 1938
19. UNDERTAKER (Address): Cassedy Funeral Home Harrison Idaho.
20. FILED Nov 5, 1938 Ruth Connally Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-8-1938 died
22. I HEREBY CERTIFY, That I attended deceased from 10-5-1938, to 10-8-1938, 1938
I last saw her alive on 10-5-1938; death is said to have occurred on the date stated above, at 6 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardelis and	
Arteriosclerosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. H. Reed M. D.
(Address) Arnold Alanson Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of ~~Ida~~ Lake

NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111743

Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 67
(No. 33)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Jane Crawford 93c

(a) Residence No. Coeur d'Alene St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: W. H.

6. DATE OF BIRTH (month, day, and year): May 5 - 1868

7. AGE: Years: 70 | Months: 5 | Days: 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER
13. NAME: James Charmers
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: D. M. McCrawford
(Address): Lane Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lane Idaho Date: Nov 1, 1938

19. UNDERTAKER: P. F. Thornhill
(Address): Kellogg Idaho

20. FILED: Nov 10, 1938 Mrs. Helen M. Brady Registrar.
Ruth Connolly

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 29 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 11:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Heart Failure	
Senile Dementia	

Other contributory causes of importance: Myocarditis, Chronic Interstitial Nephritis

Name of operation: ..... Date of .....
What test confirmed diagnosis: ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. E. Morris Coroner
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111744

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 162
(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number) 108

2. FULL NAME Ella M. Webester

(a) Residence. No. Rathdrum, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: F. C. Webester
6. DATE OF BIRTH (month, day, and year): Oct 30 - 1858
7. AGE: Years 80 | Months 0 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Oct 31 1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jordan Grove Ohio

FATHER
13. NAME: Daniel L. Bowers
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Julia Drew
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Harriett M. Evergreen Rathdrum Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Rathdrum Date: 11-5, 1938

19. UNDERTAKER (Address): Cassidy Funeral Home Rathdrum Ida.

20. FILED 11/5, 1938 L. L. Gordon M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-31 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-27-, 1938, to 10-31, 1938
I last saw her alive on 10-31-, 1938; death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) E. H. Lee M. D.
(Address) Coeur d Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111745

Registration District No. 30

Primary Registration District No. 1051

Local Registrar's No. 154

DEC

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Gertrude Rye

(a) Residence No. 1901 - Pennsylvania Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Julius Rye

6. DATE OF BIRTH (month, day, and year) 8-21-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
68	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harmony Minn.

FATHER

13. NAME Demetrius Mosher

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Jackman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT J. A. Rye
(Address) Coeur d'Alene Ida

18. BURIAL, CREMATION OR REMOVAL
Place Cremation Date 11-5, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 11-5-38 1938 [illegible] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-2 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-3-, 1938, to Nov 2, 1938

I last saw her alive on 11-1 1938; death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic mitral regurgitation	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No ..... If so, specify .....

(Signed) E. H. Reed M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

RECEIVED DEC 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111746

Registration District No. 30

Primary Registration District No. 1051 Local Registrar's No. 155

(No. 2014 Sherman Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard Julius Harp. 92a

(a) Residence No. 2014 Sherman Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-5-1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
44	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Antigo Wis

FATHER

13. NAME August Harp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Arnett

16. BIRTHPLACE (city or town) (State or country) Mansfield Wis

17. INFORMANT (Address) Sarah Harp Baker Ore

18. BURIAL, CREMATION OR REMOVAL Place Coeur d'Alene Date 11-7, 1938

Forest

19. UNDERTAKER (Address) Cassady Funeral Home Coeur d'Alene Ida

20. FILED 11-7, 1938 H. C. Knowlton MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-4 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936, 193..., to 11-4, 1938

I last saw h~~er~~ alive on Oct 25 1938; death is said to have occurred on the date stated above, at 3:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease Mitral Stenosis	15 yrs
~~Ass~~ decompensated for	1 months
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? ~~Dr~~ Was there an autopsy?

23. If death was due to extern'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) H. H. Hornung, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111747

Registration District No. 90
Primary Registration District No. 1051
Local Registrar's No. 157

(No. at Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Lee Smith

(a) Residence No. 9th & Best St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kathryn

6. DATE OF BIRTH (month, day, and year) 12/24/1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Engineer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joe Boom Co. & Red Collar Boat Line
10. Date deceased last worked at this occupation (mo. and yr.) 9/1938
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) St. Maries,
(State or country) Idaho

FATHER
13. NAME Chas. Fredrick Smith
14. BIRTHPLACE (city or town) Wisc.
(State or country)

MOTHER
15. MAIDEN NAME Anna King
16. BIRTHPLACE (city or town) Wisc.
(State or country)

17. INFORMANT Mrs. Kathryn Smith.
(Address) Coeur d' Alene, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ C.D.A. Place Forest Cem. Date 11/7, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d' Alene, Idaho

20. FILED 11-7, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/4 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1938, to Nov. 4, 1938
I last saw h[illegible] alive on Nov. 4 1938; death is said to have occurred on the date stated above, at 6:20P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis with Mitral and Aortic Valvular disease	several years ago
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury - , 193-
Where did injury occur? - - -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place - - -
Manner of injury - - -
Nature of injury - - -

24 Was disease or injury in any way related to occupation of deceased? - - - No. If so, specify - -

(Signed) Charles Hellman, M. D.
(Address) Coeur d' Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111748

Registration District No. 126

Primary Registration District No. 2304 Local Registrar's No. 33

(No. At Home
(If death occurred in a hospital or institution, give its name instead of street and number)

8201

2. FULL NAME Joseph Calabretta

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S., if of foreign birth 36 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Calabretta

6. DATE OF BIRTH (month, day, and year) 4-4-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
63	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Joseph Calabretta

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Marion Gdisparro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT George Dimkic (Address) Thompson Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Harrison Ida Date 11-7, 1938

19. UNDERTAKER Casady Funeral Home (Address) Harrison Ida.

20. FILED Nov 12, 1938 Ruth Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-3 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-4-, 1938, to 11-4, 1938

I last saw him alive on 11-4 1938; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
High blood pressure	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 193..

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) H E Patton M. D.

(Address) St Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111749

Registration District No. 30
Primary Registration District No. 3051 Local Registrar's No. 163
(No Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 1212

2. FULL NAME Barbara Stevens
(a) Residence No. North Smith St St. Coeur d'Alene
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F.
4. Color or Race W
5. Single, Married, Widowed or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James O. Stevens
6. DATE OF BIRTH (month, day, and year) Feb 18 1877
7. AGE Years 61 Months 8 Days 29 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11-8-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME — Davis
14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER
15. MAIDEN NAME — Danson
16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT Mrs Eddie Meyer
(Address) Rathdrum Idaho
18. BURIAL, CREMATION OR REMOVAL Place Rathdrum Date 11-20 193 8
19. UNDERTAKER Cassidy Funeral Home
(Address) Rathdrum Ida.
20. FILED 11-20, 193 8 L. L. Cochran M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/17 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1938, to Nov 17, 1938
I last saw her alive on Nov 16, 1938: death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	11/17/38

Other contributory causes of importance:

Ruptured Appendix	Oct 27, 38

Name of operation Appendectomy Date of 10/27/38
What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) F. J. Hemmingway M.D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 111750

Registration District No. 30

Primary Registration District No. 1651 Local Registrar's No. 168

DEC 7 1938

(No. Peppinger Nursing Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Marie Todd 48

(a) Residence No. 508 Reed Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Jerry Todd

6. DATE OF BIRTH (month, day, and year): Feb 22-1896

7. AGE: Years 42 | Months 8 | Days 26 | If LESS than 1 day ..... hrs or ..... min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (mo. and yr.): March-38
11. Total time (years) spent in this occupation: 2 yrs.

12. BIRTHPLACE (city or town) (State or country): Blackfoot Ida.

FATHER

13. NAME: Robt. Bruce Bell
14. BIRTHPLACE (city or town) (State or country): California

MOTHER

15. MAIDEN NAME: Margaret Christie Ross
16. BIRTHPLACE (city or town) (State or country): Nevada

17. INFORMANT (Address): William A. Douglas Jerusalem Ida.

18. BURIAL, ~~CREMATION~~ or REMOVAL. Place: St. Maries Ida. Date: 11-22-, 193 8

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED 11/18, 193 8 L. C. Knotts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-18 193 8

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 193 8, to Nov 18, 193 8
I last saw h[illegible] alive on 11/15 193 8; death is said to have occurred on the date stated above, at 6:45 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other **contributory causes** of importance:	

Name of operation Supervaginal Hysterectomy Date of Aug 23, 38
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) W. A. Nottingham, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111751

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 161
(No At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

8761

2. FULL NAME Walter S. Blackmer
(a) Residence No. Rathdrum, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M.
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice E. Blackmer
6. DATE OF BIRTH (month, day, and year): Oct 2-1886
7. AGE: Years 52 | Months 1 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Transfer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Business.
10. Date deceased last worked at this occupation (mo. and yr.): 1932
11. Total time (years) spent in this occupation: 6 yrs

12. BIRTHPLACE (city or town) (State or country): Morton N. Dacota

FATHER
13. NAME: Frank P. Blackmer, Sr.
14. BIRTHPLACE (city or town) (State or country): Hamilton Mich.

MOTHER
15. MAIDEN NAME: Minnie L. Stebbins
16. BIRTHPLACE (city or town) (State or country): Medo Minn.

17. INFORMANT (Address): Alice E. Blackmer Rathdrum Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Date 11-21, 1938

19. UNDERTAKER (Address): Caskey Funeral Home Rathdrum Ida.

20. FILED 11-21, 1938 L. C. Kinsman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-18 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938, to Nov 18, 1938
I last saw him alive on 11/17 1938: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Combined Sclerosis of Spinal Cord (8746)	1932
Other contributory causes of importance: Mild dementia	4 yrs
Fluid paralysis of —	1 yr.
Lower bowel	

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Hoffman, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

DEC 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111752

Registration District No. 30
Primary Registration District No. 2.5.1. Local Registrar's No. 164

(No. at Home)
(If death occurred in a hospital or institution give its name instead of street and number) 1301

2. FULL NAME Dorothy Merkel

(a) Residence No. Dalton Gardens St. Coeur d'Alene
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John Merkel

6. DATE OF BIRTH (month, day, and year) 5/8/58

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 38
11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME — Friend
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) John Merkel

18. BURIAL, CREMATION OR REMOVAL
Place Dalton cem Date 11-23, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene

20. FILED 11-22, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/20 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938, to Nov. 20, 1938
I last saw her alive on Nov. 12 1938: death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Nov. 6. 1938
Other contributory causes of importance:	
Bronchitis	Nov. 10. 1938

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? finding

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111753

DEC 7 - 1938

Registration District No. 3 D
Primary Registration District No. 10 5 1
Local Registrar's No. 1 6 5
(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Henry Dickson.
(a) Residence No. 411 Foster avenue St. Coeur d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Emma Hunt Dickson

6. DATE OF BIRTH (month, day, and year) 7/11/68

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) July 36
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Mount Forest
(State or country) Ontario Canada

FATHER
13. NAME Wm Dickson.
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Margaret McDonald
16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMANT Emma H. Dickson
(Address) Coeur d'Alene, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Date 11/23, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 11/23, 1938 [illegible] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/21 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/10, 1938, to 11/21, 1938
I last saw him alive on 11/20 1938: death is said to have occurred on the date stated above, at 8.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Neoplasms	gradual
Other contributory causes of importance:	
Arterio Sclerosis	gradual

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O M Gustad, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111754

Registration District No. 30

Primary Registration District No. 2051 Local Registrar's No. 166

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number) 93C

2. FULL NAME Sarah Estella Mooney.

(a) Residence No. Dalene R. 4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 11 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Jas. Mooney

6. DATE OF BIRTH (month, day, and year) 8-7-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
72	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1938

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER FATHER

13. NAME Benj Emerick

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Martha Whitcomb

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT (Address) James Mooney Dalene R 4

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 11-25, 193 8
Forest

19. UNDERTAKER (Address) Cassidy Funeral Home Coeur d'Alene

20. FILED 11-25, 193 8 H. A. Gridley MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-23 1938

22. I HEREBY CERTIFY, That I attended deceased from December, 193 7, to Nov. 23, 193 8

I last saw her alive on Nov. 22, 193 8; death is said to have occurred on the date stated above, at 3:45 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1925
apoplexy	11-4-38
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No. If so, specify

(Signed) Hamilton L. Greenwood M. D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111755

DEC 9 1938

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 167
(No. 1016 2nd St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Martha Jane Flemming
(a) Residence No. 1016 2nd St. Coeur d'Alene Ida.
(Usual place of abode) → Rathdrum Ida. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Flemming
6. DATE OF BIRTH (month, day, and year): June 7-1866
7. AGE: Years 72 | Months 5 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 10-5 1938
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Tenn

FATHER
13. NAME: John L. Gill
14. BIRTHPLACE (city or town) (State or country): Decatur Co. Tenn.

MOTHER
15. MAIDEN NAME: Malinda Arrington
16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT: Henry Waddell
(Address) N 3925 Magnolia Spokane Wn.
18. BURIAL, CREMATION, OR REMOVAL: Pine Grove Cemetery Date 11-26, 1938
Place Rathdrum
19. UNDERTAKER: Cassidy Funeral Home
(Address) Rathdrum Ida
20. FILED 11-26, 1938 L. L. Coates, Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-23 1938
22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to 11/23, 1938
I last saw her alive on 11/23 1938.: death is said to have occurred on the date stated above, at 4:25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	3 years
Other contributory causes of importance:	
Senility	

Name of operation None Date of
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. F. Manning, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Wallace

DEC 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111756

Registration District No. 30

Primary Registration District No. 2051 Local Registrar's No. 16

(No. ....)
(if death occurred in a hospital or institution, give its name instead of street and number)

8221

2. FULL NAME Coretta Wolfe

(a) Residence. No. Wallace St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel J. Wolfe

6. DATE OF BIRTH (month, day, and year) July 7 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Kansas City Kansas

FATHER

13. NAME Henry Farber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margret Morris

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT E. J. Wolfe (Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rockford Wash. Date 11-27, 1938

19. UNDERTAKER (Address) JAEGER FUNERAL HOME, Fairfield, Wash.

20. FILED 11-27, 1938. L. C. Gustafson M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/25, 1938, to 11/25, 1938.
I last saw her alive on 11-25, 1938.: death is said to have occurred on the date stated above, at 11-30 m. P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pt. Cerebral Hemorrhage	
Arteriosclerosis.	
Other **contributory causes** of importance:	
unknown	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? — (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. H. Johnston M.D.
(Address) Chattaroy, Idaho
1st M.R.C.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Deary

RECEIVED

NOV 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2744

DO NOT WRITE IN THIS SPACE
111757
State File No.

Local Registrar's No. 162

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Wilimina Gladden

(a) Residence. No. Deary, Idaho (Rural) St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gladden

6. DATE OF BIRTH (month, day, and year) Mar. 15, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) Oct 38

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Slippery Rock, Penn. Penn.

FATHER

13. NAME William Crocker

14. BIRTHPLACE (city or town) (State or country) Butler Co. Penn.

MOTHER

15. MAIDEN NAME Alice Sprout

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Ira Altig
(Address) Deary, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Wild Rose Date Oct 19, 1938

19. UNDERTAKER A. E. Alden
(Address) Troy, Idaho

20. FILED Nov. 15, 1938 Thos. Elsie Troye
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1938, to Oct. 17, 1938.

I last saw her alive on Oct. 17, 1938; death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. G. Meyer M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Julietta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111758

1938 Registration District No. 63
Primary Registration District No. 2143 Local Registrar's No.
(No. DEC 5)
(If death occurred in a hospital or institution, give its name instead of street and number) 108

2. FULL NAME Sophia Hutchison

(a) Residence No. Julieatta Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Hutchison

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85		16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house work
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buffalo
(State or country) New York

FATHER
13. NAME Peter Desgranges
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Howard Hutchison
(Address) Julieatta Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Julieatta Date Nov. 3, 1938

19. UNDERTAKER Brower Mann Co,
(Address) Lewiston Idaho

20. FILED Oct 31, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 31st 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1938, to Oct 31, 1938
I last saw h[illegible] alive on Oct 31 1938: death is said to have occurred on the date stated above, at 12:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 24, 1938
Other contributory causes of importance:	
Old age	

Name of operation Date of
What test confirmed diagnosis? Aye Ex. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Kendrick, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2145
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 111759

Local Registrar's No. .....

(If death occurred in a hospital or institution, give its name instead of street and number) 95 62 95C

2. FULL NAME Donald Jerome Moser

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29, 1921

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

FATHER

13. NAME Ed Moser
14. BIRTHPLACE (city or town) (State or country) N. Dak.

MOTHER

15. MAIDEN NAME Jessie E. Jones
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Ed Moser
(Address) Potlatch, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 11/5, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 11/7, 1938 F.C. Gibson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/3 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1938, to 11/3, 1938
I last saw ~~him~~ alive on 11/3, 1938: death is said to have occurred on the date stated above, at 9:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other **contributory causes** of importance:	
Chronic Rheumatic Heart	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F.C. Gibson, M. D.
(Address) Potlatch Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy (rural)

RECEIVED
NOV 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64
Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE
State File No. 111760

Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 93a

2. FULL NAME James S. Rogers
(a) Residence No. Troy Idaho Rural St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nonie Rogers

6. DATE OF BIRTH (month, day, and year) 11/15.1862

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
75	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11/28
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Pike County
(State or country) Ill.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Mary J. Ator
16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT Mrs. Nonie Rogers
(Address) Troy, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 11/8, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED Nov 11, 1938 Mrs Chas Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/5 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1938, to Nov. 6, 1938
I last saw h— alive on 10. 25. 1938: death is said to have occurred on the date stated above, at 2 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Other contributory causes of importance:	
Bowel	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following: No
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C.C. Johnston, M. D.
(Address) Moscow, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow
RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111761

Registration District No. 61
Primary Registration District No. 101 Local Registrar's No. 386
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mason Eulome Cornwall 956-2

(a) Residence No. 802 South Washington St.
(Usual place of abode) 54 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/29/1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11/5/'38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Muscoda,
(State or country) Wisconsin

FATHER

13. NAME Mason A. Cornwall
14. BIRTHPLACE (city or town) Truxton Co.
(State or country) N. Y.

MOTHER

15. MAIDEN NAME Anna M. Olson
16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Earl V. Cornwall
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 11-8, 1938

19. UNDERTAKER E. R. Short
(Address) Moscow Idaho

20. FILED 11/7, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/6 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to 11-6, 1938
I last saw him alive on 11-6 1938: death is said to have occurred on the date stated above, at 11 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-6-38
Other **contributory causes** of importance:	
Arteriosclerosis	unknown

Name of operation — Date of —
What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) [illegible]

Dr. Christonson

PLACE OF DEATH
County of Latah
City of Juliaetta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 5 1938

Registration District No. 63
Primary Registration District No. 2143
(No. Juliaetta, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 111762

Local Registrar's No.

2. FULL NAME Stella Beard

(a) Residence No. Juliaetta, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benjamin Beard

6. DATE OF BIRTH (month, day, and year) 9/2/1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Iowa

FATHER

13. NAME John Walter
14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Josephine Pratt
16. BIRTHPLACE (city or town)
(State or country) not obtainable

17. INFORMANT Benjamin Beard
(Address) Juliaetta, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Juliaetta, Ida Date 11-15, 1938

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED NOV 17, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-12-1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1938, to Nov. 12, 1938
I last saw her alive on Nov 12 1938: death is said to have occurred on the date stated above, at 4:05a/m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Nov. 12, 1938
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. C. Christenson M. D.
(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

RECEIVED

DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111763

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 387

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number) 9562

2. FULL NAME Cora E. Collins

(a) Residence No. 123 S. Howard St. Moscow, Idaho St. 123 S Howard St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of I. L. Collins

6. DATE OF BIRTH (month, day, and year) June 27, 1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (mo. and yr.) 11/1938

11. Total time (years) spent in this occupation 49 yr.

12. BIRTHPLACE (city or town) Sullivan Co.
(State or country) Penn.

FATHER

13. NAME Electus M. Frost

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Mary Warren

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT I. L. Collins
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida Date Nov. 22, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 11/21, 1938 J. Leroy Erickson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/19 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 11, 1938

I last saw h.e alive on Nov 11 1938: death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 11. 38

Other contributory causes of importance:

arteriosclerosis	unknown
Hypertensive Vascular Disease	Unknown

Name of operation none Date of —

What test confirmed diagnosis? ex. Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward N. Dunn, M. D.

(Address Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111764

DEC 12 1938

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 388
(No. Route 4 - Moscow Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number) 932

2. FULL NAME Daisy Lemalene Sherwood

(a) Residence No. Republic Wash St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Sherwood

6. DATE OF BIRTH (month, day, and year) Aug. 1-1877

7. AGE: Years 61 | Months 3 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 19-38.
11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Geo. Bice
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Kitty Bice
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Husband - David Sherwood Republic Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Pullman Wn. Date Nov. 23, 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow, Idaho.

20. FILED 12-7, 1938 Harry Embree Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938, to Nov. 19, 1938
I last saw her alive on Nov. 19 1938: death is said to have occurred on the date stated above, at 9 30/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Myocarditis	
Other contributory causes of importance:	

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ....., 193.....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place No.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. J. Armstrong, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111765

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 389
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Christiana Bell Huskey

(a) Residence No. St. Harvard, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Huskey

6. DATE OF BIRTH (month, day, and year) Dec. 21, 1888

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
49	11	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (city or town) Eaines (State or country) Ore.

FATHER
13. NAME James Warfield
14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER
15. MAIDEN NAME Isephene Miller
16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Bernice Ackley (Address) Harvard, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Potlatch Date 12/25, 1938

19. UNDERTAKER H.R. Short (Address) Moscow, Ida.

20. FILED 12-7, 1938 Stanley Eikenberry Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/21/1938

22 I HEREBY CERTIFY, That I attended deceased from 5/10/38, 193..., to 11/21/38, 193...
I last saw her alive on 11/21/38 193...: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of breast with general Carcinomatosis.	1917

Other contributory causes of importance: General Meteortes

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Doyle M. Locke M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111766

Registration District No. 6/1
Primary Registration District No. 10/1 Local Registrar's No. 391
(No. The Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Ada Mary Shields

(a) Residence No. ..... St. Viola, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph William Shields

6. DATE OF BIRTH (month, day, and year) 4/25/1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Dennis Staples
14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER
15. MAIDEN NAME Julia Stevens
16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT Mrs. E. B. Germer
(Address) Viola, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Viola. Idaho Date Nov. 28, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho.

20. FILED 11/28, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/26 1938

22 I HEREBY CERTIFY, That I attended deceased from 10/27, 1938 to 11/25, 1938
I last saw her alive on 11/25-38 1938: death is said to have occurred on the date stated above, at A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
cerebral arteriosclerosis	
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Conny J. Klaarenbeek, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111767

Registration District No. 63
DEC 9 1938
Primary Registration District No. 2143
Local Registrar's No.
(No. 67)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lonnie Robert Hodgen

(a) Residence. No. St.
(Usual place of abode) Kendrick (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 13, 1939

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kendrick (State or country) Idaho

FATHER
13. NAME Carl A. Hodgen
14. BIRTHPLACE (city or town) Stettler (State or country) Alberta, Canada

MOTHER
15. MAIDEN NAME Gladys Bowling
16. BIRTHPLACE (city or town) (State or country) Stone County, Missouri

17. INFORMANT Carl Hodgen
(Address) Kendrick, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kendrick Date Dec 1, 1938

19. UNDERTAKER None
(Address)

20. FILED Dec 1, 1938 B. G. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/30 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1938, to Oct 23, 1938
I last saw him alive on Oct 23, 1938: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(Non apparent illness.)	
Found dead in bed.	
Enlarged thymus	
(2 months.)	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. B. Glenn Stevens, M. D.
(Address) Kendrick Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

RECEIVED

DEC 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

(No. .....)

DO NOT WRITE IN THIS SPACE

State File No. 111768

Local Registrar's No. 392

(If death occurred in a hospital or institution, give its name instead of street and number) 708

2. FULL NAME Thomas Alvin Rooks

(a) Residence No. North Orchard Avenue St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2-7-4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/26/1936.

7. AGE — Years: 2 | Months: 7 | Days: 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow, (State or country) Idaho

FATHER

13. NAME Gail Rooks

14. BIRTHPLACE (city or town) Great Castle, (State or country) Missouri

MOTHER

15. MAIDEN NAME Effie Barnett

16. BIRTHPLACE (city or town) Moscow, (State or country) Idaho

17. INFORMANT Gail Rooks
(Address) Moscow, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Moscow, Ida. Date Dec. 2, 1938

19. UNDERTAKER E.R. Short
(Address) Moscow, Idaho

20. FILED 11/30, 1938 Harry Embree
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/26, 1936, to 11/30, 1938

I last saw him alive on 11/30 1938: death is said to have occurred on the date stated above, at about 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hemophiliac	from birth
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M Lyche, M. D.

(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111769

RECEIVED
DEC 12 1938

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 393

(No. 1107 So. Logan)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Bertina Davidson

(a) Residence No. 1107 So. Logan St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter R. Davidson

6. DATE OF BIRTH (month, day, and year) May 7-1886

7. AGE: Years 52 | Months 8 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 16-38
11. Total time (years) spent in this occupation 31 yrs.

12. BIRTHPLACE (city or town) (State or country) Spring Valley Minnesota

FATHER
13. NAME Thomas Goodwin
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Ella Shifton
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Sister) Mrs Richard Sondell
(Address) Troy, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Dec 9th, 1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow, Idaho

20. FILED 12/9, 1938 Henry Lenhardt
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-6 1938

22. I HEREBY CERTIFY, ~~that I attended~~ deceased from Dec. 6, 1938, to Dec 6, 1938
I last saw h~~im~~ alive on Dec 6 1938: death is said to have occurred on the date stated above, at 10 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hemorrhage	
Cerebral hemorrhage	
Other contributory causes of importance:	
Hypertension.	
Diabetic ulcers	

Name of operation None. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following: No
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. Armstrong, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111770

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No. Rose Hospital----Salmon)
(If death occurred in a hospital or institution, give its name instead of street and number)

186a

2. FULL NAME Cullen Bryant Bash

(a) Residence. No. Salmon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emilia

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Roanoke
(State or country) Indiana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Eugene Pugh
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 11/8, 1938

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon, Idaho

20. FILED Nov. 4, 1938 Chas C Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/3/ 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1938, to Nov. 3, 1938

I last saw h in alive on Nov. 3, 1938: death is said to have occurred on the date stated above, at 2.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crebral hemorrhage	11/3/38
following fall; lived	
two hours following accident.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/3/38
Where did injury occur? Salmon, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On street
Manner of injury Fall
Nature of injury Probably fracture at base of skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. F. Stratton, M. D.
(Address) Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

Registered DEC 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111771

Registration District No. 41

Primary Registration District No. 216 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Tomaljanovich (2221)

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sunger
(State or country) Yougoslaviaco

FATHER

13. NAME Lawrence, Tomic

14. BIRTHPLACE (city or town) Sunger
(State or country) Yougoslaviaco

MOTHER

15. MAIDEN NAME Mary Tecan

16. BIRTHPLACE (city or town) Sunger
(State or country) Yougoslaviaco

17. INFORMANT Katheran Tomanovich
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 11/10/38 193

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon, Idaho

20. FILED 12/10, 1938 Clio C. Billamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/7/ 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Oct - 26, 1938

I last saw h.. alive on Oct - 26, 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	[illegible]
Cerebral Hemorrhage	Oct. 23 - 1938

Other contributory causes of importance:

General senile debility	?

Name of operation X Date of ?

What test confirmed diagnosis? ^ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury ?, 193

Where did injury occur? X
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Y

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. N. McFarland M.D.

(Address) Box 543 - Salmon Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon (or)

DEC 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111772

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

112

2. FULL NAME Hazel H. Wright

(a) Residence. No. Salmon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sam. J. Wright

6. DATE OF BIRTH (month, day, and year) 10/27/1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana
(State or country) Penn.

FATHER

13. NAME Apollo

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Jernie H. Anderson

16. BIRTHPLACE (city or town) Indiana
(State or country) Penn.

17. INFORMANT Sam. J. Wright
(Address) Salmon

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 11/12, 1938

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon, Idaho

20. FILED 12/10, 1938 Clio A. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/9/ 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Christian Scientiest	
No Doctor in Attendance	
Probably Dropical Trouble	
Other contributory causes of importance:	
Has Asthma For Several Years.	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Cornor: O K Garrys
(Address) Justice of Peace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111773

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John B. Campbell

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 27, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (mo. and yr.) 1938

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Alviston Ontario
(State or country) Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Phill Rand
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date ....., 193..

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon, Idaho

20. FILED 1/10, 193.8 Alice C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/10/ 1938

22. I HEREBY CERTIFY, That I attended deceased from Examined, 193..., to body., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably from suffocation following ignition of mattress filled with wood shavings while in alcoholic stupor. Upper part of body and head charred.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury....., 193...
Where did injury occur? Salmon, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury burns
Nature of injury third degree burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. T. Stratton, M. D.
(Address) Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

RECEIVED DEC 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11774

Registration District No. 41

Primary Registration District No. 216 Local Register's No.

(No. Rose Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

1398

2. FULL NAME Ada May Hutcheson

(a) Residence. No. Salmon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter

6. DATE OF BIRTH (month, day, and year) Nov. 15/1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salmon
(State or country) Idaho

FATHER

13. NAME Roach

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Ella Richerson

16. BIRTHPLACE (city or town) Salmon
(State or country) Idaho

17. INFORMANT Walter Hutcheson
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 11/15, 1938

19. UNDERTAKER Wm. C. Daebler
(Address) Salmon, Idaho

20. FILED 12/10, 1938 Clio C. Billam
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/12 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1938, to Nov. 12, 1938

I last saw h[illegible] alive on Nov. 12, 1938; death is said to have occurred on the date stated above, at 6:10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	11/12/38

Other contributory causes of importance:

Name of operation Removal Uterus (over) Date of 11/12/38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Hutcheson M. D.
(Address) Salmon Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

DEC 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111775

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 186a

2. FULL NAME Tom Bullock

(a) Residence No. Salmon, St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. 48 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Nincy

6. DATE OF BIRTH (month, day, and year) 6/10/1852

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
86	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Unknown
(State or country) Canada

FATHER

13. NAME John A. Bullock

14. BIRTHPLACE (city or town) Unknown
(State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Canada

17. INFORMANT Stella Jineger
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 11/23, 1938

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon, Idaho

20. FILED 12/10, 1938 Clive C. Pullen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/21 1938

22 I HEREBY CERTIFY, That I attended deceased from February 7, 1938, to Nov. 21 1938

I last saw him alive on Nov. 21 1938: death is said to have occurred on the date stated above, at 11.00a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
S. Fracture of neck of left femur since then been confined to bed. Developed decubitis on heel and toes. Very emaciated and	2/7/38
Other contributory causes of importance: death apparently from exhaustion.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 2/7/38 193

Where did injury occur? Salmon, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall

Nature of injury fracture of hip.

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) O. E. Stratton M. D.

(Address) Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111776

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 157

2. FULL NAME Leo Simmons

(a) Residence No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day 18 hrs. or ..... min.
—	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Salmon
(State or country) Idaho

FATHER
13. NAME David E. Simmons
14. BIRTHPLACE (city or town) Downey
(State or country) Idaho

MOTHER
15. MAIDEN NAME Isabelle Grover
16. BIRTHPLACE (city or town) Sugar City
(State or country) Idaho

17. INFORMANT David E. Simmons
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 11/28, 1938

19. UNDERTAKER Wm C. Doebler
(Address) Salmon, Idaho

20. FILED 12/10, 1938 Alice O. Bell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/27-1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1938, to Nov. 27, 1938
I last saw him alive on Nov 27 1938: death is said to have occurred on the date stated above, at 7 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1 Premature birth (6th mo)	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas F Hammer, M. D.
(Address Salmon)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of May, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111777

REC'D DEC 15 193-

Registration District No. 47
Primary Registration District No. 216 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 75 6

2. FULL NAME Oliver Clinton Wells

(a) Residence No. May, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jaunita

6. DATE OF BIRTH (month, day, and year) 1/27/1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	10	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Russville
(State or country) Arkansas

FATHER
13. NAME Ruffus Wells
14. BIRTHPLACE (city or town) Unknown
(State or country) Tenn.

MOTHER
15. MAIDEN NAME Malinda Spartman
16. BIRTHPLACE (city or town) Unknown
(State or country) Tenn.

17. INFORMANT Burget Wells
(Address) May, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place May, Idaho Date Dec. 2, 1938

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon, Idaho

20. FILED 12/10, 1938 Chas. A. Bellomy
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/30/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 3:30 Pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure	
Due to Alcoholic	
Stupor	
Other **contributory causes** of importance:	
Probable Excessive	
drinking	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) O R Barrus, M. D.
(Address) Acting Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 15 1938

DO NOT WRITE IN THIS SPACE
State File No. 111778

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 48

2. FULL NAME Ada Cora Croney

(a) Residence No. Leadore, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of David

6. DATE OF BIRTH (month, day, and year) 5/28/1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Independence
(State or country) Louisiana

FATHER
13. NAME Dr. Fielden Stafford
14. BIRTHPLACE (city or town) Unknown
(State or country) Tenn.

MOTHER
15. MAIDEN NAME Francis Albin
16. BIRTHPLACE (city or town) Unknown
(State or country) Louisiana

17. INFORMANT Rade Franklin
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Ids Date 12/6, 1938

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon, Idaho

20. FILED 12/10, 1938 Chas C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/3 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1938, to Dec 3, 1938
I last saw h[illegible] alive on Dec 3 1938: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	1938

Other contributory causes of importance: Hemorrhage (Uterus) 12/3/38
Hysterectomy Dec 3 1938
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. L. Miller M. D.
(Address) Salmon, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111779

DEC 15 1938

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 135 L

2. FULL NAME Joe Nappo

(a) Residence No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. 75 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie Nappo

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Salmon,
(State or country) Idaho

FATHER
13. NAME John Nappo
14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) "

17. INFORMANT Ed. Nappo
(Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Date Dec. 8, 1938

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon, Idaho

20. FILED 12/10, 1938 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/6 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1938, to Nov. 30, 1938
I last saw him alive on Nov. 30 1938: death is said to have occurred on the date stated above, at 7:00A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Saw him twice and found he was passing bloody urine. He had some erosion of penis which was suggestive of balanitis or, possibly, carcinoma.	
Other contributory causes of importance:	
Best conclusion was that he had neglected cystitis with involvement of kidneys.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) C. C. Straton M. D.
(Address) Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewis
City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111780

Registration District No. 50
Primary Registration District No. 2129 Local Registrar's No. 12
(No.) 942
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William James Kerr

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 13 1866
7. AGE: Years 72 | Months 5 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Toronto,
(State or country) Ontario, Canada

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Records Dept Public Assistance
(Address) Nezperce, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont Date 11-26, 1938

19. UNDERTAKER C. E. Clover
(Address) Craigmont Ida

20. FILED Nov 26, 1938 C. E. Clover
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 26 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1938, to Nov. 25, 1938
I last saw him alive on Nov. 24, 1938: death is said to have occurred on the date stated above, at 1:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 24. 38
Other **contributory causes** of importance:	
Angina Pectoris	1937

Name of operation None Date of
What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. H. Collins, M. D.
(Address) Craigmont Ida.

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111781

DEC 6 - 1938

Registration District No. 16 817
Primary Registration District No. ..... Local Registrar's No. 130
(No. At Ranch Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nella Firebaugh

(a) Residence. No. Winfield Kansas St. visiting Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Beard Firebaugh

6. DATE OF BIRTH (month, day, and year) July - 4th - 1860 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	4	20	

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** retired

10. Date deceased last worked at this occupation (mo. and yr.) 8

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hesperus (State or country) Colo.

FATHER

13. NAME Cuffe ? or Cubby ?

14. BIRTHPLACE (city or town) ? (State or country) Maryland ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT (Address) Geo E. Firebaugh

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 11/28, 1938

19. UNDERTAKER Myrtle C. Burdett
(Address)

20. FILED 11/24, 1938. Myrtle C. Burdett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/2, 1938, to 11/24, 1938.
I last saw her alive on 11/23, 1938; death is said to have occurred on the date stated above, at 3 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Senility	
Hyp blood pressure dis	
Aortic Stenosis	

Other **contributory causes** of importance:

Old age Home Death	

Name of operation ..... Date of .....
What test confirmed diagnosis? Past Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) ..... M. D.
(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Thornton RD I

RECEIVED
DEC 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111782

Registration District No. 120
Primary Registration District No. 2175
Local Registrar's No. 65

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Lewis 94

(a) Residence No. Thornton RD I St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: N. K.
6. DATE OF BIRTH (month, day, and year): N.K.
7. AGE: Years .77. Months N K Days N K — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fairfield Utah

FATHER
13. NAME: Dixie Lewis
14. BIRTHPLACE (city or town) (State or country): N.K. N K

MOTHER
15. MAIDEN NAME: N. K.
16. BIRTHPLACE (city or town) (State or country): N. K. N. K.

17. INFORMANT (Address): Elijah E. Lewis Thornton RD I

18. BURIAL, CREMATION OR REMOVAL. Place: Ucon Date: Nov. 18, 1938

19. UNDERTAKER: Tom D. Reese (Address) Rexburg Idaho

20. FILED 12—6, 1938 Mrs Heyborn Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Nov. 16 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-15, 1938 to 11-16, 1938
I last saw him alive on 11-16 1938: death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	?
Coronary Thrombosis	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Hutchinson M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Sugar city

RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111783

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 66
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alva N Murdock
(a) Residence No. ..... Sugar city Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Larsen
6. DATE OF BIRTH (month, day, and year): April 2 - 1865
7. AGE: Years 73 | Months 7 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Salt Lake city Utah

FATHER
13. NAME: Nymphus Murdock
14. BIRTHPLACE (city or town) (State or country): N.Y. N York

MOTHER
15. MAIDEN NAME: Esta Dyer
16. BIRTHPLACE (city or town) (State or country): Rexford Canada

17. INFORMANT (Address): A.N. Murdock Sugar R.D.
18. BURIAL, CREMATION OR REMOVAL Place: Sugar city Date: Nov 19, 1938
19. UNDERTAKER (Address): Care & Reuir Sugar city Idaho
20. FILED 12-7, 1938 Mrs Heyoung Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 11-17 1938
22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Nov 17, 1938
I last saw him alive on Nov 16 1938: death is said to have occurred on the date stated above, at 6:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	1937

Other contributory causes of importance: Senility

Name of operation: none Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No Laboratory tests

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

Nov 21 1939 (Signed) Lorna A Rich, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Tetonia
RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111784

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 67
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 184

2. FULL NAME Robert Harold Browning
(a) Residence No. Tetonia Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 21 1917

7. AGE Years	Months	Days	If less than 1 day ..... hrs. or ..... min.
21	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

FATHER
13. NAME Elbert W. Browning
14. BIRTHPLACE (city or town) Dadesville,
(State or country) Alab.

MOTHER
15. MAIDEN NAME Sadie F. Flamm
16. BIRTHPLACE (city or town) Rexburg,
(State or country) Idaho.

17. INFORMANT E.W. Browning
(Address) Rexburg

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 11/23, 1938

19. UNDERTAKER Russell Flamm
(Address) Rexburg, Idaho

20. FILED 12-7, 1938 Mattie Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 20 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
accidental gun shot	
with 22 rifle - body found	
about 15 hours after	
death.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: accident
Accident, ~~suicide, or homicide~~? Date of injury Nov. 20, 193.
Where did injury occur? Tetonia Madison Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** South fork Creek
Manner of injury accident
Nature of injury gun shot in chest

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Jean R. Rucker M.D.
(Address) Coroner Madison Co. Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Sugar City

RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111785

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 69
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95-2

2. FULL NAME Elizabeth Croft Neibauer

(a) Residence No. Sugar Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James C. Neibauer

6. DATE OF BIRTH (month, day, and year) May 18-1863

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Epping Essex England

FATHER
13. NAME Thomas Croft
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Richardson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Marie Gardner
(Address) Pelon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar Date 11/28, 1938

19. UNDERTAKER N. M. Hansen
(Address) St. Anthony Idaho

20. FILED 12-8, 1938 Mrs. N. Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/24 1938

22 I HEREBY CERTIFY, That I attended deceased from 9/10, 1938, to 11/24, 1938

I last saw he alive on 11/24 1938: death is said to have occurred on the date stated above, at 2:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	July 1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. F. Berg M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111786

DEC 5- 1938

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 67
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dale Leon Norby

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Sept 25 1938

7. AGE: Years 0 | Months 0 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert (State or country) Idaho

FATHER
13. NAME Martin O Norby
14. BIRTHPLACE (city or town) ? (State or country) Minnesota

MOTHER
15. MAIDEN NAME Phyllis Bixler
16. BIRTHPLACE (city or town) Heyburn (State or country) Idaho

17. INFORMANT John Norby (Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 9/30, 1938

19. UNDERTAKER Alan Goodsman
(Address) Rupert Idaho

20. FILED 12-3, 1938 E. E. Emmons Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938, to Sept 30, 1938
I last saw h[illegible] alive on Sept 30 1938: death is said to have occurred on the date stated above, at 1 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemolytic jaundice of newborn.	Birth.

Other **contributory causes** of importance:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Wolfinger M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111787

Registration District No. 19
Primary Registration District No. 20 15
Local Registrar's No. 61
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Friend

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Emma Jane Fuerd

6. DATE OF BIRTH (month, day and year): [illegible] 1859

7. AGE: Years 79 | Months 11 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tipton (State or country) Iowa

FATHER
13. NAME Samuel Friend
14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Bibler
16. BIRTHPLACE (city or town) Tennessee (State or country)

17. INFORMANT Mrs Friend (Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 10 - 13, 1938

19. UNDERTAKER Rodney Goodyear (Address) Rupert Idaho

20. FILED 12 - 2, 1938 C. V. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 10 1938

22 I HEREBY CERTIFY, That I attended deceased from 12 - 10, 193[illegible], to 10 - 10, 1938

I last saw h[illegible] alive on 10 - 10 1938; death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	7 years.
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alma Hayes M. D.
(Address) Rupert Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 5- 1938

Registration District No. 19
Primary Registration District No. 20 15
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 111788

Local Registrar's No. 62

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. H. Kupp

(a) Residence No. ..... St. Ellsworth Kansas
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed or~~ Divorced (write the word)
M.	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of (divorced)

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Pennsylvania

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Alvin B. Markham
(Address) Ellsworth Kansas

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 12-2, 1938

19. UNDERTAKER Adam Goodman
(Address) Rupert Idaho

20. FILED 12-2, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-2-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 11:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Died in field.

(Signed) Adam Goodman M.D.
(Address Rupert Idaho)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert
(If outside limits of city or town, write RURAL)
DEC 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111789

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 57
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

8201

2. FULL NAME Sarah Ellen Clark

(a) Residence No. ... Rupert Ida. St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm H. Clark
6. DATE OF BIRTH (month, day, and year): Feb 22 1861
7. AGE — Years: 77 | Months: 8 | Days: 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " "
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country): Lehi Utah

FATHER
13. NAME: Henry Sims
14. BIRTHPLACE (city or town) (State or country): Texas

MOTHER
15. MAIDEN NAME: Emily Terrell
16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMANT: Mrs Pearl Hicks
(Address): Rupert Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert Date: Dec 8, 1938

19. UNDERTAKER: C. D. Turner
(Address): Burley Idaho

20. FILED 11-7, 1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 11-6 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938, to 11-6, 1938
I last saw her alive on 11-5 1938; death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-26-38

Other contributory causes of importance:

Name of operation: none Date of:
What test confirmed diagnosis? ... was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. L. Jensen M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111790

DEC 5 1938

Registration District No. 19
Primary Registration District No. 2a 15 Local Registrar's No. 63
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myron Ezra Little

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Little

6. DATE OF BIRTH (month, day and year) Jan 23 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	9	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER
13. NAME Chas E Little
14. BIRTHPLACE (city or town) Augusta
(State or country) Georgia

MOTHER
15. MAIDEN NAME Pamela Bullock
16. BIRTHPLACE (city or town) Plain City
(State or country) Utah

17. INFORMANT Chas E Little
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 11-11, 1938

19. UNDERTAKER Goodman Mortuary
(Address) Rupert Idaho

20. FILED 12-2, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 8 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 8:10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured Skull.	
Other **contributory causes** of importance:	
Auto accident	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 11-8, 1938
Where did injury occur? near Rupert Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** yes
Manner of injury Auto accident
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alan Goodman M.D.
(Address) Rupert Idaho Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Hazelton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111791

DEC 5 - 1938
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 58

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank H. Libby

(a) Residence No. Hazelton St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabel H. Libby
6. DATE OF BIRTH (month, day, and year): August 24th 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 29

12. BIRTHPLACE (city or town) (State or country): Portland Me.

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Ann Ware
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs. Hugh Cheney
(Address) Hazelton

18. BURIAL, CREMATION OR REMOVAL
Place Hazelton Date 12-11, 1938

19. UNDERTAKER: [illegible] Burley Idaho
(Address)

20. FILED 11-10, 1938 E. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 11-9 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-8, 1938, to 11-8, 1938
I last saw h. alive on 11-8 1938: death is said to have occurred on the date stated above, at 530 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	3 years.

Other **contributory causes** of importance: —

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. D. Worthington M. D.
(Address) Rupert Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111792

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 65

DEC 5 1938

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John W. Booth

(a) Residence No..... St.....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Oct. 17 1865

7. AGE — Years: 73 — Months: — — Days: 27 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nebraska

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Rupert General Hospital Rupert, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Ida. Date 11 — 16 1938

19. UNDERTAKER: Goodman Mortuary
(Address) Rupert Idaho

20. FILED 12-2, 1938 O. R. Skinner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-14 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1938, to Nov 14, 1938
I last saw him alive on Nov 14 1938; death is said to have occurred on the date stated above, at 7:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	
Followed prostatectomy 3 yrs prior	

Other **contributory causes** of importance:
Bronchial asthma
Arteriosclerosis
Hypertension-right

Name of operation prostatectomy Date of 6-16-37
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) F. F. Kerr, M. D.
(Address Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111793

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 59

(If death occurred in a hospital or institution, give its name instead of street and number) 46 C

2. FULL NAME Frances Bailey Butler

(a) Residence No. (No.) Albion, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Mather Butler
6. DATE OF BIRTH (month, day, and year): Jan 28 1852
7. AGE: Years 86 | Months 9 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 70

12. BIRTHPLACE (city or town) (State or country): So Carolina

FATHER
13. NAME: Wm B. Bailey
14. BIRTHPLACE (city or town) (State or country): S. Carolina

MOTHER
15. MAIDEN NAME: Elizabeth E Barnett
16. BIRTHPLACE (city or town) (State or country): S. Carolina

17. INFORMANT: Emily Butler
(Address) Albion Ida

18. BURIAL, CREMATION OR REMOVAL
Place Albion Date 11-17, 1938

19. UNDERTAKER: C. S. Tompkins
(Address) Burley

20. FILED 11-18, 1938 Elsie Moore Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-15 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb., 193 7, to June, 193 7
I last saw h-- alive on June 193 7: death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of intestines	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. Gospel, M. D.
(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111794

DEC 5 1938

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 60
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis William Lickey

(a) Residence No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Florence Edith Lickey

6. DATE OF BIRTH (month, day, and year) 9-23-1915

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	23	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Custer, Okla.
(State or country)

FATHER

13. NAME William Lickey

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Georgia Wiseman

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs. Georgia Lickey
(Address) Gooding

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 11-18-, 1938

19. UNDERTAKER A. E. Thompson
(Address) Burley Idaho

20. FILED 12-2, 1938 Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-17 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 12:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured Skull	
and other injuries	
Other **contributory causes** of importance:	
Hit by train at a highway crossing	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 11-17-38, 193.8.
Where did injury occur? Rupert Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place On Highway at RR crossing
Manner of injury Auto & train collision
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Truck Driver

(Signed) Dr. Glen Goodman M.D.
(Address) Rupert Idaho
Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111795

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 64

DEC 5 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Alfred Peterson 9321

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Jane Peterson

6. DATE OF BIRTH (month, day, and year) Sept 28, 1859

7. AGE — Years: 79 | Months: 8 | Days: 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Copenhagen (State or country) Denmark

FATHER
13. NAME Andrew Peterson
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Margret Kofod
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mary Jane Peterson (Address) Rupert Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Rupert Idaho Date 11 - 28, 1938

19. UNDERTAKER Goodman Mortuary (Address) Rupert Idaho

20. FILED 12 - 2, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec ..., 193 7, to November 23 1938
I last saw h. alive on Nov 23 1938; death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	11 - 36

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.
(Address) Rupert, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111796

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 66

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Dean Hoskins

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-19-38

7. AGE: Years 0 | Months 1 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

FATHER

13. NAME E V Hoskins
14. BIRTHPLACE (city or town) Portage
(State or country) Utah.

MOTHER

15. MAIDEN NAME Thursa Westover
16. BIRTHPLACE (city or town) Leamington
(State or country) Utah

17. INFORMANT E V Hoskins
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Ida Date 11 24, 1938

19. UNDERTAKER Goodman Mortuary
(Address) Rupert Idaho

20. FILED 12-3, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) ~~11~~ 11-23 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-19-38, 193..., to 11-23, 1938.
I last saw ~~her~~ alive on 11-23 1938; death is said to have occurred on the date stated above, at 2 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	11-23-38

Other **contributory causes** of importance:

Upper respiratory infection

Name of operation ~~C~~ Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111797

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

23a

2. FULL NAME Robert McKay

(a) Residence No. Myrtle Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/18/1917

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
20	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Myrtle
(State or country) Idaho.

FATHER

13. NAME Kada McKay

14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15. MAIDEN NAME Elsie Shoemaker

16. BIRTHPLACE (city or town)
(State or country) Wash.

17. INFORMANT Verner McKay
(Address) Myrtle, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~,
Place Lewiston? Ida. Date 8/2/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Aug 3, 1938 M R Carter MD
(Registrar.)

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/1 1938

22 I HEREBY CERTIFY, That I attended deceased from September, 1934, to 8-1, 1938

I last saw him alive on 8-1 1938; death is said to have occurred on the date stated above, at 9:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Pulmonary Tuberculosis.	Sept 1934
Other contributory causes of importance:	
Rheumatic Valvular Heart disease.	1930

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? I Date of injury ', 193

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111798

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Owl Drug Store)
(If death occurred in a hospital or institution, give its name instead of street and number) 94 [illegible]

2. FULL NAME Andrew Loomis

(a) Residence No. Dixie, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Finlay, Stell County
(State or country) North Dakota.

FATHER

13. NAME No record
14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME No record
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Papers found on him
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Date Dec. 4, 1938

19. UNDERTAKER Vassar-Rawls Co
(Address) Lewiston, Idaho

20. FILED Dec 7, 1938 M. McCauley MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/27/1938

22 I HEREBY CERTIFY, That I attended deceased from ——, 19—, to 10/27, 1938
I last saw h— alive on —— 193—: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/27/38
Other contributory causes of importance:	
Unknown	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. S. Douglas, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

REC[illegible]

DEC 8 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111799

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 1072

2. FULL NAME Frank Allen

(a) Residence No. Sommerville Home St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/22/1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston, Ida Date 11/1/38, 193

19. UNDERTAKER Vassar-Rawls Co. (Address) Lewiston, Idaho.

20. FILED Dec 2, 193 8 M W Baker M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/29/38

22 I HEREBY CERTIFY, That I attended deceased from 6/3, 193 7, to 10/29, 193 8

I last saw him alive on 10/29 193 8: death is said to have occurred on the date stated above, at 4:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/26/38
Other contributory causes of importance: Senility	1920
Senility	1936

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** No injury

Manner of injury None

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. S. Douglas, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Spalding
RECEIVED
DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009
Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 111800

Local Registrar's No. 182

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Paul Hygheagle

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Indian	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/8/38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	7	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER
13. NAME Dan Hygheagle
14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER
15. MAIDEN NAME Eva Wilson
16. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

17. INFORMENT Charley Wilson
(Address) Spalding, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Slickpoo Mission Date 11/4, 1938

19. UNDERTAKER Brower-Wamm
(Address) Lewiston Idaho

20. FILED Nov 9, 1938 M. F. Casley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/2 1938

22. I HEREBY CERTIFY, That I attended deceased from No physician attended, 193
I was called, but was not available
I last saw h alive on , 193 ; death is said to have occurred on the date stated above, Early A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation (Baby found dead & Smothered by bed clothes)	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ralph M. Calley, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111801

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

66 ½

2. FULL NAME Sister Mary Lourdes

(a) Residence No. St Joseph's Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME no record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME no record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) St Joseph's Hospital Lewiston, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston, Ida. Date Nov. 5, 1938

19. UNDERTAKER (Address) Vassar-Rawls Co Lewiston Ida

20. FILED Nov 17, 1938 W. W. Easley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1937, to Nov 3rd, 1938
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 12:07 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1 Hyperthyrodism	Oct 26/37

Other **contributory causes** of importance:

Toxic Goitre	Oct 26/37

Name of operation None Date of 11/7/38
What test confirmed diagnosis? Blood & Ex Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ....., 193.....
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury ~
Nature of injury ~

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) O. E. Carsaw, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston
RECEIVED
DEC 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111802

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME H. S. Brown 9562
(a) Residence No. Troy, Oregon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of Mrs. Francis Brown
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/22/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Illinois

FATHER
13. NAME Caldwell M. Brown
14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER
15. MAIDEN NAME Margaret Patterson
16. BIRTHPLACE (city or town)
(State or country) New York

17. INFORMANT L. C. Brown
(Address) Roswell N. Mexico

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Grouse Cemetery 11/5, 1938

19. UNDERTAKER Vassar-Rawls Funeral Home
(Address) Lewiston, Idaho

20. FILED Nov 4, 1938 M. M. Caskey M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/3 1938

22 I HEREBY CERTIFY, That I attended deceased from 10/27, 1938, to 11/3, 1938
I last saw h~~im~~ alive on 11/3 1938; death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Arterio Sclerosis,	
& Hypertension	

Name of operation None Date of ~~operation~~
What test confirmed diagnosis? ~~Was~~ was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~Date~~ Date of injury ~~193~~, 193
Where did injury occur? ~~(Specify city or town, county, and state)~~
Specify whether injury occurred in industry, in home, or in public place ~~Manner of injury~~
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Paul G. Jones M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of NezPerce
City of Lewiston
REC
DEC 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111803

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. ____
(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Selma Rae Hadley

(a) Residence No. ____ St. Genesee Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) May 26, 1938

7. AGE — Years | Months: 5 | Days: 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Genesee
(State or country) Idaho

FATHER
13. NAME Arthur Hadley
14. BIRTHPLACE (city or town) Union Town
(State or country) Wash

MOTHER
15. MAIDEN NAME Edna Moneymaker
16. BIRTHPLACE (city or town) Knoxville
(State or country) Tenn.

17. INFORMANT Arthur Hadley
(Address) Genesee Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Genesee Date Nov. 4, 1938

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston Idaho

20. FILED Nov 4, 1938 M L Carter MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1938, to Nov 3, 1938
I last saw h.e alive on Nov 2 1938.: death is said to have occurred on the date stated above, at 5 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute Mastoiditis.	Oct 10
Other **contributory causes** of importance: Malnutrition.	

Name of operation Mastoidectomy Date of 10/27/38
What test confirmed diagnosis? ____ Was there an autopsy? no.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) H. H. Warden M. D.
(Address) Lenore Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of .....

City RECEIVED DEC 8-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111804

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. .....

(No. 173)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Woods

(a) Residence No. Cottonwood Creek St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed or Divorced (write the word) ?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years 34 | Months ? | Days ? | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ?
(State or country)

FATHER

13. NAME no record

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME no record.

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Papers in pocket.
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Ida. Date Nov 8, 1938

19. UNDERTAKER Vassar-Rawls Co
(Address) Lewiston Ida

20. FILED Nov. 8, 1938 M M Carley MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/4 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Death from Bullet wound	
caused self	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes + Inquest

23. If death was due to exter'l causes (violence) fill in also the following:

~~Accident, suicide, or~~ homicide? ..... Date of injury 11-4-38 193.....

Where did injury occur? near Cottonwood Creek
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo E Ed ....., M. D.

(Address) Acting Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111805

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 511-7th Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

92a

2. FULL NAME Mrs. Jane Libert

(a) Residence No. 511--7th Ave Lewiston, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Wm. Libert

6. DATE OF BIRTH (month, day, and year) 12/26/1865

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brussels
(State or country) Belgium

FATHER

13. NAME H. Dochelet

14. BIRTHPLACE (city or town)
(State or country) Belgium

MOTHER

15. MAIDEN NAME F. Baury

16. BIRTHPLACE (city or town)
(State or country) Belgium

17. INFORMANT Wm. Libert
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date ..., 193...

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Nov 15, 1938 M. McCauley M
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/6/1938

22 I HEREBY CERTIFY, That I attended deceased from 10-17, 1938, to 11-6, 1938

I last saw her alive on 11-6 1938; death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with long standing	1937
Valvular heart disease	Unknown
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ... 193...

Where did injury occur? -
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..., M. D.

(Address Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City or Town Lewiston, Idaho

RECEIVED
DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111806

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

107.c

2. FULL NAME Emil Matthes

(a) Residence. No. St. Asotin, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth 78 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
June 27, 1856

7. AGE: Years 82 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Banker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fred Matthes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Baumeister

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. H. R. Merchant, Asotin, Wn

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn. Date 11/9, 1938

19. UNDERTAKER (Address) H. R. Merchant, Clarkston, Wn

20. FILED Dec 8, 1938 M.W. Barkley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/7 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1938, to 11-7-, 1938.
I last saw h... alive on 11-7-, 1938; death is said to have occurred on the date stated above, at 5 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial-pneumonia	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Dr. Ethan ..... M. D.
(Address) Asotin Wash

Carson,

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111807

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 121 a

2. FULL NAME James Peery

(a) Residence No. St. Clarkston, Washington

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 7 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colfax,
(State or country) Wash.

FATHER

13. NAME Leland Peery

14. BIRTHPLACE (city or town) ----------
(State or country) Missouri

MOTHER

15. MAIDEN NAME Norma Vague

16. BIRTHPLACE (city or town) ----------
(State or country) North Dakota

17. INFORMANT Leland Peery
(Address) Clarkston, Wash.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Pullman, Wash. Date 11-10, 1938

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED Nov. 10, 1938 M. K. Castley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/9 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1938, to 11/9, 1938

I last saw him alive on 11/9 1938: death is said to have occurred on the date stated above, at 6:50p/m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute Cardiac Failure from pneumonia	11-9-38
acute appendicitis	11-4-38
Sleep Sore Throat	10-24-38

Other **contributory causes** of importance:

Name of operation appendectomy Date of 11-4-38

What test confirmed diagnosis? Bl Test Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. Carson, M. D.

(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111808

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jabus W. Harris

(a) Residence No. Pullman, Wash St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary F. Roach

6. DATE OF BIRTH (month, day, and year) 4/6/1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. A. A. Huddleston
(Address) Lewiston, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Moscow Ida. Date 11/15/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Nov 15, 1938 M. W. Casker, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/12/38

22 I HEREBY CERTIFY, That I attended deceased from 11/10, 1938, to 11/12, 1938

I last saw h~~er~~ alive on 11/12 1938 death is said to have occurred on the date stated above, at 8:30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/4/38

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul G. Stanley, M. D.

(Address) Pullman Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston, Idaho

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111809

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. J. McClarin

(a) Residence No. 930 7th Ave., St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret McClarin

6. DATE OF BIRTH (month, day, and year) 5/3/1852

7. AGE: Years 86 | Months 6 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Charles,
(State or country) Mo.,

FATHER

13. NAME James J. McClarin
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT C. W. McClarin
(Address) Lewiston, Ida o

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn Date 11/14, 1938

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wn

20. FILED Dec 5, 1938 M W Caskey M D
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/13/38

22. I HEREBY CERTIFY, That I attended deceased from 11/10, 1938, to 11/12, 1938
I last saw h~~e~~ alive on 11/12 1938.: death is said to have occurred on the date stated above, at 5:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/10/38
Other **contributory causes** of importance:	
Chronic Nephritis	several years
Art. Hypertension	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. B. Brockmeyer, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111810

DEC 8 - 1938

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. St. Joseph hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

23a

2. FULL NAME Jane Armstrong

(a) Residence No. [illegible] Idaho St. Lapwai, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem.	Indian	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ralph Armstrong

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

FATHER
13. NAME Tulukh
14. BIRTHPLACE (city or town) Wallula
(State or country) Wash.

MOTHER
15. MAIDEN NAME Janet Tababoo
16. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho

17. INFORMANT Elsie Armstrong
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sweetwater, Idaho Date Nov. 19, 1938

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED Nov 28, 1938 W. W. Caskey M.D.
O.B. Registrar.

MEDICAL CERTIFICATE OF DEATH 11-16

21. DATE OF DEATH (month, day and year) 11-16 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1938, to Nov 16, 1938
I last saw h.. alive on Nov 16 1938: death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Nov 1-38

Other contributory causes of importance:

Chronic Pulmonary Tuberculosis	1920

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Brandewood M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111811

DEC 8 - 1938

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Hatwai Gardens)
(If death occurred in a hospital or institution, give its name instead of street and number) 9562

2. FULL NAME Lemuel Kline

(a) Residence No. Hatwai Gardens Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Margaret Burgess

6. DATE OF BIRTH (month, day, and year) 8/20/61

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) West Virginia

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT James Kline
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Genesee, Ida. Date 11/22/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Nov 26, 1938 M W Cooley MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/18 38

22 I HEREBY CERTIFY, That I attended deceased from 11/16, 1938, to 11/18, 1938
I last saw him alive on 11/18 1938: death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10-15 yr.
Chronic Cardiac Failure & decompensation	2 weeks
Other contributory causes of importance:	
Bleeding from Bowel	2 years.

Name of operation none Date of —
What test confirmed diagnosis? Clinical: Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify No
(Signed) Donald D. McRobb, M. D.
(Address) Hatwai Gardens
The Clinic, Lewiston, Idaho.

Bal Sec R

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111812

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

53e

2. FULL NAME Flora Arminta Prine

(a) Residence No. 1524 9ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	M	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis B Prine

6. DATE OF BIRTH (month, day, and year) Nov. 26, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prinville
(State or country) Oregon

FATHER

13. NAME Daniel Powell

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Alma Prine
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Lewiston Date Nov. 25, 1938

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston Idaho

20. FILED Dec 2, 1938 M D Cushing M D
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 21 1938.

22 I HEREBY CERTIFY, That I attended deceased from Nov 20 1938, to Nov 21 1938.

I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 6:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Duodenal.	unknown
(Location of carcinoma - Unknown)	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph E. Baldwin, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce

City of Lewiston, Idaho

RECEIVED
DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111813

Registration District No.

Primary Registration District No. Local Registrar's No. 46 b

(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Francis Collins

(a) Residence No. 1246 Maple St., St. Clarkston, Wn
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Vada Lane Collins

6. DATE OF BIRTH (month, day, and year) 7/16/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME Lige Collins

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Mary Lawlrack

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. C. F. Collins
(Address) Clarkston, Wn

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn Date 11/26, 1938

19. UNDERTAKER H. M. Merchant
(Address) Clarkston, Wn

20. FILED Dec 5, 1938 M. Barker, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/23/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. C. Bloom, M. D.

(Address) Clarkston Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston, Idaho

RECEIVED

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111814

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary L. Howe

(a) Residence No. St. Peck, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur Howe

6. DATE OF BIRTH (month, day, and year): 11/24/1865

7. AGE: Years: 73; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Oregon

FATHER

13. NAME: Mr. Groon

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Billings

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT: Art Howe
(Address) Peck, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn Date 11/26, 1938

19. UNDERTAKER: H. R. Merchant
(Address) Clarkston, Wn

20. FILED Dec 8, 1938 M. W. Easley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24/1938

22 I HEREBY CERTIFY, That I attended deceased from 11/20, 1938, to 11/24, 1938

I last saw her alive on 11/24 1938: death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	

Other contributory causes of importance:

Senility; carcinoma breast	

Name of operation none Date of —

What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1938

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Earl G. Howe M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111815

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pauline Lillian Chase 119a
(a) Residence No. Lewiston Orchards
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ✓
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day, and year)
7. AGE — Years | 5 Months | 21 Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho.

FATHER
13. NAME Paris Chase
14. BIRTHPLACE (city or town) Estes
(State or country) Idaho

MOTHER
15. MAIDEN NAME Esther Schooling
16. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

17. INFORMANT Paris Chase
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Nov 26th, 193 8

19. UNDERTAKER Bower-Young Co.
(Address) Lewiston Idaho

20. FILED Dec 2, 193 8 Mueller Coroner, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 24th 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 23, 193 8, to Nov 24, 193 8
I last saw her alive on Nov 24 193 8: death is said to have occurred on the date stated above, at 6 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Gastro-enteritis	Nov 22-38
Other **contributory causes** of importance:	

Name of operation Cardinal Date of
What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. White, M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111816

Registration District No.
Primary Registration District No.
Local Registrar's No.
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 12201

2. FULL NAME Marlene Jensen

(a) Residence No. 2203 - 8th Ave St
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho.

FATHER

13. NAME Marvin Jensen
14. BIRTHPLACE (city or town) Pomeroy
(State or country) Wash.

MOTHER

15. MAIDEN NAME Mary Strong
16. BIRTHPLACE (city or town)
(State or country) Idaho.

17. INFORMANT Marvin Jensen
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Nov 27th, 193 8

19. UNDERTAKER Brosius-Wasmuth Co
(Address) Lewiston Idaho

20. FILED Dec 2, 193 8 M W Backen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 25th 193 8

22 I HEREBY CERTIFY, That I attended deceased from 11 - 16, 193 8, to 11 - 25, 193 8
I last saw her alive on 11-25 193 8: death is said to have occurred on the date stated above, at 3 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage from Bowel	11-7-38
Intussusception	11-15-38
Invagination	11-24-38

Other **contributory causes** of importance:

was allergic to Milk	

Name of operation None Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. Carnow, M. D.
(Address) Lewiston Idaho

Dr Braddock

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111817

Registration District No.
Primary Registration District No. Local Registrar's No.

DEC 8 - 1938

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Oscar Swedland

(a) Residence No. 1002 - 13th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marian Swedland

6. DATE OF BIRTH (month, day, and year) 9-28-1900

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. First aid attendant, instructor and employment agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potlatch Forests Inc. lumber mill
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1938
11. Total time (years) spent in this occupation 22 yrs.

12. BIRTHPLACE (city or town) Ousbal
(State or country) Wisconsin

FATHER
13. NAME Charles Swedland
14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER
15. MAIDEN NAME Cornelia Johnson
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Marian Swedland
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date Dec. 28, 1938

19. UNDERTAKER Brower Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Dec 1, 1938 Neil Carney M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-26 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to Nov 26, 1938
I last saw him alive on Nov 26 1938: death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	1937

Other contributory causes of importance:

Influenza	1920

Name of operation None Date of
What test confirmed diagnosis? albumin Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. V. Braddock M.D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111818

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. North Lewiston)

(If death occurred in a hospital or institution, give its name instead of street and number)

12221

2. FULL NAME Sam Paffile

(a) Residence No. North Lewiston St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mary Paffile

6. DATE OF BIRTH (month, day, and year) 6/8/1873

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	67	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Paffile

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Paffile Jr.
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Ida. Date 11/30/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Dec 2, 193 8 M. M. Caskey M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/29/38

22 I HEREBY CERTIFY, That I attended deceased from 11/24/38, 193..., to 11/27, 1938.

I last saw h[illegible] alive on 24 1938; death is said to have occurred on the date stated above, at 4:00 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strangulated inguinal hernia.	11/26/38.
Myocardial failure.	11/28/38.
Hernia from hospital Bowels.	11/26/38.

Other **contributory causes** of importance:

None.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury None.

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Baldwin, M. D.

(Address) Lewiston Idaho

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11181

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DEC 8 - 19

123a

2. FULL NAME Violet Satterlee

(a) Residence No. Box 1921 St. Boise Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Arnie Satterlee

6. DATE OF BIRTH (month, day, and year) May 22, 1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Dec, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Fred Tallman
14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER
15. MAIDEN NAME Evaline
16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Mrs Veda Ray
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Nov 30th, 1938

19. UNDERTAKER Brewer Hamm Co
(Address) Lewiston, Idaho

20. FILED Dec 2, 1938 Milton Bakey, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-27 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1938, to Nov 27, 1938

I last saw her alive on Nov 27, 1938: death is said to have occurred on the date stated above, at 11:45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage into Bowel	11-26-38
Ruptured & Intestin	11-26-38
Intestin Gangrene	
Died of Shock & loss of Blood.	11-27-38
Other **contributory causes** of importance:	

Name of operation Laparotomy & Draining Date of 11-26-38
What test confirmed diagnosis? Blood test Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. Conner, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111820

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. White Hospital) 159

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inf. son of Louis Tenowski

(a) Residence No. Lewiston Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, and year) 11/19/38

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston, (State or country) Idaho.

MOTHER FATHER

13. NAME Louis Tenowski

14. BIRTHPLACE (city or town) (State or country) Minn.

15. MAIDEN NAME V. Piatt

16. BIRTHPLACE (city or town) Peck (State or country) Idaho.

17. INFORMANT Louis Tenowski
(Address) Lewiston, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 11/30/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Dec 3, 1938 M W Cashner M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/29/38

22 I HEREBY CERTIFY, That I attended deceased from 11-19-, 1938, to 11-29, 1938

I last saw h[illegible] alive on 11-29 1938: death is said to have occurred on the date stated above, at 4:00 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth about 6 months & 20 days	-
(no known cause)	

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111821

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. St Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jefferson Lee Fowler

(a) Residence No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Isabel Fowler

6. DATE OF BIRTH (month, day, and year): May 7, 1866

7. AGE: Years 73 | Months 6 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): El Dara Illinois

FATHER

13. NAME: Bloomer Fowler

14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER

15. MAIDEN NAME: Rebecca Collyer

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT: Martha Humphendall

(Address) Kendrick Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Kendrick, Ida Date Dec 1, 1938

19. UNDERTAKER: Brower Mann Co.

(Address) Lewiston, Idaho

20. FILED Dec 3, 1938 M. A. Gaskey

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-29 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/25, 1938, to 11/29, 1938

I last saw him alive on 11/28 1938: death is said to have occurred on the date stated above, at 12:49 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull base	11/24/38
Other contributory causes of importance: Pneumonia Bronchs	11/27/38

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury 11/24/38

Where did injury occur? Lewiston, Nez Perce County Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place On street

Manner of injury Struck by car (automobile)

Nature of injury Skull fracture

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Douglas, M. D.

(Address Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of NezPerce

City of Southwick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111822

Registration District No. 63

Primary Registration District No. 2143

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number) 94 b

2. FULL NAME William Lawrence

(a) Residence No. Southwick, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lizzie Lawrence

6. DATE OF BIRTH (month, day, and year) July, 4, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Boston
(State or country) Mass.

FATHER

13. NAME Joseph Lawrence

14. BIRTHPLACE (city or town)
(State or country) U.S. A.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Oscar Lawrence
(Address) Southwick, Idaho.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Southwick Date Dec. 3, 1938

19. UNDERTAKER Brower Wanna Co.
(Address) Lewiston Idaho

20. FILED Dec 2, 1938 B. F. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan., 193 36 to Nov 26, 193 8
I last saw h. alive on Nov 26 193 8 death is said to have occurred on the date stated above, at 12:30a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Oct 19, 1938
Coronary thrombosis	

Other **contributory causes** of importance:

Coronary thrombosis	Nov 5, 1938

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) D. A. Christensen, M. D.

(Address Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

DEC 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111823

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eli Benjamin Jones 9361

(a) Residence. No. ..... Oneida Community Hospital St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 61 yrs. 2 mos 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Evans Thomas

6. DATE OF BIRTH (month, day, and year) Aug 22 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Nov 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME William H Jones

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary Jane Daniels

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT Edwin Jones (Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL Burial Place Malad Idaho Date Nov 10 1938

19. UNDERTAKER J. Guy Kerns (Address) Malad Idaho

20. FILED Nov 10, 1938 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) November (day) 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1938, to Nov. 7, 1938.

I last saw him alive on Nov. 7, 1938; death is said to have occurred on the date stated above, at 5:25 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1937
Other **contributory causes** of importance: Acute Nephritis & Edema	Sept 1938

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Marion J. Kerns, M. D.

(Address) Malad, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad Rt I

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111824

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 33

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

184

2. FULL NAME Andrew Hill

(a) Residence. No. Malad Idaho Rt I St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Pilgrim

6. DATE OF BIRTH (month, day, and year) February I 1912

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
26	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Self

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1938

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Malad Ida Rt. I

MOTHER FATHER

13. NAME William Hill

14. BIRTHPLACE (city or town) (State or country) Malad Ida Rt I

15. MAIDEN NAME Phoebe C Jones

16. BIRTHPLACE (city or town) (State or country) Malad Ida Rt. I

17. INFORMANT Margaret Hill
(Address) Malad Idaho Rt I

18. BURIAL, CREMATION OR REMOVAL Burial
Place St John Idaho Date Nove 23 1938

19. UNDERTAKER J. Guy Duncan
(Address) Malad Idaho

20. FILED Nov 23, 1938. O. J. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 21 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to Nov. 21., 193.8

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4:45 AM.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typ of Head Blown off by Accidental discharge of shotgun	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-21-1938
Where did injury occur? At Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Discharge of shot gun
Nature of injury Typ of Head Blown off

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Jas. C. Ward M. D.

(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111825

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 35

(No. Oneida Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

121a

2. FULL NAME John Dahrel Price

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 28 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) NOV. 22. 38

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Josiah Daniel Price

14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER

15. MAIDEN NAME Thresa Kelley

16. BIRTHPLACE (city or town) (State or country) Lake Mills Iowa

17. INFORMANT (Address) J. A. Price Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Dec 1, 1938.

19. UNDERTAKER J. Ivy Kenan
(Address) Malad Idaho

20. FILED Nov 30, 1938. M. J. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938, to Nov. 28, 1938

I last saw him alive on Nov. 28, 1938; death is said to have occurred on the date stated above, at 9:05AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis. Ileus	Nov. 26 38
a ruptured	
appendix.	

Other **contributory causes** of importance:

Name of operation Appendectomy Date of 11-26-38

What test confirmed diagnosis? Op. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify —

(Signed) V. P. Grant, M. D.
(Address) Malad, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad Rt 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
111826
State File No.

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 34

(No. 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

109

2. FULL NAME [illegible] Dee Ann Hawker

(a) Residence. No. Woodruff Ward Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
November 6 1938

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
0	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad Rt 2
(State or country) Idaho

FATHER

13. NAME William Hawker

14. BIRTHPLACE (city or town) Soda Springs
(State or country) Idaho

MOTHER

15. MAIDEN NAME Leona Nester

16. BIRTHPLACE (city or town) Grace
(State or country) Idaho

17. INFORMANT William Hawker
(Address) Malad Rt 2

18. ~~BURIAL, CREMATION OR~~ REMOVAL Burial
Place Soda Springs Ida Date Nov 28 1938

19. UNDERTAKER [illegible]
(Address) Malad Idaho

20. FILED Nov 28 1938 M. J. Terms
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 28 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Possible Pneumonia	
Did not see child	Nov 25
while ill or after	
but by Parents	
account baby had Pneumonia	
Other **contributory causes** of importance:	
None.	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) O. W. Marley M. D.

(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Owyhee

City of Murphy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111827

Registration District No. 107

Primary Registration District No. 2185 Local Registrar's No. 17

DEC 3 - 1938

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Morton, 95-2

(a) Residence. No. Nampa St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Morton

6. DATE OF BIRTH (month, day, and year) Nov 1-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Braidwood Illinois

FATHER

13. NAME D. P. Morton

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Margaret McInnis

16. BIRTHPLACE (city or town) (State or country) Victoria Canada

17. INFORMANT (Address) John Morton Homedale Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem Date 12-1, 1938

19. UNDERTAKER (Address) E. V. Peckham Caldwell Ida

20. FILED Nov 14, 1938 Jos. Dalton M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/27 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 10:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	years ago

Other contributory causes of importance:

Cardiovascular disease & decompensation	
& Stroke, paraplegia	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hans G. Tikker, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Owyhee

City of Homedale

DEC 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111828

Registration District No. 107

Primary Registration District No. 2185

Local Registrar's No. 18

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

23a

2. FULL NAME Oliver Earl Brewster

(a) Residence. No. ..... Town of ~~St.~~ Homedale
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 8 mos. – ds. How long in U. S., if of foreign birth? ~~yrs. mos. ds.~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Gertrude McKinnon

6. DATE OF BIRTH (month, day, and year) Oct 29 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Delivery

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** of Gas

10. Date deceased last worked at this occupation (mo. and yr.) Aug 1933

11. Total time (years) spent in this occupation 10 years

12. BIRTHPLACE (city or town) Minneapolis
(State or country) Minnesota

FATHER

13. NAME George Brewster

14. BIRTHPLACE (city or town) Sussex
(State or country) Wisconsin

MOTHER

15. MAIDEN NAME Annie Blackstead

16. BIRTHPLACE (city or town) St. James
(State or country) Minnesota

17. INFORMANT Mrs. H. Davis
(Address) Homedale

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Date Nov 2, 1938

19. UNDERTAKER C. V. Packham
(Address) Caldwell

20. FILED Nov 14, 1938 Jos. Saltzer M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1938, to Oct 29, 1938

I last saw him alive on Oct 29, 1938; death is said to have occurred on the date stated above, at 7⁰⁰ P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis III B	1933
Tuberculous Enteritis	1935
Other contributory causes of importance:	
Myocardial Failure	8 days

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. Saltzer, M. D.
(Address) Homedale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Owyhee

City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111829

Registration District No. 107

Primary Registration District No. 2185 Local Registrar's No. 19

DHW 9-338

(No. At home)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Gerard Bartlett Adams

(a) Residence. No. Homedale St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. several yrs. mos. ds. How long in U. S., if of foreign ~~birth~~? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva May Gullian

6. DATE OF BIRTH (month, day, and year) June 22 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Railroad

10. Date deceased last worked at this occupation (mo. and yr.) 9

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) Marathon
(State or country) New York

FATHER

13. NAME James Adams

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Avis Garrett

16. BIRTHPLACE (city or town) New York
(State or country) N.Y.

17. INFORMANT Tom Adams (Son)
(Address) Homedale

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Cemetery Date Nov 29, 1938

19. UNDERTAKER C. V. Packham
(Address) Caldwell

20. FILED Nov 29 1938 Jos. F. Altzen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 26 1938

22. I HEREBY CERTIFY, That I attended deceased from immediately after death, 193..., to ..., 193....

I last saw him ~~alive on~~ ..., 193....: death is said to have occurred on the date stated above, at 6 15 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Same Day

Other **contributory causes** of importance:

Chronic Nephritis	Several years

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Jos. F. Altzen, M. D.

(Address) Homedale Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Owyhee

City of Indian Cove

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111830

Registration District No. 35

Primary Registration District No. 2021 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Jacob H ooley

(a) Residence. No. India n Cove St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alta Hosteter

6. DATE OF BIRTH (month, day, and year)
April 26, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.) May 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Garden City
(State or country) Missouri

FATHER

13. NAME D.Y.Hooley

14. BIRTHPLACE (city or town) LaGrange
(State or country) Indiana

MOTHER

15. MAIDEN NAME Mattie Yoder

16. BIRTHPLACE (city or town) Garden City
(State or country) Missouri

17. INFORMANT Mrs. Paul Hooley
(Address) Indian Cove Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Dec. 4, 1938

19. UNDERTAKER Zacher Bay Funeral Home
(Address) Mountain Home Idaho

20. FILED Dec 4, 1938 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 30 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/24/38, 193..., to 11/30/38, 193...
I last saw him alive on 11/30, 193 8: death is said to have occurred on the date stated above, at 2:15P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1933
Cerebral thrombosis	11/24/38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Davis, M. D.
(Address) Glenns Ferry, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 8 - 1938

DO NOT WRITE IN THIS SPACE
State File No. 111831

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 63
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Reba Arrowsmith Austin 92 ✓
(a) Residence No. 2nd ave South St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm R. Austin
6. DATE OF BIRTH (month, day, and year): May 1 1882
7. AGE: Years 56 | Months 6 | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wellington Del.

FATHER
13. NAME: Jno. F. Murray
14. BIRTHPLACE (city or town) (State or country): Wellington Del.

MOTHER
15. MAIDEN NAME: Maria Hadley
16. BIRTHPLACE (city or town) (State or country): Birmingham Eng.

17. INFORMANT: William R. Austin
(Address) Payette Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Payette Ida. Date 11-3-, 1938

19. UNDERTAKER: Edith Sanders
(Address) Payette Ida.

20. FILED 11/2/38 1938 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/1/1938

22 I HEREBY CERTIFY, That I attended deceased from August 15, 1938, to Oct. 28, 1938
I last saw h alive on Nov 1 1938: death is said to have occurred on the date stated above, at 1:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis	Cannot say
Other **contributory causes** of importance:	

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of PAYETTE.
City of PAYETTE.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111832

Registration District No. 4.
Primary Registration District No. 1008.
Local Registrar's No. 64.
DEC 8 - 1938
(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ISAAC CARROLL ROSS
(a) Residence No..... PAYETTE, IDAHO. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ELIZABETH CAROLINE ROSS

6. DATE OF BIRTH (month, day, and year) Jan 15, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) TEXAS.

FATHER
13. NAME JAMES ROSS
14. BIRTHPLACE (city or town) Unknown. (State or country)

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) UNKNOWN (State or country)

17. INFORMANT James Ross ✓
(Address) PAYETTE, IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Id. Date 11/23/38

19. UNDERTAKER J L Foster ✓
(Address) PAYETTE, IDAHO

20. FILED 11/22, 1938 J. C. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/22/38

22 I HEREBY CERTIFY, That I attended deceased from 11/21/38, 193.. to 11/22/38, 193..
I last saw him alive on 11/21/38, 193..: death is said to have occurred on the date stated above, at 4.00a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO-PNEUMONIA	Nov 19/38
Chronic bronchitis of many years standing	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) C. E. Paxton, M. D.
(Address PAYETTE, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111833

PLACE OF DEATH
County of Fayette
City of Fayette

Registration District No. 4
Primary Registration District No. 1005 · Local Registrar's No. 65

(No. Allen Hospital)
If death occurred in a hospital or institution, give its name instead of street and number.)

108

2. FULL NAME Mary Ellen Dicke

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Dicke

6. DATE OF BIRTH (month, day, and year): Jan 30-1868

7. AGE: Years 70 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Orwell North Carolina

FATHER
13. NAME: Alfred Cooper
14. BIRTHPLACE (city or town) (State or country): N. Carolina

MOTHER
15. MAIDEN NAME: Mary Butler
16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT (Address): Mrs Fred Dicke Fayette Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Cem Date 11-29, 1938

19. UNDERTAKER (Address): J. L. Hatten Fayette Ida

20. FILED 11/28/38, 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1938, to Nov 28, 1938

I last saw h[illegible] alive on Nov 27, 1938: death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 18-38
Coronary Right Sclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City or American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111834

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 30

(No. Schiltz Memorial Hospital) 161a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Anderson

(a) Residence. No. ..... St. Aberdeen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
				5.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ---

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ---

10. Date deceased last worked at this occupation (mo. and yr.) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) American Falls, Idaho.

FATHER

13. NAME Virgil Odell Anderson

14. BIRTHPLACE (city or town) (State or country) Hyrum, Utah

MOTHER

15. MAIDEN NAME May McDonald Roberts

16. BIRTHPLACE (city or town) (State or country) Mald, Malad, Idaho.

17. INFORMANT Virgil Anderson
(Address) Aberdeen, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Idaho Date Nov. 2, 1938

19. UNDERTAKER Friends,
(Address) Aberdeen, Idaho

20. FILED 11-2-, 1938. Irene Saling
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 11:00PM, Oct. 31 193 8., to 4:00AM, Nov. 1 193 8.
I last saw him alive on Nov. 1, ..., 193 8.; death is said to have occurred on the date stated above, at 4:00A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Atelectasis	at birth
Other **contributory causes** of importance:	

Name of operation... none ..... Date of.....

What test confirmed diagnosis?.-- Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. no If so, specify.....

(Signed) Wm. C. Markman ..., M. D.

(Address) Aberdeen, Idaho.....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111835

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 31

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Schiltz Memorial Hospital) 160 C

DECEMBER DEC 5 1938

2. FULL NAME Rufus Ray Hansen

(a) Residence. No. ... St. Aberdeen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Nov. 3, 1938

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ----

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ------

10. Date deceased last worked at this occupation (mo. and yr.) ---

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) American Falls, Idaho.

FATHER

13. NAME Rufus Ray Hansen

14. BIRTHPLACE (city or town) (State or country) Murtaugh, Idaho.

MOTHER

15. MAIDEN NAME Edith Roberta Swassing

16. BIRTHPLACE (city or town) (State or country) Spokane, Wash.

17. INFORMANT (Address) Miss Leah Hagney R.N. Aberdeen Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date Nov. 5, 1938

19. UNDERTAKER Friends,
(Address) Pocatello, Idaho.

20. FILED 11-5, 1938. Irene Baling
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from 4:20PM, Nov 3 1938, to 12:15AM, Nov 5 1938.
I last saw him alive on Nov. 5, 1938; death is said to have occurred on the date stated above, at 12:15AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intracranial Injuries at Birth	
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. C. Monk Simon, M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111836

Registration District No. 70
Primary Registration District No. 7011
Local Registrar's No. 59
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

23a

2. FULL NAME John Burns
(a) Residence No. [illegible] Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Burns
6. DATE OF BIRTH (month, day, and year): Nov 28 1877
7. AGE: Years 60 | Months 11 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania.

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs John Burns Butte, Mont.
18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~: Place Mullan Ida. Date Nov 7, 1938
19. UNDERTAKER (Address): J A Bever (wards) Wallace Ida.
20. FILED Nov 13, 1938 John A Bever Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Nov 1 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 193.7, to Nov 1st, 193.8
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 6:10 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other **contributory causes** of importance:	
Pulmonary hemorrhage	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....
(Signed) W. E. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of ~~Bannock~~ SHOSHONE

City of Cataldo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111837

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 60

(No. Residence.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd W. Long

(a) Residence. No. Spirit Lake, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. about 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Evelyn C. Long

6. DATE OF BIRTH (month, day, and year) November 5, 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Snook's Camp

10. Date deceased last worked at this occupation (mo. and yr.) 11/3/38

11. Total time (years) spent in this occupation 22 years

12. BIRTHPLACE (city or town) Wayside
(State or country) Washington

FATHER

13. NAME William A. Long

14. BIRTHPLACE (city or town) Marshaltown
(State or country) Iowa

MOTHER

15. MAIDEN NAME Lucy E. Deeter

16. BIRTHPLACE (city or town) Sioux City
(State or country) Iowa

17. INFORMANT Evelyn C Long.
(Address) Spirit Lake, Idaho

18. BURIAL, CREMATION ~~OR REMOVAL~~
Place Westmond, Idaho Date 11/7/ 193 8

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum, Idaho

20. FILED Nov 30, 1938 Edna Beever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/3 193 8.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Nov 3, 193 8
~~I last saw him alive on ....., 193...~~ death is said to have occurred on the date stated above, at 8:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary thrombosis	Nov 3, 1938
Other contributory causes of importance:	

Name of operation None. Date of .....
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. L. Rutgaden, M. D.
(Address) 1-117 Maple Creek, St Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kingston

RECEIVED
DEC 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111838

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 69

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 105

2. FULL NAME Eric Laurka

(a) Residence No. Kingston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ✓

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year): 5-18-1884

7. AGE — Years: 53 | Months: 5 | Days: 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fisherman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Finland

FATHER
13. NAME: No known information
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address):

18. BURIAL, CREMATION OR REMOVAL
Place: Shipped to Seattle Wash. Date: Nov 11, 1938

19. UNDERTAKER: P. B. Hannaford
(Address): Kellogg Idaho

20. FILED: Dec. 8, 1938 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 7 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..

I last saw him alive on Nov 7 193.. ; death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Arteriosclerosis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 11-7 193..
Where did injury occur? Just Born Creek (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Shot self
Nature of injury Gun shot Self

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Gowen Co. Coroner
(Address) Wallace Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Smeltervill

RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111839

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 70

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 11a

2. FULL NAME W H Murray

(a) Residence No. Smeltervill Ida (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sept. 18-1888 (49)

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 49 | Months 1 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: B H & S Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Zinc Plant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Dakota

FATHER
13. NAME: Albert Murray
14. BIRTHPLACE (city or town) (State or country): No Dakota

MOTHER
15. MAIDEN NAME: Pearl Gelman
16. BIRTHPLACE (city or town) (State or country): No Dakota

17. INFORMANT (Address): Mrs. W. H. Murray Smeltervill Ida

18. BURIAL, CREMATION OR REMOVAL. Place: Nov 12-1938 Date: Kellogg, 193

19. UNDERTAKER (Address): A. L. Thornhill Kellogg Idaho

20. FILED Dec. 8, 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 8 193 8

22 I HEREBY CERTIFY, That I attended deceased from Nov 3, 193 8, to Nov 8, 193 8

I last saw he alive on Nov 8 193 8: death is said to have occurred on the date stated above, at 11:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Influenza	11-2-38

Other **contributory causes** of importance:

Cardiac Failure	11-8-38

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T Anderson M. D.
(Address) Kellogg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111840

Registration District No. 70
Primary Registration District No. 911 Local Registrar's No. 61
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Levesu 51b
(a) Residence No. Mullan Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Levesu

6. DATE OF BIRTH (month, day, and year) Feb 5 1879

7. AGE Years 59 | Months 9 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Matt Lewon
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Matt Lewon
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Margaret Levesu
(Address) Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date Nov 13 1938

19. UNDERTAKER J A Beverlands
(Address) Place Ida

20. FILED Nov 14, 1938 John A Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 193 8, to Nov 13, 193 8
I last saw him alive on Nov 11, 193 8; death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Bladder	1 year
Other contributory causes of importance: None	

Name of operation Cystotomy Date of 10/37
What test confirmed diagnosis? Was there autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ....., 193.....
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. H. Woodcock M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111841

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 68

820 NOV 16 1938

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles W. Thomas

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alma Christensen Thomas
6. DATE OF BIRTH (month, day, and year): June 11, 1871

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	67	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bridge & steel worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel construction Steel contractor
10. Date deceased last worked at this occupation (mo. and yr.): Dec 28 '29
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: ------ Thomas
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Charles W. Thomas Kellogg

18. BURIAL, CREMATION OR REMOVAL
Place: Kellogg Date: Nov 13, 1938

19. UNDERTAKER (Address): O. F. Thornhill Kellogg Idaho

20. FILED Nov. 12, 1938 Mrs. Rene McBride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Nov 9 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..

I last saw him alive on Nov 9 193.., and that said death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Nov. 7
Heart failure	Nov. 9

Other contributory causes of importance: Cardio Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury? Nov 5 193..
Where did injury occur? Highway near Kellogg
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home or in public place. Highway near Kellogg
Manner of injury: Auto accident
Nature of injury: Fractured skull

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Wiley M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 71

DO NOT WRITE IN THIS SPACE
State File No. 111842

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Verna Graham 145a

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: July 23 - 1908

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 29 | Months 3 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Farley Penfield
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Phoebe Nelson
16. BIRTHPLACE (city or town) (State or country): No Dak

17. INFORMANT (Address): Jack Graham Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Gooding Idaho Date: Nov 13, 1938

19. UNDERTAKER (Address): P. J. Thornhill

20. FILED: Dec 12, 1938 Registrar: Helen McBride

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Friday - Nov 11 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1938, to Nov 11, 1938

I last saw her alive on Nov 11 1938: death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Septicemia	11-8-38
Acute Dilitation of Stomach	11-7-38

Other contributory causes of importance:
Pregnancy at term

Name of operation Cesarean Section Date of 11-4-38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Gallaman, M. D.
(Address) for H. T. Anderson Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

DEC 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111843

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 62

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

92 a

2. FULL NAME Con Murphy.

(a) Residence No. Mullan Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 45 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Co Hospital Records. Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Ida. Date: Nov 26, 1938

19. UNDERTAKER (Address): J A Bower (work) Wallace Ida

20. FILED: Nov 25, 1938 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Nov 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 8th 1938, to Nov 13, 1938.
I last saw him alive on Nov 13 1938: death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular heart disease with Broken Compensation	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Buckley M. D.
(Address) Kellogg Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111844

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 63
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 186 a

2. FULL NAME Josephine Jennie McDonald

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female | 4. Color or Race White. | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) June 11 1866

7. AGE — Years 72 | Months 5 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME ~~ Shortslave.

14. BIRTHPLACE (city or town) (State or country) Paris France

MOTHER

15. MAIDEN NAME ~~ George

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Hazel Farnsworth (Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL Place Wallace Ida Date Nov 23, 1938

19. UNDERTAKER E. A. Bever Wards (Address) Wallace Ida

20. FILED Nov 22, 1938 Josephine Bird Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 19 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938, to Nov 19, 1938

I last saw her alive on Nov 19 1938; death is said to have occurred on the date stated above, at 7:25 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute coronary Thrombosis	11-19-38
Chr. myocarditis	
Arteriosclerosis	
Hypertension	
Other **contributory causes** of importance:	
Fx neck of femur	Nov 10-38
Fracture neck of femur	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11-10-38
193.....
Where did injury occur? Slipped on icy walk Wallace Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fawcett Wallace, M. D.
(Address Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
DEC 12 1938

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 72

DO NOT WRITE IN THIS SPACE
State File No. 111845

(No. 94 Bunker Hill)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael T. Reedy

(a) Residence No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (redacted)

6. DATE OF BIRTH (month, day, and year): Apr 21 1881

7. AGE: Years 57 | Months 6 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Transportation Company
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ontario Canada

FATHER
13. NAME: John Reedy
14. BIRTHPLACE (city or town) (State or country): Ont Canada

MOTHER
15. MAIDEN NAME: M Keeley
16. BIRTHPLACE (city or town) (State or country): Ont Canada

17. INFORMANT (Address): Mrs. M. T. Reedy Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date Nov 23, 1938

19. UNDERTAKER (Address): P. J. Shoemaker Kellogg Ida

20. FILED Dec 8, 1938 Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Nov 20 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Nov 20, 1938
I last saw him alive on Nov 20 1938: death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Cerebral Embolism	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. O. Lindsay, M. D.
(Address) Kellogg Idaho

RECEIVED DEC 19 1938

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111846

1. PLACE OF DEATH
County of Shoshone — Registration Dist. No. 123
City of Kellogg — Primary Reg. Dist. No. 2201
(Home, Hospital or Institution) — Local Registrar's No. 73

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Ed Johnson
(a) Residence: Kellogg Idaho 13a1
(If non-resident give city and county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): April 21 1875

7. AGE: Years 63 | Months 7 | Days 1 | If less than 1 day: hrs. ____ min. ____

Occupation:
8. Trade, profession, or particular kind of work done: Painter
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Illinois

Father:
13. NAME: Russell Johnson
14. BIRTHPLACE (City or Town, County and State, or Country): Illinois

Mother:
15. MAIDEN NAME: [illegible] Johnson
16. BIRTHPLACE (City or Town, County and State, or Country): Wisconsin

17. SIGNATURE OF INFORMANT: Mrs. Ed. Johnson
(Address): Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date Nov. 25 1938

19. UNDERTAKER: P. J. Shoenhair
(Address): Kellogg Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Dec. 8 1938 (Date) by Mrs. Helen McBride Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov - 22 - 1938

22. I HEREBY CERTIFY, That I attended deceased from October 25 1938 to November 22 1938
I last saw him alive on November 22 1938 Death is said to have occurred on the date stated above, at 12 a m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Myocarditis			

Contributory causes of importance not related to principal cause: Chronic hypertension

Where was disease first diagnosed? 1936
Name of operation ____ date of ____
Condition for which performed ____
What test confirmed diagnosis? ____
Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____
(Specify city or town, county and state)
Check whether injury occurred in industry____ home____ public place____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(SIGNED) W. L. Lindsay M. D.
(Address) Kellogg Idaho

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111847

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 64

(No. Deceased)

(If death occurred in a hospital or institution, give its name instead of street and number) 108

2. FULL NAME DeLane Wofford.

(a) Residence No. Mullan. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mullan.
(State or country)

FATHER

13. NAME Oscar Wofford
14. BIRTHPLACE (city or town) Bridgeford
(State or country) Mont.

MOTHER

15. MAIDEN NAME Opal Potter
16. BIRTHPLACE (city or town)
(State or country) Colorado.

17. INFORMANT Oscar Wofford
(Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida. Date Nov 30, 1938

19. UNDERTAKER J.A. Bower (Wards)
(Address) Wallace Ida.

20. FILED Nov 30, 1938 John A. Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 26 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1938, to Nov 26, 1938
I last saw her alive on Nov 26 1938: death is said to have occurred on the date stated above, at 9.06 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	

Name of operation ——— Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) F W Rochon, M. D.
(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[CORD]. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh[ould] . State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. . of information

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. Shoshone Coroner

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Clarkia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE
State File No. 111848

DEC 6
Registration District No. 73
Primary Registration District No. 1911
Local Registrar's No. 65
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ed D. Klenard

(a) Residence No. ..... St. Clarkia Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 5-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
81	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1938
11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Ryton Waite Clarkia Ida.

18. BURIAL, CREMATION OR REMOVAL
Buried St Maries Date Nov 29, 1938
STAPISH FUNERAL HOME
19. UNDERTAKER (Address) ST. MARIES, IDAHO

20. FILED Nov 30 1938 Edna Bice
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-27 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ..... 193....., death is said to have occurred on the date stated above, at 2:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
due to Chronic	2-3dd
Nephritis	

Other contributory causes of importance:
Bronchopneumonia, Fibrinosa lateralis, Fracture femur, Severe type

Name of operation None Date of ..... What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Woolsey Coroner M. D.
(Address) Wallace Ida

111843

66

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 66

1. PLACE OF DEATH — 1938

County of Shoshone — Registration Dist. No. 10

City of Wallace — Primary Reg. Dist. No. 1011

Wallace Hospital (Home, Hospital or Institution) — Local Registrar's No.

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Bernice St Amand

(a) Residence: Kellogg Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): Dec 26 1913

7. AGE: Years 25 | Months | Days 28 | If less than 1 day: hrs. ____ min. ____

Occupation:

8. Trade, profession, or particular kind of work done: Clerk in Dress Shop

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Idaho

Father:

13. NAME O. D. St Amand

14. BIRTHPLACE (City or Town, County and State, or Country): New York

Mother:

15. MAIDEN NAME Borg Pederson

16. BIRTHPLACE (City or Town, County and State, or Country): Wisconsin

17. SIGNATURE OF INFORMANT Wallace Hospital

(Address)

18. BURIAL, CREMATION OR REMOVAL — Place Spokane Wash. Date Dec 7 1938

19. UNDERTAKER F. J. Thornhill

(Address) Kellogg Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 3 1938 (Date) by John L Boyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1938 to Nov 28 1938

I last saw her alive on Nov 28 1938 Death is said to have occurred on the date stated above, at 9:00 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Pubo ovarian Abscess			
Peritonitis			

Contributory causes of importance not related to principal causes: Cancer

Where was disease first diagnosed? Salpingo oophorectomy

Name of operation Drainage Date of Nov 21

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? Was there an inquest?

23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) Max T. Smyth M. D.

(Address) Wallace Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111850

PLACE OF DEATH
County of Shoshone DEC 6 - 1938
City of Mullan
Registration District No. 70
Primary Registration District No. 1011
(No. Residence)
Local Registrar's No. 67

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shirley Helen Poundexter

(a) Residence. No. Mullan Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

130

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Girl
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Infant.

6 DATE OF BIRTH (month, day and year): Oct 15 1938

7 AGE: Years | Months: 1 | Days: 15 day | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mullan Ida

PARENTS
10 NAME OF FATHER: Earl Poundexter
11 BIRTHPLACE OF FATHER (city or town) (State or country): Victor Mont
12 MAIDEN NAME OF MOTHER: Celia Hickey
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Victor Mont

14 Informant: Earl Poundexter
(Address): Mullan Ida.

15 Filed Nov 30, 1938 John A Bower Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 30 (Day) 1938 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938, to Nov 30, 1938, that I last saw her alive on Nov 30, 1938, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:
Gastritis
(duration) ____ yrs. ____ mos. ____ ds.
CONTRIBUTORY (Secondary): Malnutrition
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Abnormal in brain

(Signed) F W Ralph, M. D.
Nov 30, 1938 (Address) Mullan Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Hamilton Mont.	Dec 4 1938
20. Undertaker	Address
J A Bower (Wards)	Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHETHER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Teton
City of Tetonia

DEC 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
111851
State File No.

Registration District No. 77
Primary Registration District No. 9176
Local Registrar's No. 4

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

109a

2. FULL NAME Margaret Sharon Beard

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — Oct. 14, 1938

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bobby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Teton Co. Idaho, Near Tetonia

FATHER
13. NAME Newry Beard
14. BIRTHPLACE (city or town) (State or country) Tetonia, Idaho, U.S.A.

MOTHER
15. MAIDEN NAME ~~Hoban~~ Helen Long
16. BIRTHPLACE (city or town) (State or country) Montpelier

17. INFORMANT (Address) Mrs. Amy Beard

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Clawson Ida Date 11-9-, 1938

19. UNDERTAKER
(Address)

20. FILED 11-14-1938 Alice M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably a	
Pneumonia	Nov. 2, 1938

Other contributory causes of importance:
Deceased called after infant died. Baby had not been very ill, but was found dead.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. C. Reiser M. D.
(Address) Driggs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Teton
City of Tetonia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111852

Registration District No. 77
DEC 1 - 1938
Primary Registration District No. 9176
Local Registrar's No. 5
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph D. Fairbanks
(a) Residence. No. Driggs, Ida St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....
6. DATE OF BIRTH (month, day, and year): August 6th 1906
7. AGE — Years: 32 | Months: 3 | Days: 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Helper Sta.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Veterinarian
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation 2 y

12. BIRTHPLACE (city or town) (State or country): Driggs Ida

MOTHER FATHER
13. NAME: Frank P. Fairbanks
14. BIRTHPLACE (city or town) (State or country): Nevada
15. MAIDEN NAME: Emma M. Woolsey
16. BIRTHPLACE (city or town) (State or country): Nevada
17. INFORMANT (Address): Frank P. Fairbanks

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Driggs Ida Date 11-27-1938
19. UNDERTAKER (Address): W. M. Hargrave St Anthony Ida
20. FILED 11-29-1938 Alvie M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-25-1938
22. I HEREBY CERTIFY, That I attended deceased from 7:00 a.m. 11/25, 1938, to 10:30 a.m. 11/25, 1938.
I last saw him alive on 11/25, 1938, death is said to have occurred on the date stated above, at 10.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basilar Skull Fracture	11/25/38
Concussion of brain	
Other **contributory causes** of importance:	

Name of operation None performed Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide Accident Date of injury 11/25/1938
Where did injury occur? Near Tetonia, Idaho, Teton Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Auto ran into a passing Train
Manner of injury While driving on highway
Nature of injury Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) L. S. Farmer, M. D.
(Address) Driggs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Burley
R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111853

Registration District No. 39
Primary Registration District No. 8087 Local Registrar's No.
(No. Burley Rfd)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Jane Burgess

(a) Residence. No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21 / 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burley Ida.

MOTHER FATHER
13. NAME Edgar Burgess
14. BIRTHPLACE (city or town) (State or country) Pickerville Penn
15. MAIDEN NAME Lelar Kirkbride
16. BIRTHPLACE (city or town) (State or country) Burley Ida

17. INFORMANT Edgar Burgess
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Ida Date Nov 1, 1938

19. UNDERTAKER Evans & Johnson
(Address) Burley Evans & Johnson

20. FILED 11/1, 1938. Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/1 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1938, to 11-1, 1938
I last saw her alive on Oct 31, 1938: death is said to have occurred on the date stated above, at 11:00 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spastic paraplegia	birth
Convulsions	
cause not known	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) Vern H. Anderson, M.D.
(Address) Burley, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer
RECEIVED
DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 111854
Local Registrar's No. 219

(No. .)
(If death occurred in a hospital or institution, give its name instead of street and number) 946

2. FULL NAME Rupert Alma Tegan

(a) Residence No. Filer, Idaho R.R.#3 St.
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Ella Tegan

6. DATE OF BIRTH (month, day, and year) 4/30-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, (State or country) Utah

FATHER
13. NAME J.H.Tegan
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Katrina Bastian
16. BIRTHPLACE (city or town) Washington, (State or country) Utah

17. INFORMANT Mrs. Rupert Tegan (Address) Filer, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Filer Place I.O.O.F.Cem. Date 11-12-, 1938

19. UNDERTAKER Drake-Reynolds Fun. Home (Address) Twin Falls, Idaho

20. FILED 11-12-, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/10-1938

22 I HEREBY CERTIFY, That I attended deceased from 11/9/, 1938, to 11/10/, 1938
I last saw h. im alive on 11/10/ 1938.: death is said to have occurred on the date stated above, at 12:35a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
following Coronary thrombosis	

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury , 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James W. Creek, M. D.
(Address) Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Hansen
DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 111855
Local Registrar's No. 225

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Malvina McLey,

(a) Residence No. Hansen, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ruben McLay (deceased)

6. DATE OF BIRTH (month, day, and year) 4-12-1852

7. AGE: Years 86 | Months 7 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Pleasant
(State or country) Ohio

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) United States

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) United States

17. INFORMANT W. L. McLey
(Address) Hansen, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Date 11-17, 1938
cemetery

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 11-22, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-17-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938, to Nov 12, 1938
I last saw her alive on Nov 12 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	?
Other contributory causes of importance:	
Senility	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harry Albaugh, M. D.
(Address) Kimberly, Idaho

111856

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37
City of Twin Falls — Primary Reg. Dist. No. 2085
Suburban Maternity Home (Home, Hospital or Institution) — Local Registrar's No. 220

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED
DEC 13 1938

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

159

2. FULL NAME Gerald Gene Charter

(a) Residence: Cedar Creek, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of: -----

6. Date of Birth (Month, day and year): November 11, 1938

7. AGE: Years: 0 | Months: 0 | Days: 1 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done:
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Twin Falls, Idaho

Father

13. NAME: R.R. Charter
14. BIRTHPLACE (City or Town, County and State, or Country): Webb, Oklahoma

Mother

15. MAIDEN NAME: Marie Ferguson
16. BIRTHPLACE (City or Town, County and State, or Country): Fort Steele, Wyoming

17. SIGNATURE OF INFORMANT: R R Charter
(Address): Cedar Creek Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls, Idaho Date: 11-12 1938

19. UNDERTAKER: S.C. Phillips
(Address): Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 11-15 1938 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1938 to Nov 12 1938

I last saw him alive on Nov 11 1938 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Atelectasis			
Contributory causes of importance not related to principal causes: Pre-mature.			

Where was disease first diagnosed? Nov. 11

Name of operation 0 date of

Condition for which performed 0

What test confirmed diagnosis? 0

Was there an autopsy? 0 Was there an inquest? 0

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury
, 19 Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry home public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(SIGNED) J.E. Langenwalter M. D.
(Address) Twin Falls Ida

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111857

Registration District No. 39

DEC 12 1938

Primary Registration District No. 2087 Local Registrar's No.

(No. Buhl Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) I 9564

2. FULL NAME Sarah Krauel

(a) Residence. No. Buhl Hospital St. Rfd
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Krauel

6. DATE OF BIRTH (month, day, and year) May 15 - 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Frawley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora Knavon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robert Krauel
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date Nov 15, 1938

19. UNDERTAKER Evans & Thyson
(Address) Buhl Ida Johnson

20. FILED Nov 15, 1938 Annastine Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 12 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938, to Nov 12, 1938
I last saw h~~e~~ alive on Nov 12, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Sept 23/1938
Pneumonia, Lobar	Nov 12/38
Other contributory causes of importance:	
Obesity	1920
Coal Oil Pneumonia Abscess	1938

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John W Wanless M.D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11598

DEC 13 1938

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 219

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. ~~Jessie~~ Dales Barkley,

(a) Residence No. Twin Falls, Idaho. St. Justemere Inn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

46c

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (deceased) Orlando F. Barkley

6. DATE OF BIRTH (month, day, and year) 8-30-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester, New York.

FATHER

13. NAME James R. Dales,
14. BIRTHPLACE (city or town) (State or country) Rochester, New York.

MOTHER

15. MAIDEN NAME Eliza Scott,
16. BIRTHPLACE (city or town) (State or country) Rochester, N.Y.

17. INFORMANT E. F. Barkley
(Address) Twin Falls Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Fairfield, Illinois Date 11-15, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 11/15/38, 193 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 14, 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-2, 1938, to 11-14-, 1938

I last saw her alive on 11-11 1938: death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas of abdomen.	10-15-38
Probably carcinoma	
Other contributory causes of importance:	
Senility	

Name of operation No Date of ✓
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard A. Laughlin, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Hollister

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111850

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 221
(No.)

DEC 13 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Brown

(a) Residence No. Hollister, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or ~~WIFE of~~) Bessie Brown (deceased)

6. DATE OF BIRTH (month, day, and year) 2-18-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Janesville,
(State or country) Wisconsin

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMANT Mrs. W.M. McDaniel
(Address) Hollister, Idaho

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place Oakland, Cal Date 11-17-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED Nov. 16, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 14 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h~~im~~ ~~alive on~~ 11/15 193.. ~~f~~: death is said to have occurred on the date stated above, at 6:30 P.M

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Coronary occlusion	11/14/38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo C Halley, M. D.
(Address) Coroner Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
REGISTERED
DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11186

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 223
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Levi Anderson

(a) Residence No. 435 3rd. ave. east Twin Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Jessie May Anderson

6. DATE OF BIRTH (month, day, and year) 1/30-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Havana, Ill.
(State or country)

FATHER
13. NAME Joseph Anderson
14. BIRTHPLACE (city or town) UNKNOWN
(State or country)

MOTHER
15. MAIDEN NAME Mary Geary
16. BIRTHPLACE (city or town) UNKNOWN
(State or country)

17. INFORMANT Myrtle Henderson
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. 11/18/, 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED 11-14, 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/16 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-21, 1938 to Nov. 16, 1938
I last saw him alive on 11-3 1938: death is said to have occurred on the date stated above, at 11:15p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9-20-38
Other contributory causes of importance: Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) John F. Hauptlein M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Hollister

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 111861

Local Registrar's No. 224

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alonzo Cicero McCowan

(a) Residence No. ~~Hollister~~ Twin Falls, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca McCowan

6. DATE OF BIRTH (month, day, and year) 1/10-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Chanute, Kan.
(State or country)

FATHER
13. NAME John McCowan
14. BIRTHPLACE (city or town) .....
(State or country) Ohio

MOTHER
15. MAIDEN NAME Dora Hill
16. BIRTHPLACE (city or town) .....
(State or country) Illinois

17. INFORMANT A. C. McCowan
(Address) Hollister Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 11/19/, 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED 11-14-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/16/1938

22 I HEREBY CERTIFY, That I attended deceased from 7-26, 1938, to 11/16/, 1938
I last saw him alive on 11-11 1938: death is said to have occurred on the date stated above, at 1:00p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1937
Other contributory causes of importance:	

Name of operation 0 Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Davis, M. D.
(Address) Twin Falls, Idaho

111862

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Twin Falls, Registration Dist. No. 37

City of Twin Falls. Primary Reg. Dist. No. 2085

Local Registrar's No. 226 RECEIVED

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 16 | Mos. | Days

How long in City or Town: Yrs. 6 | Mos. | Days

How long in U.S. if of foreign birth? DEC 19 1938

2. FULL NAME Aaron Alvey,

(a) Residence: Twin Falls, Idaho. Route #1. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If married, widowed, or divorced — Husband of (or) Wife of: Mary Alvy (deceased)

6. Date of Birth (Month, day and year): March 19, 1866

7. AGE: Years 72 | Months 7 | Days 28 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): England

Father

13. NAME: William Alvey.

14. BIRTHPLACE (City or Town, County and State, or Country): England

Mother

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (City or Town, County and State, or Country): England

17. SIGNATURE OF INFORMANT: Mary Alvey

(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Sunset Memorial Park Date 11-21 1938

19. UNDERTAKER White Mortuary, Inc.

(Address) Twin Falls, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-21-1938 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov., 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from about June 1 1938 to Nov., 17, 1938

I last saw him alive on Nov. 17 1938 Death is said to have occurred on the date stated above, at 4:40 P.M. a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Coronary block.			

Contributory causes of importance not related to principal causes: Mitral valve leak.

Where was disease first diagnosed? Not known

Name of operation None date of

Condition for which performed None

What test confirmed diagnosis? Physical.

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury None, 19

Where did injury occur? None (Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) [signature] M. D.

(Address) Twin Falls, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls,

City of Twin Falls

REC[illegible]

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

(No.)

DO NOT WRITE IN THIS SPACE

State File No. 111863

Local Registrar's No. 227

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George H. Miller,

(a) Residence No. 150- N. Washington, St. Twin Falls, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Ida (deceased)

6. DATE OF BIRTH (month, day, and year) 4-19-1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Johnstown,
(State or country) Penn

FATHER

13. NAME Chris Miller,

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Penn

17. INFORMANT Logan K. Miller
(Address) R.F.D. Twin Falls Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls cemetery Date 11-21, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 11-21-, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov., 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1938 to Nov., 17, 1938

I last saw him alive on Nov. 17 1938; death is said to have occurred on the date stated above, at 3 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	Sept 1935
Other contributory causes of importance: Bronchial Asthma	1902.

Name of operation c Date of c

What test confirmed diagnosis? c Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John V. Houghton M. D.

(Address) Twin Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111864

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37
City of Twin Falls — Primary Reg. Dist. No. 1085
(Home, Hospital or Institution) — Local Registrar's No. 228 RECEIVED

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	22	0	13

How long in U. S. if of foreign birth? | Yrs. | Mos. | Days |

DEC 15 1938

72-c

2. FULL NAME Charles Thomas McRill

(a) Residence: 1128 -7th Ave.E. Twin Falls, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced — Husband of (or) Wife of:

6. Date of Birth (Month, day and year): Aug., 5th, 1916

7. AGE — Years: 22 | Months: 3 | Days: 13 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: truck driver
9. Industry or business in which work was done: Western Bottling Co. Inc.
10. Date deceased last worked at this occupation (month and year): 10-14-38
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Percy, Illinois

Father

13. NAME: O. Gilbert McRill
14. BIRTHPLACE (City or Town, County and State, or Country): Coulterville, Illinois

Mother

15. MAIDEN NAME: Cora B. Mathis
16. BIRTHPLACE (City or Town, County and State, or Country): Percy, Illinois

17. SIGNATURE OF INFORMANT: Mrs C. McRill

(Address) 1128-7th Ave.E. Twin Falls.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Twin Falls Cem. Date 11-20 19 38

19. UNDERTAKER White Mortuary, Inc.

(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-21- 1938 (Date) by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov., 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1938 to Nov., 18, 1938

I last saw ~~him~~ alive on Nov., 17 1938 Death is said to have occurred on the date stated above, at 6 30 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Acute Lymphatic Leukemia	1938	Nov	1
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Twin Falls Idaho

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? Blood Count & Smear

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) C R Weaver M. D.

(Address) Twin Falls, Idaho.

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111865

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37

City of Twin Falls — Primary Reg. Dist. No. 1085

(Home, Hospital or Institution) — Local Registrar's No. 230 RECEIVED

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 22 | Mos. | Days

How long in U.S.A., if of foreign birth? DEC 15 1938 Yrs. | Mos. | Days

2. FULL NAME Mrs. Cora Mussell Smith,

(a) Residence: 156 - 9th Ave., N. Twin Falls, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: female

4. White, Black, Yellow, Red: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Ralph B. Smith

6. Date of Birth (Month, day and year): March 7, 1891

7. AGE — Years: 47 | Months: 8 | Days: 16 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Idaho.

Father

13. NAME: Jacob Mussell

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME:

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Ralph B. Smith

(Address) 156-9th Ave.N. Twin Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Twin Falls Cemetery Date 11-26-38

19. UNDERTAKER: White Mortuary, Inc.

(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Nov 29 1938 by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov., 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1920 to Nov., 23 1938

I last saw her alive on Nov., 23, 1938 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Coronary occlusion	38	11	23

Contributory causes of importance not related to principal causes: 0

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) [signature] M. D.

(Address) Twin Falls, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Buhl
R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111866

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1072

2. FULL NAME Susan Senften

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Senften Sr.

6. DATE OF BIRTH (month, day, and year) Aug. 27th. 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lauterbrunnen Switzerland

FATHER

13. NAME Christian Von Allman

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Switzerland.

17. INFORMANT Walter C. Senften
(Address) Buhl, Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Buhl, Ida. Date 11/27/1938

19. UNDERTAKER Evens & Johnson
(Address) Buhl, Ida.

20. FILED Nov 27, 1938 Christina Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24/38

22. I HEREBY CERTIFY, That I attended deceased from 11/21/38, 193..., to 11/24, 193 8.
I last saw her alive on 11/24, 193 8: death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	11/21/38
Senility	

Other contributory causes of importance:

Cardiac dilatation & degenerating heart	11/24/38

Name of operation ~~Autopsy~~ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A. Wheeler, M. D.
(Address) Buhl Ida

Write Plainly with Unfading Ink — This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111867

1. PLACE OF DEATH

County of Twin Falls Registration Dist. No. 37
City of Twin Falls Primary Reg. Dist. No. 2085
Twin Falls Co. Gen. Hosp. Local Registrar's No. 231
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days 31

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

DEC 13 1938

2. FULL NAME Mrs. Alice E. Vinyard 139b

(a) Residence: Eden, Idaho
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: female
4. White, Black, Yellow, Red: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced (or) Wife of: Everett Vinyard

6. Date of Birth (Month, day and year): Dec. 24, 1906

7. AGE: Years 31 | Months 11 | Days 1 | If less than 1 day hrs. ____ min. ____

Occupation
8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): LaJunta, Colorado

Father
13. NAME: John C. Davis
14. BIRTHPLACE (City or Town, County and State, or Country): West Virginia

Mother
15. MAIDEN NAME: Etta Mizell
16. BIRTHPLACE (City or Town, County and State, or Country): Missouri

17. SIGNATURE OF INFORMANT: Everett Vinyard
(Address): Eden Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls Cem. Date: 11-27-38

19. UNDERTAKER: White Mortuary, Inc.
(Address): Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Nov 29 1938 (Date) by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 19 38 to Nov 25 1938
I last saw her alive on Nov 24 19 38 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Infection Rt tube Nonspecific.			
With gangrenous area on sigmoid.			
Peritonitis.			

Contributory causes of importance not related to principal causes
Terminal
Terminal broncho pneumonia
probable Subphrenic abscess.

Where was disease first diagnosed? Abd Laparotomy Oct 24
Name of operation ____ date of ____
Condition for which performed Exploratory.
What test confirmed diagnosis? clinical, + Op.
Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____
____, 19____ Where did injury occur? ____
(Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) [signature] M. D.
(Address) Twin Falls Idaho

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111868

DEC 1 1938

1. PLACE OF DEATH

County of Twin Falls Registration Dist. No. 37

City of Twin Falls Primary Reg. Dist. No. 1085

Twin Falls General Hospital (Home, Hospital or Institution) Local Registrar's No. 233

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	13	1	24

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

2. FULL NAME Alice Ada Eaton

(a) Residence: 207 8th Ave E (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of: -----

6. Date of Birth (Month, day and year): October 1, 1925

7. AGE — Years: 13 | Months: 1 | Days: 24 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Student

9. Industry or business in which work was done: School

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Kimberly, Idaho

Father

13. NAME: Roy Eaton

14. BIRTHPLACE (City or Town, County and State, or Country): Fairbury - Nebraska

Mother

15. MAIDEN NAME: Alice Harley

16. BIRTHPLACE (City or Town, County and State, or Country): Lenior - N. Carolina

17. SIGNATURE OF INFORMANT: Roy Eaton

(Address): 207 8th Ave E

18. BURIAL, CREMATION OR REMOVAL

Place Sunset Memorial Date 11-28 1938

19. UNDERTAKER: S.C. Phillips

(Address): Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Nov 30 1938 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 24 1938 to November 25 1938

I last saw h[illegible] alive on November 25 1938 Death is said to have occurred on the date stated above, at 2:20 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Skull - Fracture base	1938	11	24
Ribs - Fracture Rt.	1938	11	24
Contributory causes of importance not related to principal causes: Pneumonia	1938	11	25

Where was disease first diagnosed? Hospital

Name of operation None date of None

Condition for which performed None

What test confirmed diagnosis? Clinical

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury Nov. 24, 1938 Where did injury occur? Twin Falls, Idaho (Specify city or town, county and state)

Check whether injury occurred in industry — home — public place —

Manner of injury Automobile accident

Nature of injury Skull fracture, Rib fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) Charles B. Reymer M. D.

(Address) Twin Falls, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 11865

1. PLACE OF DEATH

County of Twin Falls, Registration Dist. No. 37
City of Twin Falls Primary Reg. Dist. No. 2085
Twin Falls Co.Gen.Hospital Local Registrar's No. R.L. 232
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days 23

How long in U. S. if of foreign birth? | Yrs. | Mos. | Days

DEC 13 1936

2. FULL NAME Bill Evans

(a) Residence: San Jacinto, Nevada (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: male
4. White, Black, Yellow, Red: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of: single

6. Date of Birth (Month, day and year): March 17, 1884

7. AGE: Years 54 | Months 8 | Days 9 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Stockman
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year): 10-27-38
11. Total time (yrs.) spent in this occupation: 15 yrs

12. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Father

13. NAME: Unknown
14. BIRTHPLACE (City or Town, County and State, or Country):

Mother

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (City or Town, County and State, or Country):

17. SIGNATURE OF INFORMANT: A.M. Bowman
(Address) San Jacinto, Nevada

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 11-28-1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Nov. 29 (Date) 1938 by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov., 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26 1938 to Nov., 26, 1938
I last saw h~~e~~ alive on Nov. 26 1938 Death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Heart failure	38	10	12
Acute Congestion			
Endocarditis not known			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? 10/26/38
Name of operation None date of —
Condition for which performed —
What test confirmed diagnosis? clinical
Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry— home— public place—
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) J. M. Davis M. D.
(Address) Twin Falls, Idaho.

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 229

DO NOT WRITE IN THIS SPACE
State File No. 111870

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Melvina Albertsen Weighall

(a) Residence No. Contact, Nevada Twin Falls, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
WIFE of J. S. Weighall

6. DATE OF BIRTH (month, day, and year) 8/31-1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Denmark

FATHER

13. NAME Carl Albertsen

14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Mrs. Clarence Ford
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 11/30/, 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED 11-29, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/27-38

22 I HEREBY CERTIFY, That I attended deceased from 11/26, 1938, to 11/27/, 1938
I last saw her alive on 11/27 1938: death is said to have occurred on the date stated above, at 2:50a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration & Decompensation	1934

Other contributory causes of importance:

Adductus Left leg	Nov 26 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dr. E. T. Reese M.D.
(Address) Twin Falls, Idaho

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111871

1. PLACE OF DEATH

County of Twin Falls, Registration Dist. No. 37

City of Twin Falls Primary Reg. Dist. No. 1085

(Home, Hospital or Institution) Local Registrar's No. 235

RECEIVED DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 20 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

107a

2. FULL NAME Margaret Louise Shown,

(a) Residence: 336 - 5th Ave., E. Twin Falls, Idaho.

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): March 5, 1918

7. AGE: Years 20 | Months 8 | Days 22 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Student

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Buhl, Idaho

Father

13. NAME: Oscar C. Shown,

14. BIRTHPLACE (City or Town, County and State, or Country): Rye, Colo.

Mother

15. MAIDEN NAME: Bonnie Jameson,

16. BIRTHPLACE (City or Town, County and State, or Country): Pueblo, Colo.

17. SIGNATURE OF INFORMANT: x O. C. Shown

(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Twin Falls Cem. Date 11-30-1938

19. UNDERTAKER White Mortuary, Inc.

(Address) Twin Falls, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-30-1938 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov., 27, 1938.

22. I HEREBY CERTIFY, That I attended deceased from ~~Nov.~~ 18 1938, to Nov., 27, 1938

I last saw her alive on Nov., 27 1938. Death is said to have occurred on the date stated above, at 10:25 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Bronchopneumonia	1938	11	18
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? 11/18/38

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? Physical Diagnosis

Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(SIGNED) Dr. C. T. Rees M. D.

(Address) Twin Falls, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls.

City of Buhl,

R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111872

DEC 12 1938

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No. 159

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Kaster

(a) Residence. No. .... St. ....

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of x

6. DATE OF BIRTH (month, day, and year) Nov. 27-1938

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. x

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Buhl,
(State or country) Ida.

FATHER

13. NAME Fritz Kaster

14. BIRTHPLACE (city or town) Byron,
(State or country) Neb

MOTHER

15. MAIDEN NAME Beunah Myers

16. BIRTHPLACE (city or town) Buhl,
(State or country) Ida.

17. INFORMANT Fritz Kaster
(Address) Buhl, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Date Nov. 28, 1938

19. UNDERTAKER Evans & Johnson,
(Address) Buhl, Ida.

20. FILED 11/28, 1938 Anna Patricia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/27 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1938, to 11/27, 1938

I last saw him alive on 11/27, 1938; death is said to have occurred on the date stated above, at 8:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
(Less than 7 months)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ~~Date of injury~~ ..., 193...

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ....

(Signed) Evans & Johnson M. D.

(Address) Buhl Idaho

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111873

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37
City of Twin Falls — Primary Reg. Dist. No. 2085
Twin Falls General Hospital (Home, Hospital or Institution) — Local Registrar's No. 234

RECEIVED
DEC 13 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	19		

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

2. FULL NAME Walter Rock
(a) Residence: Twin Falls, Ida - R.F.D. 1 (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE	4. White, Black, Yellow, Red	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced Husband of (or) Wife of -----

6. Date of Birth (Month, day and year) February 20, 1868

7. AGE	Years	Months	Days	If less than 1 day
	70	9	8	hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer
9. Industry or business in which work was done: Farm
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (yrs.) spent in this occupation ____

12. BIRTHPLACE (City or Town, County and State, or Country): Salem, Indiana

Father

13. NAME S.E. Rock
14. BIRTHPLACE (City or Town, County and State, or Country): Indiana

Mother

15. MAIDEN NAME Elizabeth Marks
16. BIRTHPLACE (City or Town, County and State, or Country): Indiana

17. SIGNATURE OF INFORMANT X Mrs P E Merrill
(Address) Twin Falls Ida. RR1.

18. BURIAL, CREMATION OR REMOVAL
Place Elmo, Kansas Date 11-30 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Nov. 30 1938 (Date) by [signature] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1 1938 to November 28 1938
I last saw him alive on November 28 1938 Death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Bladder - Carcinoma	1937		
Contributory causes of importance not related to principal causes: Myocarditis Chronic	unknown		

Where was disease first diagnosed? Oakland California
Name of operation Cystoscopy date of Nov 28, 1938
Condition for which performed Bladder Hemorrhage
What test confirmed diagnosis? Clinical
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury No
____, 19____ Where did injury occur? ____ (Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Charles B. Reyner M. D.
(Address) Twin Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111874

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 236

(No. Twin Falls Co. Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vincent Cordell Schoonover

(a) Residence No. Nth. Jackson Street Twin Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3-6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Betty Schoonover

6. DATE OF BIRTH (month, day, and year) 3/1-1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkville, Mo.

FATHER

13. NAME J.D. Schoonover

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Nellie Williams

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs. Betty Schoonover
(Address) Twin Falls, Idaho

18. BURIAL, ~~REMOVAL~~
Place Filer, Idaho Date 12/3/ 193 8

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED 12-2-, 193 8 J. Saunders Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/20, 193 8, to 11/30/, 193 8

I last saw him alive on 11/30 193 8.: death is said to have occurred on the date stated above, at 9:45p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree burns	
face and hands	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 193

Where did injury occur? No
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place No Home burned

Manner of injury No

Nature of injury No was burned getting out

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Worthwine, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111875

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 237

(No.) Twin Falls Co. Indigent Farm

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Revelry

(a) Residence No. Twin Falls Co. Indigent Farm St. Twin Falls, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	(?)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/4-1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT William Shipman
(Address) Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Twin Falls Co. Cem. Date 12/3/ 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls Idaho

20. FILED ..... 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/1 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-1 1938, to 12/1/ 1938

I last saw h. 1m alive on 11-30 1938: death is said to have occurred on the date stated above, at 8:30p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary block	

Other **contributory causes** of importance:

Senility	

Name of operation Un Date of

What test confirmed diagnosis? Physical Was there an autopsy? Un

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Un Date of injury Un, 193.....

Where did injury occur? Un
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Un

Manner of injury Un

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Un If so, specify

(Signed) J. T. Winkley, M. D.

(Address) Twin Falls, Idaho

111876

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37
City of Twin Falls — Primary Reg. Dist. No. 1085
714 2nd Ave E (Home, Hospital or Institution) — Local Registrar's No. 238

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 30 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

REC DEC 13 1938

2. FULL NAME Thomas Eldon Lucas
(a) Residence: 714 2nd Ave E (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of ~~or Wife of~~ Margaret L. Lucas

6. Date of Birth (Month, day and year) December 8, 1868

7. AGE: Years 69 | Months 11 | Days 23 | If less than 1 day hrs. ____ min. ____

Occupation:
8. Trade, profession, or particular kind of work done: Retired Merchant
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country) Carrolton - Missouri

Father:
13. NAME Thacker M. Lucas
14. BIRTHPLACE (City or Town, County and State, or Country) North Carolina

Mother:
15. MAIDEN NAME Mary C. Banks
16. BIRTHPLACE (City or Town, County and State, or Country) Howard County - Missouri

17. SIGNATURE OF INFORMANT Tom E. Lucas
(Address) 1423 7th Ave E

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Idaho Date 12-3 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Dec 5 1938 by [signature] Registrar
(Date)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 1- 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1931 to December 1938
I last saw him alive on Nov 30 1938 Death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Coronary occlusion	38	12	1
Contributory causes of importance not related to principal cause:			
arterial hyper-tension	1928		

Where was disease first diagnosed? at my office
Name of operation ✓ date of ____
Condition for which performed ✓
What test confirmed diagnosis? ✓
Was there an autopsy? No Was there an inquest? ____

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) John [illegible] M. D.
(Address) Twin Falls Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111877

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37

City of Rogerson — Primary Reg. Dist. No. 2085

Home — Local Registrar's No. 241

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 30 | Mos. | Days

How long in U. S. if of foreign birth? DEC 1 | Yrs. | Mos. | Days

2. FULL NAME Mrs. Fannie M. Curtis

(a) Residence: Rogerson, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced Husband of (or) Wife of: Lincoln Curtis (deceased)

6. Date of Birth (Month, day and year): Sept. 16, 1868

7. AGE: Years 70 | Months 2 | Days 17 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Illinois

Father

13. NAME: Marshal Herrington

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Everhart

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Ora M. Hetsley

(Address) Rogerson, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls Cem. Date 12-6- 1938

19. UNDERTAKER: White Mortuary, Inc

(Address) Twin Falls, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 7 1938 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec., 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9th 1938 to Dec., 3, 1938

I last saw her alive on Dec., 3 - 1938 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cerebral Hemorrhage			
Contributory causes of importance not related to principal causes: High blood pressure			

Where was disease first diagnosed? At home,

Name of operation None date of —

Condition for which performed —

What test confirmed diagnosis? Clinical

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury — —, 19____ Where did injury occur? ____

(Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(SIGNED) H. E. Lamb M. D.

(Address) Twin Falls, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

243

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111878

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37
City of Twin Falls — Primary Reg. Dist. No. 2085
Hansen, Idaho (Home, Hospital or Institution) — Local Registrar's No. 243

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 17 | Mos. | Days

How long in U. S. if of foreign birth? | Yrs. | Mos. | Days

DEC 13 1938

2. FULL NAME Charles Aaron Astin
(a) Residence: Hansen, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced Husband of (or) Wife of: -----
6. Date of Birth (Month, day and year): December 21-1858
7. AGE: Years 79 | Months 11 | Days 12 | If less than 1 day hrs. ____ min. ____

Occupation
8. Trade, profession, or particular kind of work done: Retired Farmer
9. Industry or business in which work was done: Farm
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): La Grange, Wisconsin

Father
13. NAME: George Astin
14. BIRTHPLACE (City or Town, County and State, or Country): England

Mother
15. MAIDEN NAME: No Inf.
16. BIRTHPLACE (City or Town, County and State, or Country): No Inf

17. SIGNATURE OF INFORMANT: Vesseta E. Tattyson
(Address) Hansen Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 12-5 1938

19. UNDERTAKER: S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12/1/38 (Date) 193__ by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 3-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1938 to Dec 3 1938
I last saw him alive on Dec 3 1938 Death is said to have occurred on the date stated above, at 1.00 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Congestive heart failure	1		
Contributory causes of importance not related to principal causes			
Senility			

Where was disease first diagnosed? Hansen, Idaho
Name of operation none date of —
Condition for which performed —
What test confirmed diagnosis? None
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? ____ (Specify city or town, county and state)
Check whether injury occurred in industry__ home__ public place__
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Harry Alban M. D.
(Address) Kimberly, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111879

1. PLACE OF DEATH

County of Twin Falls, Registration Dist. No. 37

City of Twin Fall. Primary Reg. Dist. No. 2085

Twin Falls Co.Gen.Hospital Local Registrar's No. 242

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. 15 | Days XXX

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

DEC 13 1938

2. FULL NAME Jack Forrest Mason,

(a) Residence: Kimberly, Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — Husband of (or) ~~Wife of~~: Mary H. Mason

6. Date of Birth (Month, day and year): Jan. 14, 1890

7. AGE: Years 48 | Months 10 | Days 21 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farm laborer

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Success, Missouri

Father

13. NAME: William Mason

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Catherine Mason

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Mary H Mason

(Address): Kimberly, Idaho.

18. BURIAL, CREMATION OR REMOVAL —

Place: Filer Cemetery Date: 12-7-19 38

19. UNDERTAKER: White Mortuary, Inc.

(Address): Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec. 7 19 38 (Date) by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 38 to Dec 19 38

I last saw him alive on Dec 4 19 38 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Leukemia, chronic myelogenous		2	
acute Pulmonary edema		Dec	4

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Kimberly, Idaho

Name of operation none date of —

Condition for which performed —

What test confirmed diagnosis? Blood smears & counts

Was there an autopsy? Yes Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Harry Albaugh M. D.

(Address) Kimberly, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Boiling Springs

DEC 3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 088111

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 13
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 184

2. FULL NAME Kenneth Haynes
(a) Residence. No. Homedale Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 5 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	10	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Eagle (State or country) Idaho

FATHER
13. NAME John W. Haynes
14. BIRTHPLACE (city or town) Mervin (State or country) Kansas

MOTHER
15. MAIDEN NAME Lena J. Yongue
16. BIRTHPLACE (city or town) Nodaway (State or country) Idaho

17. INFORMANT J. W. Haynes (Address) Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Riverside Date 10-28, 1938

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED Nov 30, 1938 Myrtle M. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 - 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to ____, 193__
I last saw h____ alive on ____, 193__: death is said to have occurred on the date stated above, at 2:40 P. m.,
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemmorrhage due to accidental gun shot wound	Oct 24

Other contributory causes of importance: None

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Accident Date of injury 10/24, 1938
Where did injury occur? Boiling Springs (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Hunting in forest
Manner of injury Accidental gun shot
Nature of injury Perforation abdominal cavity

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) Dr. Lyn Reynolds, M. D.
(Address) Homedale Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of Norwood Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111881

Registration District No. 15

Primary Registration District No. ____ Local Registrar's No. 14

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

186a

2. FULL NAME Mrs J.P.Johnson

(a) Residence No. Near Norwood Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J.P.Johnson

6. DATE OF BIRTH (month, day, and year) 11/23/1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria Ill.

FATHER

13. NAME Not given

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Amenda Hammonds

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Alice Johnson

(Address) Norwood Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Cascade Idaho Date 10/2, 193.

19. UNDERTAKER A.D.Robb

(Address) Cascade Idaho

20. FILED Nov 6, 193.8 Augusta Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Oct 26 38

22 I HEREBY CERTIFY, That I attended deceased from Oct 12, 193.8, to Oct 26, 193.8

I last saw h[illegible] alive on Oct 25 193.8; death is said to have occurred on the date stated above, at 11 30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malnutrition	Sept 1 38
Cardiac Decomp.	Complication
Fracture of hip	9/11/38

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical evidence there was autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury 9/11/38 193.....

Where did injury occur? Home Norwood

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Home

Manner of injury Slipped and fell

Nature of injury Fracture of right hip

24 Was disease or injury in any way related to occupation of deceased? yes If so, specify Was confined to bed after accident

(Signed) A.D. Robb Dr. M. D.

(Address) Cascade

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Smith Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111882

RECEIVED
DEC 3 - 1938

Registration District No. 12
Primary Registration District No. ____ Local Registrar's No. 13
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 153

2. FULL NAME Leroy Joseph Whitehead

(a) Residence No. Smith Ferry Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/20/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

FATHER

13. NAME Roy Gardner Whitehead

14. BIRTHPLACE (city or town) Cabbot
(State or country) Ark,

MOTHER

15. MAIDEN NAME Marie Josephine Miller

16. BIRTHPLACE (city or town) ____
(State or country) South Dakota

17. INFORMANT Mrs Marie Whitehead
(Address) Smith Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Idaho Date 11/2nd/38, 193

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Dec 2, 193 8 Myrtle M. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/1 193 8

22 I HEREBY CERTIFY, That I attended deceased from 10-31, 193 8, to 11-1, 193 8

I last saw h~~im~~ alive on 10-31 193 8: death is said to have occurred on the date stated above, at 3 00 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute toxic contagionin	10-28-38
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Roscoe C Ward M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Valley
City of McCall Idaho

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111883

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 165

2. FULL NAME Miine Ilka

(a) Residence No. Near McCall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Not given
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Not given
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Charles Ilka
(Address) McCall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Finish Cem. Date 11/12/, 1938

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Nov 5, 1938 Myrtle M. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/9 1938

22 I HEREBY CERTIFY, That I attended deceased from ZZZZZZZZZZ, 193..., to ZZZZZZ, 193...
I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at 12 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strangulation	
Self inflicted by Hanging	
Suicide	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury 11/9 1938
Where did injury occur? Near McCall Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** At Home
Manner of injury Hanging by neck
Nature of injury Strangulation

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. D. Ford M. D.
(Address) Cascade Idaho Coroner Valley Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111884

Registration District No. 86
Primary Registration District No. 1212 Local Registrar's No. 25
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 53e

2. FULL NAME Edward Elton Tanter

(a) Residence No. Mannis Creek St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 22-1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Idaho

FATHER
13. NAME George Tanter
14. BIRTHPLACE (city or town) ..... (State or country) Idaho

MOTHER
15. MAIDEN NAME Nellie Stout
16. BIRTHPLACE (city or town) ..... (State or country) Kansas.

17. INFORMANT Mrs. George Tanter
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Cem. Date 11-7-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Dec 3, 1938 Marie Hawthorne Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-5-1938

22 I HEREBY CERTIFY, That I attended deceased from June 3, 1938, to Nov. 4, 1938
I last saw h im alive on Nov. 4 1938: death is said to have occurred on the date stated above, at 5:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Right eye + optic tract	?
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyden Hancock, M. D.
(Address) Weiser - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111885

Registration District No. 86
Primary Registration District No. 12-62 Local Registrar's No. 26

(No.) 17
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Davis

(a) Residence No. Osprey Community Weiser St. River
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) [illegible]
7. AGE 40 Years | Months 4 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) Provo
(State or country) Utah

FATHER
13. NAME Richard T. Davis
14. BIRTHPLACE (city or town) Provo
(State or country) Utah

MOTHER
15. MAIDEN NAME Olivia Mc. Dowell
16. BIRTHPLACE (city or town) Provo
(State or country) England

17. INFORMANT Paul Davis
(Address) Weiser, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 11-16-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED Dec 3, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-14-1938

22 I HEREBY CERTIFY, That I attended deceased from 11-12-1938, 193..., to 11-14-, 1938
I last saw her alive on 11-13- 1938: death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-6-1938

Other contributory causes of importance:

Encephalitis Lethargica (Bedridden 18 yrs)	1920

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. L. Richardson M. D.
(Address Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

DEC 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111886

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 27
(No. Weiser General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1570

2. FULL NAME Ray Phillips Hemingway

(a) Residence No. Weiser Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-16-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

FATHER

13. NAME Roland Hemingway

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Clara belle Johnson

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Roland Hemingway
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Idaho Date 11-18-, 1938

19. UNDERTAKER L. L. Hawthorne
(Address) Weiser Idaho

20. FILED Dec 5, 1938 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-18-1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938, to Nov. 18, 1938

I last saw her alive on Nov. 18 1938: death is said to have occurred on the date stated above, at 3:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Congenital Anomalies.	
(1) Central Hernia with all intestines deposed	2
(2) Atel Pallet (3) Anomalous heart	
Other contributory causes of importance:	
Operation for replacing intestines in abdomen	Nov. 16, 1938

Name of operation Herniotomy Date of Nov. 16, '38
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hayden Hanchey, M. D.
(Address) Weiser Idaho

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111887

Registration District No. 86
Primary Registration District No. 1212 Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 92 b

2. FULL NAME Harvey [redacted] Hodgin

(a) Residence No. Surry [redacted] Dist St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Elsie Hodgin

6. DATE OF BIRTH (month, day, and year) July 20 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	4	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Louis Hodgin
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Flora Brower
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Elsie Hodgin
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parma Ida Date 12-1- 1938
Lower Rose Cemetery
19. UNDERTAKER L.C. Northam
(Address) Weiser Idaho

20. FILED Dec 3 1938 Marcia Hawthorne Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-28 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1938, to Nov. 28, 1938
I last saw h[redacted] alive on 11-26 1938: death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Pneumonia	
& Cerebral Embolism	11-18-38
Of Brain	
Endocarditis	10-20-38

Other contributory causes of importance:
Dysfunction of Bladder
Urinalysis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F.A. Johnson, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Brockett

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111888

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 29

(No.) 1231
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L. Brockett

(a) Residence No. 10 th St E St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Emma Brockett

6. DATE OF BIRTH (month, day, and year) Sept 8-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME William Brockett
14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER
15. MAIDEN NAME Emma Fearhelley
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT Viola Greene
(Address) Weiser Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 12-2-, 1938

19. UNDERTAKER L. B. Northam
(Address) Weiser, Idaho

20. FILED Dec. 3, 1938 Marie Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 29 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-27-, 1938, to 11-29, 1938
I last saw him alive on 11-29 1938. death is said to have occurred on the date stated above, at 2 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Hemorrhagic Encephalitis.	11-20-38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. A. Schmidt, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111897

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111897

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 13

City or Village of Idaho Falls — Primary Reg. Dist. No. 2-4-0

(Home, Hospital or Institution) St. L. Hospital — Local Registrar's No. 274

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 27 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Peter L. Hammon

(a) Residence: Star St Roberts, Idaho (If non-resident give city or county and state)

108

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Sarah Hammon

6. Date of Birth (Month, day and year): April 2, 1878

7. AGE: Years 60 | Months 7 | Days 26 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer

9. Industry or business in which work was done: 40 year

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Hooper, Utah

Father

13. NAME: Levi C. Hammon

14. BIRTHPLACE (City or Town, County and State, or Country): U.S.

Mother

15. MAIDEN NAME: Martha Christensen

16. BIRTHPLACE (City or Town, County and State, or Country): U.S.

17. SIGNATURE OF INFORMANT: Herbert Hammon

(Address) Roberts, Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Iona, Idaho — Date: Dec 1938

19. UNDERTAKER: Jack A. Ward

(Address) Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 1 1938 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1938 to Nov. 28, 1938

I last saw h[illegible] alive on Nov. 28, 1938 Death is said to have occurred on the date stated above, at 1-10 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Hypostatic Uremic Cystitis.	1938	Nov	16

Contributory causes of importance not related to principal cause:

Double Lobar Pneumonia	Nov	26	1938
Chronic Nephritis			

Where was disease not diagnosed? at L.D.S. Hosp

Name of operation Cholecystotomy Date of Nov 26

Condition for which performed Gall stones & Appendicitis

What test confirmed diagnosis? Operative

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry___ home___ public place___

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) John O. Miller M.D.

(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record — Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111898

DO NOT WRITE IN THIS SPACE

State File No. 111898

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 47

DEC 22 1938

(No. Our Lady of Consolation Hospital (if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Effie Forest 93c

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Forest

6. DATE OF BIRTH (month, day, and year): October 17, 1857

7. AGE: Years 81 | Months 1 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: at home

10. Date deceased last worked at this occupation (mo. and yr.): 1938 | 11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Keokuk Co. Iowa

FATHER

13. NAME: John Drake

14. BIRTHPLACE (city or town) (State or country): not oft.

MOTHER

15. MAIDEN NAME: Elmira Smedley

16. BIRTHPLACE (city or town) (State or country): not oft.

17. INFORMANT (Address): Mrs Ruby Andrews Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 12-10, 1938

19. UNDERTAKER (Address): Hancock Funeral Home Grangeville Ida

20. FILED 12-7, 1938 W. F. Orr
By J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1938, to Dec 7, 1938

I last saw he alive on Dec 7, 1938: death is said to have occurred on the date stated above, at 6:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cardiac Thrombosis Coronary	Dec-4-38
Other **contributory causes** of importance: Chronic Myocarditis	1924

Name of operation — Clinical Date of —

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wesley F. Orr M. D.

(Address) Cottonwood, Ida

Dr. Teed. 111 277

PLACE OF DEATH
County of Kootenai
City of Near Rose Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111899

RECEIVED DEC 22 1938

Registration District No. 30
Primary Registration District No. 2051
(No. Rose Lake)
Local Registrar's No. 174

(If death occurred in a hospital or institution, give its name instead of street and number) 183

2. FULL NAME Henning W. Olson

(a) Residence No. ---
(Usual place of abode) St. Dudley, Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Olson

6. DATE OF BIRTH (month, day, and year) 1/6/1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	11	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Powder Man on
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rose Lake Bridge Construction
10. Date deceased last worked at this occupation (mo. and yr.) 12/1938
11. Total time (years) spent in this occupation 6 weeks

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER
13. NAME Emil Olson
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER
15. MAIDEN NAME Anna Johnson
16. BIRTHPLACE (city or town) Finland
(State or country)

17. INFORMANT Emil Olson
(Address) Rose Lake, Idaho

18. BURIAL, CREMATION OR REMOVAL
CDA Place Forest Cem. Date 12/12/, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d' Alene, Idaho

20. FILED 12-12, 1938 L. C. Kirkham M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/8/38 193
Last day

22 I HEREBY CERTIFY, That I attended deceased from 12-8 193 8, to 12-8, 193 8
I last saw him alive on 12-8 193 8: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-8 193 8
Where did injury occur? Rose Lake Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury Drowning
Nature of injury Drowning

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Coroner E. H. Teed M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111900

PLACE OF DEATH

County of Nez Perce

City of Lewiston

REC'D

DEC 24 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111900

Registration District No. 1009

Primary Registration District No. 96

(Dup 112275)

Local Registrar's No.

(No. 1503-9th Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME Nicholas Brocke

(a) Residence No. 1503-9th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not obtainable

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
84	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) not known
(State or country) Maryland

FATHER

13. NAME not obtainable

14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER

15. MAIDEN NAME not obtainable

16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT Mrs. Caroline Wilcox
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Juliaetta, Idaho Date 12/17, 1938

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED Dec 22, 1938 L. C. Krotcher, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-14 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1938, to about Dec 14., 1938
I last saw him alive on about Dec 1 1938; death is said to have occurred on the date stated above, at 7.00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	Dec. 14
Other contributory causes of importance:	
arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? history of previous attacks Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased If so, specify

(Signed) O. C. Carssow, M. D.
(Address) Lewiston, Idaho

111901

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED
DEC 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111901

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 235
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

186

2. FULL NAME Leonard William Fowler

(a) Residence. No. 925 East Fremont St. St. Pocatello, Idaho.
(Usual place of abode) Idaho Thirty Years (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Maggie Kellogg

6. DATE OF BIRTH (month, day, and year): December 23, 1873.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	11	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lehi, Utah.

FATHER
13. NAME: Thomas Fowler
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Jane Kemmish
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Jane V. Smith Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Blackfoot, Idaho Date: Dec. 11, 1938.

19. UNDERTAKER (Address): Arthur W. Hall Mortuary Pocatello, Idaho.

20. FILED Dec. 10, 1938. D C May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 8, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1938, to Dec. 8, 1938
I last saw him alive on Dec. 8, 1938: death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
fracture base of skull and other injuries	Dec. 8
Other contributory causes of importance: at work washing windows none	

Name of operation: some lacerations sutured Date of: 12-8
What test confirmed diagnosis? Cl Was there an autopsy?

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: 12-8-38
Where did injury occur? 248½ E. Center
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. hotel
Manner of injury: fell to sidewalk from 2nd story window
Nature of injury: fracture base of skull.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) William F. Howard M.D.
(Address) Pocatello, Idaho.

111902

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111902

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willie Chambers

(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/13-1860

7. AGE: Years 77 | Months 11 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Everett R. Hibbard

14. BIRTHPLACE (city or town) (State or country) N. Y. Known

MOTHER
15. MAIDEN NAME Mrs. Hibbard

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Otto Chambers
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett Cem. Date 12/6, 1938

19. UNDERTAKER C. D. Buckmun
(Address) Emmett Ida

20. FILED 12/5, 1938 J. E. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/3 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-3-38, 193..., to 12-3, 1938
I last saw h.er alive on 12-3 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Cerebral Vascular accident	June-1938
Senility	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111903

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111903

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 150

DEC 29 1938

(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph R. Herzinger 232

(a) Residence No. Route #1 St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Bertha Herzinger

6. DATE OF BIRTH (month, day, and year) April 15, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Illinois

FATHER

13. NAME Joseph Herzinger

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Theresa Naperstek

16. BIRTHPLACE (city or town)
(State or country) Czechoslovakia

17. INFORMANT Doris M. McKinnis
(Address) Boise,

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Idaho Date Dec. 24, 1938

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 12-24, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-23 1938

22 I HEREBY CERTIFY, That I attended deceased from March 25, 1938, to December 23, 1938
I last saw him alive on Dec. 23 1938: death is said to have occurred on the date stated above, at 5:06 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis, chronic, active, both lungs, left kidney, Left ureter, Bladder, Right Epididymis; Liver, Small Intestines	Unknown
Other **contributory causes** of importance:	

Name of operation None Date of ---
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. H. McCLELLAN, M. D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Pittenger

111904

PLACE OF DEATH
County of Ada
City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111904

Registration District No. 9-10
Primary Registration District No. 9-10 Local Registrar's No. 1

(No. Home--East of Eagle)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Elizabeth Huckba 93d1

(a) Residence No. East of Eagle, Route #1, Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William M. Huckba

6. DATE OF BIRTH (month, day, and year) 2-16-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	11	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Polk County
(State or country) Illinois

FATHER
13. NAME ---------- Van Ormer
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER
15. MAIDEN NAME Abigail Million
16. BIRTHPLACE (city or town) Pennsylvania
(State or country) (Holland)

17. INFORMANT W. F. Huckba
(Address) Portland, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date 12-27-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 12-27, 193? [illegible] Registrar.
Ada County Idaho

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-25 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/13, 1938, to 12/25, 1938
I last saw her alive on 12/24 1938: death is said to have occurred on the date stated above, at 10:40a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis,	
Hypertension	
Other **contributory causes** of importance:	
Cardio-Vascular-Renal	
Degeneration	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111905

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111905

Registration District No. 27
Primary Registration District No. 2419 Local Registrar's No. 30
(No. No St. no. at home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Julia Clawson 46 e

(a) Residence No. Preston, Idaho St.
(Usual place of abode) 5/yrs. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Claus Clawson

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) June '36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Holbek,
(State or country) Denmark

FATHER
13. NAME Anders Mortensen
14. BIRTHPLACE (city or town) Rorbek
(State or country) Denmark

MOTHER
15. MAIDEN NAME Ane Katherine Hansen
16. BIRTHPLACE (city or town) Jyderup
(State or country) Denmark

17. INFORMANT Alma C. Clawson
(Address) Preston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston, Ida. Date Dec. 7, 1938

19. UNDERTAKER O. Sherwin Webb
(Address) Preston, Idaho

20. FILED Dec. 8, 1938 C. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 4 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1938, to Dec 4, 1938
I last saw h[er] alive on Dec 4 1938: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyanosis & Congenital Lues	Dec 1938
Other contributory causes of importance:	
Arteriosclerosis	1935

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. K. Culley, M.D.
(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111906

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111906

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 177

(No.) 131
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Albert Parsons

(a) Residence No. North Oak St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 16-1866
7. AGE: Years 72 | Months | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Decatur Co (State or country) Iowa

FATHER
13. NAME Frank Parsons
14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER
15. MAIDEN NAME Eliza Arthur
16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Nina Parsons
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date Dec 30, 1938

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Dec 30, 1938 Wm. Scales
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1938

22 I HEREBY CERTIFY, That I attended deceased from DEC. 20, 193 8, to DEC. 27, 193 8
I last saw him alive on DEC. 11 193 8: death is said to have occurred on the date stated above, at 7 A.M. P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis & Bright's disease	
Myocarditis	
Other **contributory causes** of importance:	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) F. W. Mitchell, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

11907

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111907

JAN 5 1939

Registration District No. 86
Primary Registration District No. 1010. Local Registrar's No. 33
(No. Little Flower Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Washington Fowler 1861

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Lora Fowler

6. DATE OF BIRTH (month, day, and year) Mar 20-1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	9	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) .....
(State or country) Texas

FATHER
13. NAME George Fowler
14. BIRTHPLACE (city or town) .....
(State or country) Tennessee

MOTHER
15. MAIDEN NAME Relia Stangler
16. BIRTHPLACE (city or town) .....
(State or country) Va

17. INFORMANT Lora Fowler
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Ida. Date 12-16-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Jan 4, 1939 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-15-1938

22 I HEREBY CERTIFY, That I attended deceased from 12-14-, 1938, to 12-15-, 1938
I last saw him alive on 12-14-1938: death is said to have occurred on the date stated above, at 12:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Crushing by accidental Burn Canning Co. of Grand Bay.	12-14-38
Other **contributory causes** of importance:	
none.	

Name of operation Autopsy Date of 12-14-38
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 12-14-, 1938
Where did injury occur? in Grand Bar. Weiser Ida. (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public place.
Manner of injury Grand Bank Canning Co.
Nature of injury on him Crushing by

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. A. Lahmann, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111908

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111908

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1004
1416 North 11 Street — Local Registrar's No. 353
(Home, Hospital or Institution)

RECEIVED DEC 21 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 28 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Elisha White 93c

(a) Residence: 1416 North 11. Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): June 8th, 1845

7. AGE: Years 93 | Months 5 | Days 29 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer
9. Industry or business in which work was done
10. Date deceased last worked at this occupation (month and year)
11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Georgetown, Ohio

Father

13. NAME James White
14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME Patience Harrison
16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT E. Wood White
(Address) 1011-N-23-Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/10/19 38

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-10 193 8 by R. Sharp
(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 2 1937 to Dec 7 1938
I last saw him alive on Dec 1 1938 Death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
(1) General Senility			
Arterio sclerosis	Many Years		
(2) Chr myocarditis	1937		

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Boise Idaho
Name of operation None date of
Condition for which performed
What test confirmed diagnosis? Clinical
Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury
19 Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry home public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) James H. Hewett M. D.
(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111909

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37

City of Twin Falls — Primary Reg. Dist. No. 2085

Twin Falls Co. Gen. Hosp. — Local Registrar's No. 245

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. — Mos. 5 — Days 4

How long in U. S. if of foreign birth? Yrs. — Mos. — Days

732

2. FULL NAME Joseph Pianko

(a) Residence: 14 Maple Street Kearny, New Jersey

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): August 27, 1920

7. AGE — Years: 18 — Months: 3 — Days: 20 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Mechanic's helper

9. Industry or business in which work was done: Civilian Conservation Corps.

10. Date deceased last worked at this occupation (month and year): Dec. 16, 1938

11. Total time (yrs.) spent in this occupation: 5 mos.

12. BIRTHPLACE (City or Town, County and State, or Country): Harrison, New Jersey

Father

13. NAME: Unknown

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Edward Young Ross M.D.

(Address) CCC CO. 1246, Hansen, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Harrison, New Jersey Date 12-21 1938

19. UNDERTAKER White Mortuary, Inc

(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec. 21 1938 (Date) by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 17th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec., 16th, 1938 to Dec., 17th, 1938

I last saw him alive on Dec., 17th, 1938 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Spontaneous rupture of spleen	1938	12	16
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Twin Falls

Name of operation Splenectomy date of 12-17-38

Condition for which performed Rupture of spleen

What test confirmed diagnosis? Surgery

Was there an autopsy? Yes Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Edward Young Ross M. D.

(Address) CCC Co. 1246, Hansen, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111910

RECEIVED JAN 9 1939

1. PLACE OF DEATH

County of Shoshone — Registration Dist. No. 123

City or Town Kellogg — Primary Reg. Dist. No. 2201

(Home, Hospital or Institution) — Local Registrar's No. 78

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Archie Waller Nogle

(a) Residence: 940 (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Mary Nogle

6. Date of Birth (Month, day and year): June 10, 1877

7. AGE: Years: 61 | Months: 10 | Days: 17 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Carpenter

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Pennsylvania

Father

13. NAME: David Nogle

14. BIRTHPLACE (City or Town, County and State, or Country): Penna

Mother

15. MAIDEN NAME: Diedema Edwards

16. BIRTHPLACE (City or Town, County and State, or Country): Penna

17. SIGNATURE OF INFORMANT: Mrs A. N. Nogle

(Address) Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL

Place Coeur d'Alene Ida Date Dec 31 1938

19. UNDERTAKER: W. E. Thornfield

(Address) Kellogg Ida

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Jan. 7 1939 (Date) by Mrs. Helen McBride Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1938 to Dec. 28 1938

I last saw him alive on Dec. 28 1938 Death is said to have occurred on the date stated above, at 9:00 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Acute Indigestion	1938	12	28
Contributory causes of importance not related to principal causes			
Coronary Heart disease	?		

Where was disease first diagnosed? at bedside

Name of operation None date of

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury

, 19 Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) Glenn McCaffery M. D.

(Address) 711 McKinley ave Kellogg Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111711

PLACE OF DEATH
County of Franklin
City of Dayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111911

Registration District No. 27
Primary Registration District No. 2719
Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loreta McCoombs Page

(a) Residence No. Dayton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Irvin Page

6. DATE OF BIRTH (month, day, and year) Nov. 9 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarkston Utah

FATHER
13. NAME Peter E. McCoombs
14. BIRTHPLACE (city or town) (State or country) Smithfield Utah

MOTHER
15. MAIDEN NAME Mary Anne Goodey
16. BIRTHPLACE (city or town) (State or country) Clarkston Utah

17. INFORMANT J. Irvin Page
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Dayton Date Dec 24, 1938

19. UNDERTAKER Glen M. Richards
(Address) Preston Idaho

20. FILED Jan 8, 1939 G. W. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) December 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1938, to Dec 20, 1938
I last saw h. alive on Dec 19 1938: death is said to have occurred on the date stated above, at 1:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other contributory causes of importance: Chronic Nephritis	1932

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. R. Cutler, M. D.
(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111913

PLACE OF DEATH

County of Ada

City of Meridian, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111913

Registration District No. 2003 11

Primary Registration District No. 2003

Local Registrar's No. 21

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ora C. Wright

(a) Residence No. Meridian, Idaho R.F.D. 2 St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stowell Wright

6. DATE OF BIRTH (month, day, and year) 9/25/1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	61	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) 12/25/38

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Atlanta, Missouri

FATHER

13. NAME Jess Lyda

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Margaret Anderson

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Stowell Wright
(Address) Meridian, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date Dec. 30, 1938

19. UNDERTAKER W. S. Mateer
(Address) Meridian, Idaho

20. FILED 12/30, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1938, to Dec 28, 1938

I last saw he alive on Dec 28 1938: death is said to have occurred on the date stated above, at 9 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 13-38
Other **contributory causes** of importance:	

Name of operation None Date of ....

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ....

Manner of injury ....

Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) [illegible], M. D.

(Address) Meridian, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111914

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111914

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 53

JAN 9 1939

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hans Clemenson Sorensen. 9562

(a) Residence No. Main Street St.
(Usual place of abode) 53 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Eva E. Sorensen.

6. DATE OF BIRTH (month, day, and year) 4-11-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (mo. and yr.) 10-28
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Ogden, Utah.
(State or country)

FATHER

13. NAME Carl Sorensen.
14. BIRTHPLACE (city or town) Denmark.
(State or country)

MOTHER

15. MAIDEN NAME Martha Clemenson.
16. BIRTHPLACE (city or town) Denmark.
(State or country)

17. INFORMANT Frank St Sorensen
(Address) Rigby, Ida. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 12-29, 1938

19. UNDERTAKER A.B. Eckersell
(Address) Rigby, Ida.

20. FILED Jan 6, 1939 P.G. Weiser Dep Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-26 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov., 1935, to Dec. 26, 1938
I last saw h~~im~~ alive on Dec. 25 1938: death is said to have occurred on the date stated above, at 12:30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive heart	
Illness	1937
Pernicious anemia	1930

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ~~no~~

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ~~no~~ If so, specify .....

(Signed) J. Harper Cluff, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111915

PLACE OF DEATH
County of Twin Falls,
City of Castleford,

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111915

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME William Enoch Williams,

(a) Residence. No. St. Castleford Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Williams,

6. DATE OF BIRTH (month, day and year) Sept. 4th. 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer and Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buhl,
(State or country) Ida.

MOTHER FATHER

13. NAME S.W.Williams,

14. BIRTHPLACE (city or town) Sevierville,
(State or country) Tenn.

MOTHER

15. MAIDEN NAME Freund Owenby

16. BIRTHPLACE (city or town) Green Forrest,
(State or country) Ark.

17. INFORMANT S.W.Williams
(Address) Castleford, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Buhl, Date Dec. 31, 1938

19. UNDERTAKER Evans & Johnson,
(Address) Buhl, Ida. L. Johnson

20. FILED 12/29, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1938, to Dec. 28, 1938
I last saw h[illegible] alive on Dec. 28, 1938; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-24-38
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. A. Drake, M. D.
(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of NezPerce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111918

Registration District No. 1509

Primary Registration District No. 96

Local Registrar's No.

(No. 1238 F. St. Lewiston)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Belle Williams

59

(a) Residence No. 1238 St. F. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mardon Williams

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
79	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Linn. CO. Oregon

FATHER

13. NAME David Smith

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Sarah E.

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT (Address) Mrs Minnie Bonner Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Ida. Date Jan. 1, 1939

19. UNDERTAKER (Address) Brower Wann CO. Lewiston Ida.

20. FILED Jan. 12, 1939 M. B. McGuen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1937, to 12/31, 1938

I last saw her alive on 12/30 1938; death is said to have occurred on the date stated above, at 1:55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/7/38

Other contributory causes of importance:

Generalized Arteriosclerosis	1920
Pastenal Hypertension	1930
Prostatic Hypertrophy (Mild)	1920

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. No injury

Manner of injury None

Naturc of injury No injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) W. S. Douglas M. D.

(Address) Lewiston Idaho

FORM V. S. No. 5-25 M. 1-16-18

CERTIFICATE OF DEATH.

167 111920

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

RECEIVED JAN 9 1939

1. PLACE OF DEATH.

Registration District No. 47

Primary Registration District No.

File No. 460

County of Lewis

City of Meppese Idah (No. ..... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Johns Henry O'Connor

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~Married~~ Widowed

6. DATE OF BIRTH. ✓ Feb (Month) 1 (Day) 1888 (Year)

7. AGE: 50 Yrs. 10 Mos. 26 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Well driller
(b) General nature of industry, business, or establishment in which employed (or employer): Wells pumps & Wind Mills

9. BIRTHPLACE (State or Country): Pendelton Ore

10. NAME OF FATHER: Thomas Philip O'Connor

11. BIRTHPLACE OF FATHER (State or Country): Detroit, Mich.

12. MAIDEN NAME OF MOTHER: Bridget Mary Glascow

13. BIRTHPLACE OF MOTHER (State or Country): Warwick Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Michael M. O'Connor
(Address): Meppese Ida.

15. Filed Jan 2 1939 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 8:30 a.m. Dec (Month) 26 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h...alive on ..... 191...,
and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Suicide 38 U.S. Revolver
bullet Entered right temple & Came out Left temple death
was (Duration) instantaneous Yrs. mos. ds.
Contributory (Secondary) Coroners Verdict
(Duration) yrs. mos. ds.

(Signed) Albert Huff M. D.
19... (Address) Meppese Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence .....

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Lewiston Idaho — DATE OF BURIAL: Dec 29 1938

20. UNDERTAKER: Albert Huff — ADDRESS: Meppese Idaho

BYRON - YORK CO., PTRS. & BKBS. 24652

111921

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111921

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 17
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

82a1

2. FULL NAME Everett Bickers (Bickers)
(a) Residence No. Spirit Lake, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year): Feb 12 1893
7. AGE: Years 46 | Months 10 2 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): Do Not Know
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Newton Ill

FATHER
13. NAME: Do Not Know
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Taken from Army Records A. B. Nelson Rathdrum Ida
18. BURIAL, CREMATION, OR REMOVAL
Place: Spirit Lake Date: 12-29, 1938
19. UNDERTAKER (Address): Cassady Funeral Home Rathdrum Idaho
20. FILED 12-30, 1938 A. C. Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12-14 1938
22 I HEREBY CERTIFY, That I attended deceased from 12-14, 1938, to 12-14, 1938
I last saw h[illegible] alive on 12-14 1938: death is said to have occurred on the date stated above, at 9-P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appoplexy	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Corrected E. H. Zeeb, M. D.
(Address) C D a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

P. O. BOX No. 55 PHONE 11

Cassedy Funeral Home

Rathdrum, Idaho

February 20, 1939

FEB 21 1939

Bureau of Vital Statistics,
State Boise,
Boise, Idaho.

Gentlemen:

Am returning certified copy of death certificate of Everett Bickers for correction.

At the time the original certificate was made out Very little information was to be found. We have just found from the post office department that the correct date of birth is October 12, 1892, making him 46 years 2 months and 2 days old.

We are trying to get the funeral allowance from the government and would like to have the information filed as nearly correct as possible.

Yours very truly,

Cassedy Funeral Home,

By A. B. Nelson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

REC'D JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111922

Registration District No. 28
Primary Registration District No. 7161
Local Registrar's No. 227
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles W. McAteer 93c

(a) Residence No. 310 N. 10th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Kate Floyd

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P. R.R.
10. Date deceased last worked at this occupation (mo. and yr.) 1938
11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) Altoona
(State or country) Penn

FATHER
13. NAME John McAteer
14. BIRTHPLACE (city or town)
(State or country) Pa.

MOTHER
15. MAIDEN NAME — Corbett
16. BIRTHPLACE (city or town)
(State or country) Pa.

17. INFORMANT Mrs. Chas. W. McAteer
(Address) 310 N. 10th

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Dec. 5, 1938

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED Dec 3, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 1 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 193 7, to Dec 1, 193 8
I last saw him alive on Dec 1 1938: death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis generalized	1936 ?
myocardial degeneration	1936 ?
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B C Eisenberg, M. D.
(Address Pocatello, Idaho

Dr Notes 111926

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise. — Primary Reg. Dist. No. 1004

St Lukes Hospital. (Home, Hospital or Institution) — Local Registrar's No. 340

RECEIVED DEC 31 19[illegible]

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	2		

How long in U. S. if of foreign birth?	Yrs.	Mos.	Days

9562

2. FULL NAME Alice Dalton.

(a) Residence: R.D. # 4. 3 Miles South East of Boise. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: John. A. Dalton.

6. Date of Birth (Month, day and year): July. 18. 1892.

7. AGE — Years: 46 — Months: 4 — Days: 11. — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Saline Utah.

Father

13. NAME: Christian. J. Mortensen.

14. BIRTHPLACE (City or Town, County and State, or Country): Denmark.

Mother

15. MAIDEN NAME: Emeline Dastrup.

16. BIRTHPLACE (City or Town, County and State, or Country): Utah.

17. SIGNATURE OF INFORMANT: John A. Dalton

(Address) R 4 Boise Idaho.

18. BURIAL, CREMATION OR REMOVAL: Cemetery Lowedale Summers Park Date Dec 3 1938

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-2-1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 29-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29. 1938 to Nov. 29. 1938

I last saw h[illegible] alive on Nov. 29 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cardio-Vascular Renal disease	1936		
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? ____ Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) Chas J. Lyons M. D.

(Address) Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111927

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 8

City of Ada County Hospital — Primary Reg. Dist. No. 2004

(Home, Hospital or Institution) — Local Registrar's No. 139

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 30 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

RECEIVED
DEC 31 1938

2. FULL NAME Mary Elizabeth Richards — 52

(a) Residence: 822½ Fort Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE ~~FEMALE~~ Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): March 13, 1847

7. AGE: Years 91 | Months 8 | Days 17 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Pennsylvania

Father

13. NAME: Killis Rogers

14. BIRTHPLACE (City or Town, County and State, or Country): Pennsylvania

Mother

15. MAIDEN NAME: Martha Wade

16. BIRTHPLACE (City or Town, County and State, or Country): Pennsylvania

17. SIGNATURE OF INFORMANT: Mrs Jessie Spear

(Address) 1009 Fort St.

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill — Date 12/5/ 19 38

19. UNDERTAKER: Summers Funeral Home

(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-5-38 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 30th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 38 to Death 19

I last saw her alive on Nov 29 19 38 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Senility			
Bronchopneumonia	1938	Dec.	

Contributory causes of importance not related to principal causes: Carcinoma skin l. arm — Many years.

Where was disease first diagnosed? Boise Idaho.

Name of operation None date of

Condition for which performed

What test confirmed diagnosis? Physical findings

Was there an autopsy? Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury No

19 Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) L F West M. D.

(Address) Boise Idaho.

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111928

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 337

(No. 1215 North 9th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

11a

2. FULL NAME Ella May Slater

(a) Residence No. ..... St. Mayfield, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oliver B. Slater

6. DATE OF BIRTH (month, day, and year) 12-25-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Huron,
(State or country) Ohio

FATHER

13. NAME Horace C. Waymire
14. BIRTHPLACE (city or town) Huron,
(State or country) Ohio

MOTHER

15. MAIDEN NAME Helen Hunt
16. BIRTHPLACE (city or town) Huron,
(State or country) Ohio

17. INFORMANT S R Waymire
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-2-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 12-1, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-30 1938

22 I HEREBY CERTIFY, That I attended deceased from 1930, 193..., to Nov 30, 1938
I last saw h.. alive on Nov 29 1938: death is said to have occurred on the date stated above, at 5:00 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	1929

Other **contributory causes** of importance:

Influenza + Bronchopneumonia	Nov 16-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Rena Numbers, M. D.
(Address) Boise Ida

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111929

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

St. Alphonsus Hospital (Home, Hospital or Institution) — Local Registrar's No. 338

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 15 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

RECEIVED DEC 31 1938

2. FULL NAME Carlo Poncia

(a) Residence: 1130 East Bannock St. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Domenica M. Poncia

6. Date of Birth (Month, day and year): Nov. 19th. 1865

7. AGE: Years 73 | Months 0 | Days 12 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Miner Retired

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Garzano Italy

Father

13. NAME: John Poncia

14. BIRTHPLACE (City or Town, County and State, or Country): Garzano Italy

Mother

15. MAIDEN NAME: Domenica Putzi

16. BIRTHPLACE (City or Town, County and State, or Country): Garzano Italy

17. SIGNATURE OF INFORMANT: Mrs. Mamie Turley

(Address) 1119 E State Street Boise Ida

18. BURIAL, CREMATION OR REMOVAL

Place: St. John's — Date: 12/3 19 38

19. UNDERTAKER: Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-28 1938 (Date) by R. Sharp (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-30-38

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11 19 38 to 11-30-38 19

I last saw him alive on 11-29-38 19 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Prostatic Hypertrophy			
Bladder Obstruction	1933	Sept	—

Contributory causes of importance not related to principal causes: Chr Myocarditis

Where was disease first diagnosed?

Name of operation: Prostatectomy date of 11-15-38

Condition for which performed: Hypertrophied Prostate

What test confirmed diagnosis? Cystoscopic Surgical

Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____ 19 ____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) James L Stewart M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Stewart

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of ADA

City of BOISE

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111930

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 339

(No. 415 IDAHO STREET)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME SAMUEL PARROTT 57a

(a) Residence No. 415 IDAHO STREET St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of LINDA E. PARROTT

6. DATE OF BIRTH (month, day, and year) 7-24-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MERCHANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. TOBACCO

10. Date deceased last worked at this occupation (mo. and yr.) MAY 1923

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) AUGUSTA, ILLINOIS
(State or country)

FATHER

13. NAME WILLIAM PARROTT

14. BIRTHPLACE (city or town) WAYNE,
(State or country) OHIO

MOTHER

15. MAIDEN NAME EUNICE ANN RANDALL

16. BIRTHPLACE (city or town) BUTLER COUNTY
(State or country) OHIO

17. INFORMANT Sam R. Parrott
(Address) BOISE, IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place MORRIS HILL Date 12-3-1938 193

19. UNDERTAKER WILLIAM MCBRAYNEY
(Address) BOISE, IDAHO

20. FILED Dec-2, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-1 193 3

22 I HEREBY CERTIFY, That I attended deceased from May, 1938., to Dec 1, 193.8

I last saw him alive on Nov 30 193.8.: death is said to have occurred on the date stated above, at 8:22 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arthritis of spine (Possible Cancer of Stomach)	
Other **contributory causes** of importance: Enlarged Prostate	

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Reno Numbers, M. D.

(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111931

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 250

(No. St Lukes)

(If death occurred in a hospital or institution, give its name instead of street and number)

53e

2. FULL NAME Vesa Viola Roth

(a) Residence. No. Parma Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	single

5a. If married, widowed, or divorced ~~HUSBAND of (or) WIFE~~ of

6. DATE OF BIRTH (month, day, and year) Nov 26 - 192

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American Falls Idaho

FATHER

13. NAME Gus Roth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ruth Salome Reichert

16. BIRTHPLACE (city or town) (State or country) So Dakota

17. INFORMANT Gus Roth (Address) Parma Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place Parma Date 12-3-, 1938

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 12-8, 1938 R. L. Clapp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Dec 1, 1938

I last saw her alive on Nov 30, 1938; death is said to have occurred on the date stated above, at 12:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of forearm round cell type arising in muscle tissue or fascia	Aug 1938
Other contributory causes of importance:	
Metastases	?
Secondary anaemia	?

Name of operation Biopsy Date of Aug 38

What test confirmed diagnosis Path Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. B. Shaw, M. D.

(Address) Boise Idaho

111932 ✓

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

(Home, Hospital or Institution) — Local Registrar's No. 343

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED DEC 31 1938

Length of residence in County where death occurred: Yrs. — | Mos. — | Days 5

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

159b

2. FULL NAME Harry Ernest Brandt

(a) Residence: 0 McCall Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE ~~FEMALE~~ | 4. White, ~~Black~~, Yellow, Red | 5. Single, ~~Married~~, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year) Nov. 27, 1938

7. AGE — Years — | Months — | Days 5 | If less than 1 day — hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country) Boise, Ada Co. Idaho

Father

13. NAME Harry A. Brandt

14. BIRTHPLACE (City or Town, County and State, or Country) Kenmare, N. Dak.

Mother

15. MAIDEN NAME Cleo Belle Applegate

16. BIRTHPLACE (City or Town, County and State, or Country) New Plymouth Ida.

17. SIGNATURE OF INFORMANT Harry E. Brandt

(Address) McCall Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL New Plymouth Idaho Date 12-2-1938

19. UNDERTAKER Edith Sanders

(Address) Payette Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED on 12-3 (Date) 1938 by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938 to Dec. 2 1938

I last saw him alive on Dec. 1, 1938. Death is said to have occurred on the date stated above, at 1:18 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Prematurity (6 months pregnancy)	1938	11	27

Contributory causes of importance not related to principal causes: none known.

Where was disease first diagnosed? Delivery Room of Hospital

Name of operation none date of none

Condition for which performed —

What test confirmed diagnosis? Pregnancy record

Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) Harrison Greenawalt M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111933

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 344

(No. Salvation Army Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

157c

2. FULL NAME Dolores Mae Ellison

(a) Residence No. Salvation Army Maternity Home St. Caldwell (?)

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White & Indian

5. Single, Married, Widowed or Divorced (write the word): Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Baby

6. DATE OF BIRTH (month, day, and year): 11-30-38

7. AGE: Years | Months | Days: 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Boise (State or country): Idaho

FATHER

13. NAME: Leon Ralph Floyd

14. BIRTHPLACE (city or town): Unknown (State or country)

MOTHER

15. MAIDEN NAME: Marion Selma Harris

16. BIRTHPLACE (city or town): Unknown (State or country)

17. INFORMANT: Salvation Army Maternity Home (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Caldwell, Idaho Date: 12-5-38, 193

19. UNDERTAKER: William McBratney (Address) Boise, Idaho

20. FILED 12-5, 1938 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12-3 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-3-, 1938, to 12-3-, 1938

I last saw h[illegible] alive on 12-3- 1938: death is said to have occurred on the date stated above, at 3:45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dec. 3rd 1938, noted.	
Congenital Heart Disease,	Birth
Other **contributory causes** of importance:	
Newborn.	

Name of operation: 0 Date of: 0

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓ (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ✓

Manner of injury ✓

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. McIntague, M. D.

(Address) Boise Idaho

111934

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 8

City of Route # 4 Boise, Idaho — Primary Reg. Dist. No. 2004

(Home, Hospital or Institution) — Local Registrar's No. 142

RECEIVED DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
			23

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

108

2. FULL NAME Robert Melvin Gardner

(a) Residence: Route # 4. Boise, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: ~~Female~~

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced Husband of (or) Wife of

6. Date of Birth (Month, day and year): Nov.11.1938

7. AGE — Years | Months | Days: 23 — If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Boise, Idaho

Father

13. NAME: Harry Mac Gardner

14. BIRTHPLACE (City or Town, County and State, or Country): Pittsburg, Pennsylvania

Mother

15. MAIDEN NAME: Lillie E. Ingells

16. BIRTHPLACE (City or Town, County and State, or Country): Garfield, Utah

17. SIGNATURE OF INFORMANT: Mrs. H. M. Gardner

(Address) Rt 4

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 12-9 1938

19. UNDERTAKER: Summers Funeral Home

(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-8 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec.4.1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1938 to Dec 4 1938

I last saw him alive on Dec 4 1938 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Lobar Pneumonia	1938	Dec	1

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? at home.

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? clinical

Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(SIGNED) H. M. Robertson M. D.

(Address) Boise

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111935

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111935

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1094
St. Alphonsus Hospital (Home, Hospital or Institution) — Local Registrar's No. 346

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED
DEC 31 1938

Length of residence in County where death occurred	Yrs.	Mos.	Days

How long in U. S. if of foreign birth?	Yrs.	Mos.	Days
	95+	2	

2. FULL NAME Maurice Henry Lundy
(a) Residence: 1808 W. Jefferson St. Boise Ada County and State (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE ✓ FEMALE — 4. White, Black, Yellow, Red — 5. Single, Married, Widowed, or Divorced (write the word)
Male | White | Married

5a. If married, widowed, or divorced Husband of (or) Wife of Mary C. Lundy

6. Date of Birth (Month, day and year) March 10, 1861

7. AGE — Years 77 | Months 9 | Days 24 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done Retired - Baggage Master - U. P.
9. Industry or business in which work was done Union Pacific R. R.
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (yrs.) spent in this occupation 40 years

12. BIRTHPLACE (City or Town, County and State, or Country) Williamsport, Pa

Father

13. NAME Maurice H. Lundy
14. BIRTHPLACE (City or Town, County and State, or Country) Ireland

Mother

15. MAIDEN NAME Marcon
16. BIRTHPLACE (City or Town, County and State, or Country) Ireland

17. SIGNATURE OF INFORMANT Mrs. Louis O. Walker
(Address) daughter. 1808 W. Jefferson

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 12/6 1938

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-7-1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1938, to Dec. 3 1938
I last saw her alive on Dec. 3 1938 Death is said to have occurred on the date stated above, at 2 55 A. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Arteriosclerotic heart disease	1938	—	—
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Boise, Idaho
Name of operation None date of ____
Condition for which performed ____
What test confirmed diagnosis? ____
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Alfred M. Popma M. D.
(Address) Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Stone

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111936

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 345

(No. 2311 Woodlawn St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

1316

2. FULL NAME Charles W. Johnson

(a) Residence No. 2311 Woodlawn St. St.

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ora A. Johnson

6. DATE OF BIRTH (month, day, and year) 10-23-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72-	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greenbush
(State or country) Illinois

FATHER

13. NAME James C. Johnson

14. BIRTHPLACE (city or town) Greenbush.
(State or country) Illinois

MOTHER

15. MAIDEN NAME Emily Pittman

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Mrs. Johnson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-10-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 12-6, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-5-1938

22 I HEREBY CERTIFY, That I attended deceased from July, 1936, to Dec 5, 1938

I last saw h[illegible] alive on Dec 5 1938: death is said to have occurred on the date stated above, at 1:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal nephritis.	1936.

Other contributory causes of importance:

Chronic Myo-Cardit[illegible]

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arnold T. Hokenson

(Address) Boise, Idaho

111937

Stewart

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

St Lukes (Home, Hospital or Institution) — Local Registrar's No. RECEIVED

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 26 | Mos. | Days

How long in U. S. if of foreign birth? DEC 31 1938 | Yrs. | Mos. | Days

2. FULL NAME Mary Pearly Records 562

(a) Residence: 403 Main St Boise (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced Husband of (or) Wife of: Wife of Edward B Records

6. Date of Birth (Month, day and year): Feb 28, 1912

7. AGE: Years 26 | Months 9 | Days 7 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Boise Idaho

Father

13. NAME: Carl E Chester

14. BIRTHPLACE (City or Town, County and State, or Country):

Mother

15. MAIDEN NAME: Mary Katherine Murphy

16. BIRTHPLACE (City or Town, County and State, or Country):

17. SIGNATURE OF INFORMANT: Juanita Shawhan

(Address) 1849 Belmont Boise Ida

18. BURIAL, CREMATION OR REMOVAL

Place St. John's Date 12/7 19 38

19. UNDERTAKER: Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-7 1938 (Date) by R. E. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 5 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Dec 5 1938

I last saw her alive on Dec 5 1938 Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Rheumatic Heart Disease (Mitral) Stenosis severe.	15 years ago		

Contributory causes of importance not related to principal causes

Retained placental tissue following abortion

Where was disease first diagnosed? Clinical

Name of operation D & C date of 11/30/38

Condition for which performed Retained Secundines

What test confirmed diagnosis? Lab & clinical

Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(SIGNED) Howard M Culbertson M. D.

(Address) 411 Eastman Bldg

over for Remarks

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111938

JAN 5 1939

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. FB20

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bert G. Meek

95 l 3

(a) Residence. No. Meridian R. D. 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillian Meek

6. DATE OF BIRTH (month, day, and year) Nov. 14. 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Jenkins Kansas

FATHER

13. NAME Abram Meek

14. BIRTHPLACE (city or town) (State or country) Pendergrass Georgia

MOTHER

15. MAIDEN NAME Arminda Sigler

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs Bert Meek
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 1/8, 1939

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED 1/8, 1939 W. H. Rees
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1938, to 12-5, 1938
I last saw him alive on 11-30, 1938; death is said to have occurred on the date stated above, at 6.45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	4 yrs ago.

Other contributory causes of importance:
Nuremia Colitis
Bright's disease

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Jos. M. Thomas M. D.
(Address) Meridian Ida

- West -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111939

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 141

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Williard Irvin Parsons 9321

(a) Residence No. Route #1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kittie L. Parsons

6. DATE OF BIRTH (month, day, and year) 7-27-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Orchardist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cold Springs.
(State or country) Kentucky

FATHER

13. NAME Enoch Parsons

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME ------Horner

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Kittie L Parsons
(Address) Rt. #1, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 12-9-1938 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 12-7, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-6-1938

22 I HEREBY CERTIFY, That I attended deceased from Sept, 1938 to Death, 193

I last saw him alive on Dec 5 1938: death is said to have occurred on the date stated above, at 5:40 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Uncertain
Myocarditis	"

Other **contributory causes** of importance:

Senility.	"

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No. Physfindings

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. West, M. D.

(Address) Boise Idaho.

Canton 111940

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2-4

City of Boise. — Primary Reg. Dist. No. 1004

St Lukes Hospital. — Local Registrar's No. 348

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

RECEIVED DEC 31 1938

1048

2. FULL NAME WALTER FRANSIS HIATT.

(a) Residence: Placerville, Idaho. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — Husband of (or) Wife of: Elizabeth Hiatt.

6. Date of Birth (Month, day and year): June. 16. 1855.

7. AGE: Years: 83 | Months: 5 | Days: 20. | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Retired Merchant.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Mount Pleasant Iowa.

Father

13. NAME: Joseph Hiatt.

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

Mother

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown.

17. SIGNATURE OF INFORMANT: E R Hiatt

(Address) Placerville Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Cemetery. Date Dec. 9. 19 38

19. UNDERTAKER: Summers Funeral Home.

(Address) Boise. Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-7 (Date) 1938 by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-6-38

22. I HEREBY CERTIFY, That I attended deceased from 11-22-38 19__, to 12-6-38 19__

I last saw him alive on 12-6-38 19__ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Senility			
Maxillary sinusitis.			
acute. Supperative left side.			

Contributory causes of importance not related to principal causes

Infected miebomiam cyst left upper lid.			

Where was disease first diagnosed? office

Name of operation antrum puncture Date of 11-24-38

Condition for which performed Maxillary sinusitis

What test confirmed diagnosis?

Was there an autopsy? Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(SIGNED) C. C. Carlson M. D.

(Address) Doct Building Boise

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

-Nokes-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11041

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 349

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

95b2

2. FULL NAME Susie Weigart Westfall

(a) Residence No. 1714 Harrison Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. G. Westfall

6. DATE OF BIRTH (month, day, and year) 7-8-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grant City,
(State or country) Missouri

FATHER

13. NAME Joel Weigart

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Sarah Cadle

16. BIRTHPLACE (city or town) Grant City,
(State or country) Missouri

17. INFORMANT G. W. Baker
(Address) 815 E State, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-9-38, 193

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 12-8, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-6 1938

22 I HEREBY CERTIFY, That I attended deceased from 1930, 193..., to Dec 6, 1938
I last saw h[illegible] alive on Dec 6 [illegible] death is said to have occurred on the date stated above, at 4:24 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Nov 1-1938
Other contributory causes of importance:	
Hypertension	1925

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T. Nokes, M. D.
(Address) Boise, Idaho

111942

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada Registration Dist. No. 8

City of near Boise Primary Reg. Dist. No. 2004

Ada County Hospital Local Registrar's No. RECEIVED

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	10		

How long in U. S. if of foreign birth? DEC 31 1938

Yrs.	Mos.	Days

95-2

2. FULL NAME Mose Francis White

(a) Residence: Ada County Hospital

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE	4. White, Black, Yellow, Red	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth (Month, day and year) May 19, 1865

7. AGE	Years	Months	Days	If less than 1 day
	73	6	18	hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done
Paint

9. Industry or business in which work was done
Rail Roads

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country)
Jefferson Co. Missouri

Father

13. NAME John T White

14. BIRTHPLACE (City or Town, County and State, or Country)
Kentucky

Mother

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (City or Town, County and State, or Country)
Kentucky

17. SIGNATURE OF INFORMANT George Schoonover

(Address) Central Valley, Calif

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 12/10 19 38

19. UNDERTAKER Schreiber & McCann
Boise Idaho

(Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-9 1938 by R. Sharp

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-7-38

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1938, to death 19

I last saw him alive on 12-6 1938 Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cardiac asthma.	3		
Contributory causes of importance not related to principal causes			
Senility	?		

Where was disease first diagnosed? Boise Idaho

Name of operation None date of

Condition for which performed

What test confirmed diagnosis? Phys findings

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury

, 19 Where did injury occur?

(Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) L. E. West M. D.

(Address) Boise Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

RECEIVED
DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111943

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 148
(No. Ada County Hosp. 108
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Carter Smith

(a) Residence No. Boise Idaho 4th St. Garden
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: Wht.
5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: L. M. Smith

6. DATE OF BIRTH (month, day, and year): 2/19-1875

7. AGE: Years 63 | Months 9 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 4 days
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): West Donna

FATHER
13. NAME: John Carter
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Barbara Poorman
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT: Lon Smith
(Address) 4th & Garden - Boise

18. BURIAL, CREMATION, OR REMOVAL
Place: Emmett Ada Date: 12/9, 1938

19. UNDERTAKER: O. O. Pierce Mgr.
(Address) Emmett Idaho

20. FILED 12-19 1938 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12/7 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1938 to Dec 7, 1938

I last saw her alive on Dec 6 1938: death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 3 '38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Foelsch, M. D.
(Address) Boise

Braxton 111944

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1004
1619 N. 28th Street — Local Registrar's No. 351
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED
DEC 31 1938

Length of residence in County where death occurred	Yrs.	Mos.	Days
	26		

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

93a

2. FULL NAME Melvina Robinson
(a) Residence: 1619 N. 28th Street
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Arthur Robinson

6. Date of Birth (Month, day and year): March-23-1877

7. AGE — Years: 61 — Months: 8 — Days: 14 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Des Moinse, Iowa

Father

13. NAME: John J. Pugh
14. BIRTHPLACE (City or Town, County and State, or Country): Iowa

Mother

15. MAIDEN NAME: Ruth Conner
16. BIRTHPLACE (City or Town, County and State, or Country): Iowa

17. SIGNATURE OF INFORMANT: Arthur Robinson
(Address): 1619-N-28 St.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 12-10 1938

19. UNDERTAKER: Summers Funeral Home
(Address): Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-9 1938 by R. Sharp
(Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938 to Dec 7 1938
I last saw her alive on Dec 7 1938 Death is said to have occurred on the date stated above, at 8 o'clock a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Chronic Cholecystitis	5	11	7
Contributory causes of importance not related to principal causes: Acute Myocarditis			12 hrs

Where was disease first diagnosed? Boise Idaho
Name of operation None date of
Condition for which performed —
What test confirmed diagnosis? None
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury
, 19 Where did injury occur?
(Specify city or town, county and state)
Check whether injury occurred in industry home public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) J. M. Braxton M. D.
(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of ADA
City of BOISE
RECEIVED
DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111945

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 355
(No. 407 N. 2nd St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME THOMAS JEPSON HARRIS 9582

(a) Residence No. 407 NORTH 2nd ST. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: MALE
4. Color or Race: WHITE
5. Single, Married, Widowed or Divorced (write the word): MARRIED
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MAE HARRIS
6. DATE OF BIRTH (month, day, and year): April 9, 1869
7. AGE: Years 69 | Months 7 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TEAMSTER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) CALIFORNIA

FATHER
13. NAME William HARRIS
14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Roy Harris
(Address) BOISE, IDAHO
18. BURIAL, CREMATION OR REMOVAL
Place MORRIS HILL Date 12-10-1938 193
19. UNDERTAKER WILLIAM MCBRATNEY
(Address) BOISE, IDAHO
20. FILED 12-12, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-7 193 8
22 I HEREBY CERTIFY, That I attended deceased from August, 193 8, to Dec. 7, 193 8
I last saw him alive on Dec. 1 193 8: death is said to have occurred on the date stated above, at 7:30 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-renal Disease	

Other contributory causes of importance:

Senility	
Arterio-sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. E. Pelman M. D.
(Address) Boise, Ida.

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111946

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1004
St. Lukes Hospital (Home, Hospital or Institution) — Local Registrar's No. 353

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED
DEC 31 1938

Length of residence in County where death occurred: Yrs. 34 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

46c

2. FULL NAME Kate Lorraine Bush

(a) Residence: 1515 Jefferson Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): Aug. 21. 1865

7. AGE: Years 73 | Months 3 | Days 16 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home
9. Industry or business in which work was done
10. Date deceased last worked at this occupation (month and year)
11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Manchester, Iowa

Father

13. NAME: William B. Smith
14. BIRTHPLACE (City or Town, County and State, or Country): Canada

Mother

15. MAIDEN NAME: Orril M. Cowles
16. BIRTHPLACE (City or Town, County and State, or Country): Boston Mass.

17. SIGNATURE OF INFORMANT: Alva N Bush.
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/9/ 19 38

19. UNDERTAKER: Summers Funeral Home
(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-10 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/16/38 19__ to 12/7/38 19__

I last saw h[illegible] alive on 12/7/38 19__ Death is said to have occurred on the date stated above, at 12:38 m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Coronary Sclerosis	[illegible]		
Fatal Embolism	1938	Sept	
General Exhaustion			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Boise Idaho
Name of operation ____ Date of ____
Condition for which performed ____
What test confirmed diagnosis? Clinical Course & Autopsy
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____ 19__ Where did injury occur? ____ (Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) James R Stewart M. D.
(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111947

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 363

(No. residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Basheba Campbell

(a) Residence. No. 2501 Jefferson St. Boise Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Dan D. Campbell

6. DATE OF BIRTH (month, day, and year) March 30-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME James O. Moudy

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Elizabeth Givan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Homer Moudy (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Dec 11 1938

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 12-1938 R. L. Carp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12 - 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 193~~8~~, to 12-8, 193~~8~~

I last saw ~~her~~ alive on 12-7, 193~~8~~; death is said to have occurred on the date stated above, at 10:am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1937
Other contributory causes of importance:	
Hemiplegia	1937
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clinton W. Snook, M. D.
(Address) 500 Eastman Bldg. Boise Ida

111948

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

St Alphonsus Hospital (Home, Hospital or Institution) — Local Registrar's No. RECEIVED

DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 16 | Mos. | Days

How long in U. S., if of foreign birth: Yrs. | Mos. | Days

9321

2. FULL NAME Paul Peter Bartunek

(a) Residence: 2324 West Jefferson (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE, FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Mwaried

5a. If married, widowed, or divorced — Husband of (or) Wife of: Alice Mary Bartunek

6. Date of Birth (Month, day and year): June 24th. 1881

7. AGE: Years 57 | Months 5 | Days 15 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Shoe Maker

9. Industry or business in which work was done: About 25 Years

10. Date deceased last worked at this occupation (month and year): 25 Years 1- 38

11. Total time (yrs.) spent in this occupation: 25 Years

12. BIRTHPLACE (City or Town, County and State, or Country): Czechoslavakia

Father

13. NAME: Unknown

14. BIRTHPLACE (City or Town, County and State, or Country): "

Mother

15. MAIDEN NAME: "

16. BIRTHPLACE (City or Town, County and State, or Country): "

17. SIGNATURE OF INFORMANT: Alice M Bartunek

(Address) 2324 West Jeff: Boise Ida.

18. BURIAL, CREMATION OR REMOVAL — Place: St. John's — Date: 12/9 19 38

19. UNDERTAKER: Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-16 1938 (Date) by K. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 9th. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9 1938 to 12-9 1938

I last saw him alive on 12-8 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Coronary Thrombosis	1938	Oct.	
Myocardial.			
Disease	1937		

Contributory causes of importance not related to principal causes

Hypertension	1936		

Where was disease first diagnosed? St. Alphonsus

Name of operation — date of —

Condition for which performed

What test confirmed diagnosis? E. K. G.

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury — 19 — Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry — home — public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(SIGNED) J B Privett M. D.

(Address) East Bldy. Boise Ida

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111949

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

1017 River St. — Local Registrar's No. 356

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED DEC 31 1938

Length of residence in County where death occurred	Yrs.	Mos.	Days
	13		

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

2. FULL NAME William.M. Hughart

(a) Residence: 1017 River St. (If non-resident give city or county and state)

167

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, Husband of (or) Wife of: Leah E. Hughart

6. Date of Birth (Month, day and year): Feb 19th. 1864

7. AGE — Years: 74 — Months: 9 — Days: 20 — If less than 1 day hrs. _____ min. _____

Occupation

8. Trade, profession, or particular kind of work done: Retired R.R. Switchman

9. Industry or business in which work was done: _____

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (yrs.) spent in this occupation: _____

12. BIRTHPLACE (City or Town, County and State, or Country): Berlington Iowa

Father

13. NAME: Campbell Hughart

14. BIRTHPLACE (City or Town, County and State, or Country): Kentuckey

Mother

15. MAIDEN NAME: Mary Blair

16. BIRTHPLACE (City or Town, County and State, or Country): Kentuckey

17. SIGNATURE OF INFORMANT: J.W. Hughart

(Address): Salt Lake Ut

18. BURIAL, CREMATION OR REMOVAL

Place: Cloverdale Date: 12/12/1938

19. UNDERTAKER: Schreiber & McCann

(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-12-1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 9th. 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__

I last saw him alive on 12/9 19 38 Death is said to have occurred on the date stated above, at 10:15 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Gunshot Wound in The Chest. Self Inflicted Suicide			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? _____

Name of operation _____ date of _____

Condition for which performed _____

What test confirmed diagnosis? _____

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) ~~Accident~~—Suicide—~~Homicide~~? Date of injury _____, 19__ Where did injury occur? _____ (Specify city or town, county and state)

Check whether injury occurred ~~in industry~~, home, ~~public place~~

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(SIGNED) J.W. McCann Coroner M.D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111950

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

608 East Highlan St. — Local Registrar's No. 354

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. 4 | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

RECEIVED DEC 31 1938

2. FULL NAME John Conlon 108

(a) Residence: 608 East Highland St.

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If married, widowed, or divorced Husband of (or) Wife of

6. Date of Birth (Month, day and year): July 29th. 1938

7. AGE: Years 0 | Months 4 | Days 11 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Boise Idaho

Father

13. NAME: John Conlon

14. BIRTHPLACE (City or Town, County and State, or Country): Brooklyn N.Y.

Mother

15. MAIDEN NAME: Elizabeth Anderson

16. BIRTHPLACE (City or Town, County and State, or Country): Marcus, Nebraska Iowa

17. SIGNATURE OF INFORMANT: John B Conlon

(Address) 608 E. Highland Boise Idaho

18. BURIAL, CREMATION OR REMOVAL: Morris Hill Date 12/12 19 38

Place

19. UNDERTAKER: Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-12 1938 by R. Sharp

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 17 1938, to December 10 1938

I last saw him alive on November 19 1938 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Lobar Pneumonia Bilateral Colon Abscess Pt. Pyemia Arterial	38	12	5

Contributory causes of importance not related to principal causes

Bronchopneumonia.

Where was disease first diagnosed? at autopsy

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? Yes Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Jack G. Jones M. D.

(Address) Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

4150, See attached copy.

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 11951

1. PLACE OF DEATH

County of Ada
City of Boise
1014½ Main St. Boise
(Home, Hospital or Institution)

Registration Dist. No. 804
Primary Reg. Dist. No.
Local Registrar's No. 358

RECEIVED
DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 1 | Mos. 1 | Days 2

How long in U. S. if of foreign birth? Yrs. 37 | Mos. | Days

2. FULL NAME Halvor ~~Helgeson Jorde~~ Helgesen Jorde 9321

(a) Residence: 1014½ Main St. Boise Idaho St.
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): ? ? Single

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): Jan 15th. 1873

7. AGE: Years 65 | Months 10 | Days 28 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Laborer
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Norway

Father

13. NAME: Helge Seversen Jorde ~~Unknown~~
14. BIRTHPLACE (City or Town, County and State, or Country): All Halling dal Norway

Mother

15. MAIDEN NAME: Kari Helvers datter
16. BIRTHPLACE (City or Town, County and State, or Country): All Halling dal Norway

17. SIGNATURE OF INFORMANT: ~~W.P.A. Records~~ Helge H Jorde
(Address) Vivian, ~~Boise Idaho~~ S. Dak.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Presho, So. Dak. Date 12/15 19 38

19. UNDERTAKER: Schreiber & McCann
(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-15 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 13th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1938 to Death 19
I last saw h~~im~~ alive on 12-10 1938 Death is said to have occurred on the date stated above, at ? A. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Coronary Thrombosis.	1938.	12	13.

Contributory causes of importance not related to principal causes
Arteriosclerosis. Uncertain
Myocarditis

Where was disease first diagnosed? St. Alphonsus Hosp
Name of operation None date of
Condition for which performed
What test confirmed diagnosis? Phys. Findings
Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury
, 19 Where did injury occur?
(Specify city or town, county and state)
Check whether injury occurred in industry home public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) L. F. West M. D.
(Address) Boise.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.....

County of.....Registration Dist. No.....

City of.....Primary Reg. Dist. No.....

.....Local Registrar's No.....

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	1	1	2

How long in U. S. if of foreign birth?	Yrs.	Mos.	Days
	37		

2. FULL NAME Halvor Helgesen Jorde

(a) Residence: Boise Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced Husband of (or) Wife of

6. Date of Birth (Month, day and year) Jan 16 1873

7. AGE: Years 65 | Months 10 | Days 27 | If less than 1 day hrs..... min.....

Occupation

8. Trade, profession, or particular kind of work done: Laborer

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Norway

Father

13. NAME Helge Syversen Jorde

14. BIRTHPLACE (City or Town, County and State, or Country) All Hallingdal, Norway

Mother

15. MAIDEN NAME Kari Halvorsdatter

16. BIRTHPLACE (City or Town, County and State, or Country) All Hallingdal, Norway

17. SIGNATURE OF INFORMANT Helge N Jorde

(Address) Vivian S.D.

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place ..... Date.....19.....

19. UNDERTAKER .....

(Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on.....193.... by.....

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year)

22. I HEREBY CERTIFY, That I attended deceased from .....19....., to .....19.....

I last saw h..... alive on .....19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? .....

Name of operation ..... date of .....

Condition for which performed .....

What test confirmed diagnosis? .....

Was there an autopsy?..... Was there an inquest?.....

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury.....

....., 19..... Where did injury occur?.....

(Specify city or town, county and state)

Check whether injury occurred in industry.... home.... public place....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(SIGNED) .....M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of ADA
City of BOISE

RECEIVED
DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111952

Registration District No. 3
Primary Registration District No. 2004 Local Registrar's No. 146
(No. HOME---ROUTE #2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JAMES ALFRED FULLETON

(a) Residence No. HOME---ROUTE #2 St. 93c
(Usual place of abode) 2 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MARY LUELLA FULLETON

6. DATE OF BIRTH (month, day, and year) 6-19-1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ILLINOIS (State or country)

FATHER

13. NAME HARVEY FULLETON
14. BIRTHPLACE (city or town) UNKNOWN (State or country)

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) UNKNOWN (State or country)

17. INFORMANT Frances Fullerton
(Address) Caldwell Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place ASHTON, IDAHO Date 12-15-38, 193

19. UNDERTAKER WILLIAM MCBRATNEY
(Address) BOISE, IDAHO

20. FILED 12-15, 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/22, 193 7, to 12-14, 1938
I last saw him alive on 12-10 1938: death is said to have occurred on the date stated above, at 3:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
C decompensation	3/22/37
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ayers Budge & Dr., M. D.
(Address) Boise Idaho.

111953

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

1618 north 18th street — Local Registrar's No. 359

(Home, Hospital or Institution)

RECEIVED DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	36		

How long in U. S. if of foreign birth

Yrs.	Mos.	Days

2. FULL NAME May W. Wibra

(a) Residence: 1618 north 18th street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / ~~FEMALE~~: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or ~~Divorced~~ (write the word): Widow

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): October 3, 1860

7. AGE — Years: 78 — Months: 2 — Days: 11 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Wales

Father

13. NAME: Francis Williams

14. BIRTHPLACE (City or Town, County and State, or Country): Wales

Mother

15. MAIDEN NAME: Hannah Bisnop

16. BIRTHPLACE (City or Town, County and State, or Country): Wales

17. SIGNATURE OF INFORMANT: J. E. Moon

(Address) 1618 No. 18th St Boise Ida.

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill — Date: 12/16 1938

19. UNDERTAKER: Summers Funeral Home

(Address): Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-15-38 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 14th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1938 to Dec 14 1938

I last saw her alive on Dec 13 1938 Death is said to have occurred on the date stated above, at about 3 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Arteriosclerotic Heart disease	1928		
Contributory causes of importance not related to principal causes: Cardiac Decompensation			12

Where was disease first diagnosed? Her home

Name of operation None date of

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry— home— public place—

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) T. M. Bragdon M. D.

(Address) Boise Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Swirden

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of ADA

City of BOISE

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111954

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 360

(No. 419 MAIN STREET)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WALLACE J. HERRON

93c

(a) Residence No. 419 MAIN STREET St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: MALE

4. Color or Race: WHITE

5. Single, Married, Widowed or Divorced (write the word): MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: MATTIE HERRON

6. DATE OF BIRTH (month, day, and year): 4-20-1864

7. AGE — Years: 74 — Months: 7 — Days: 24 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: RETIRED FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): RACINE,

(State or country): WISCONSIN

FATHER

13. NAME: JOHN HERRON

14. BIRTHPLACE (city or town): UNKNOWN

(State or country)

MOTHER

15. MAIDEN NAME: JULIA YANTZ

16. BIRTHPLACE (city or town): UNKNOWN

(State or country)

17. INFORMANT: W. C. Herron

(Address): BOISE, IDAHO

18. BURIAL, CREMATION OR REMOVAL

Place: MERIDIAN Date: 12-16-1938

19. UNDERTAKER: WILLIAM MCBRATNEY

(Address): BOISE, IDAHO

20. FILED: 12-16 1938 R. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12-14-1938

22 I HEREBY CERTIFY, That I attended deceased from 8-16, 1937, to 12-13, 1938

I last saw h... alive on 12-13 1938.: death is said to have occurred on the date stated above, at 10:45 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown

Other **contributory causes** of importance:

Complete Heart Block	1936
Hypertrophy of Prostate	1936

Name of operation: None Date of:

What test confirmed diagnosis? E.K.G Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. F. Swindell, M. D.

(Address) Boise Idaho

111955

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

St. Lukes Hospital — Local Registrar's RECEIVED 357

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign: Yrs. | Mos. | Days

DEC 31 1938

159a

2. FULL NAME Gerald Applegate

(a) Residence: 1818 No. 12th.

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): Dec; 14th. 1938

7. AGE — Years: 0 | Months: 0 | Days: 0 | If less than 1 day: hrs. 6 min.

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Boise Idaho

Father

13. NAME: John. Walter Applegate

14. BIRTHPLACE (City or Town, County and State, or Country): Nampa Idaho

Mother

15. MAIDEN NAME: Bonnie Wright

16. BIRTHPLACE (City or Town, County and State, or Country): Richland Ore.

17. SIGNATURE OF INFORMANT: John Walter Applegate

(Address) 1818 No. 12th. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Kohlerlawn Date 12/16/38

19. UNDERTAKER: Fred K. Robinson

(Address) Nampa Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-14 (Date) 1938 by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 9 a.m. 1938 to 2.55 P.M. 12/14 1938

I last saw h[illegible] alive on Dec 14 1938. Death is said to have occurred on the date stated above, at 2.55 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Prematurity about 25 wk gestation			One

Contributory causes of importance not related to principal causes: Membranes Ruptured Dec 11, 1938

Where was disease first diagnosed? at home

Name of operation None date of

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury

, 19 Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(SIGNED) F. M. Braatzen M. D.

(Address) Boise, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111956

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 8

City of Boise — Primary Reg. Dist. No. 2004

Ada County Hospital (Home, Hospital or Institution) — Local Registrar's No. 14

RECEIVED DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 45 | Mos. | Days

How long in U. S. if of foreign birth: Yrs. | Mos. | Days

2. FULL NAME Charles Albert Bunnell

(a) Residence: Ada County Hospital Co. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): Jan: 1st. 1852

7. AGE — Years: 86 | Months: 11 | Days: 14 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Plumber and Steamfitter

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year): 1902

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Chicago Ill.

Father

13. NAME: William Bunnell

14. BIRTHPLACE (City or Town, County and State, or Country): Michigan

Mother

15. MAIDEN NAME: Lucy Jones

16. BIRTHPLACE (City or Town, County and State, or Country): Scotland

17. SIGNATURE OF INFORMANT: Wilbrain Bunnell

(Address): Boise Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill — Date: 12/17 19 38

19. UNDERTAKER: Schreiber & McCann

(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-16 1938 (Date) by R. Sharp (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 15th. 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__ to ____ 19__

I last saw him alive on 12/15 19 38 Death is said to have occurred on the date stated above, at About 3: A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cause Unknown But Natural			
Found Dead In Co: Hospital			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(SIGNED) J. M. Cann Coroner M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Budge

111957

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111957

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

St. Lukes (Home, Hospital or Institution) — Local Registrar's No. 3634

RECEIVED DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 17 | Mos. | Days

How long in U. S. if of foreign birth: Yrs. | Mos. | Days

2. FULL NAME Joseph Nelson De Partee

(a) Residence: Pearl route, Eagle Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Dollie De Partee

6. Date of Birth (Month, day and year): 12-17-1868

7. AGE — Years: 69 | Months: 11 | Days: 28 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Retired Minister

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Nephi, Utah

Father

13. NAME: Joseph C. De Partee

14. BIRTHPLACE (City or Town, County and State, or Country): Texas

Mother

15. MAIDEN NAME: Mary Jane Holden

16. BIRTHPLACE (City or Town, County and State, or Country): Utah

17. SIGNATURE OF INFORMANT: E. N. DePartee

(Address) Star Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Star Idaho Date: 12-18 19 38

19. UNDERTAKER: Summers Funeral Home

(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-17 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12 - 15 - 38

22. I HEREBY CERTIFY, That I attended deceased from 12-5 1938 to 12-15 1938

I last saw him alive on 12-15 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Chronic Rheumatic Myocarditis with	1938		
Auricular fibrillation &	1938	12	1
Acute Decompensation	1938	12	8

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? our office Boise

Name of operation none Date of

Condition for which performed —

What test confirmed diagnosis? Clinical

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(SIGNED) Bruce C. Budge M. D.

(Address) Boise

Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111958

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 8

City of Near Boise — Primary Reg. Dist. No. 2004

Whitney Bench Rt: 4 — Local Registrar's No. 149

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 45 | Mos. | Days

How long in U. S. if of foreign birth? | Yrs. | Mos. | Days

DEC 31 1938

2. FULL NAME Robert Wesley Steele

(a) Residence: Whitney Bench. Rt.4: Boise Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Elsie Steele

6. Date of Birth (Month, day and year): Oct. 20th. 1855

7. AGE — Years: 83 | Months: 1 | Days: 28 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer and Stockman

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Murphysborough Ill.

Father

13. NAME: Mathew Steele

14. BIRTHPLACE (City or Town, County and State, or Country): U Ill:

Mother

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (City or Town, County and State, or Country): Kentuckey

17. SIGNATURE OF INFORMANT: Mrs R W Steele

(Address): Rt. 4: Boise Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill — Date: 21 — 19 38

19. UNDERTAKER: Schreiber & McCann

(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-20 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 18th. 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__ to 12/18 38 19__

I last saw him alive on Dead 19__ Death is said to have occurred on the date stated above, at About 6:A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cause Unknown But Natural. Died Suddenly in his Home			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? ____ Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) Jas. McCann Coroner M. D.

(Address) Boise Idaho

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111959

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

Christian Science Church — Local Registrar's No. 364

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED
DEC 31 1938

Length of residence in County where death occurred: Yrs. 3 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2006

2. FULL NAME Edith B. Douglass

(a) Residence: Idanha Hotel (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): Jan. 15th 1874

7. AGE — Years: 64 | Months: 11 | Days: 3 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Saleswomen

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Iowa

Father

13. NAME: Unknown

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Truman Driggs

(Address) 906 Bannock St.

18. BURIAL, CREMATION OR REMOVAL

Place Hanborn Iowa Date Dec 24 1938

19. UNDERTAKER: Truman Driggs

(Address) 906 Bannock St.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-31-1938 (Date) by R. Sharp (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1938 to Daily 19

I last saw h alive on Dec 18 19 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
I do not know. She died in Church before I arrived.			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19 Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) T. C. Brayfay M. D.

(Address) Boise Idaho

111960

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

201 E. Bannock (Home, Hospital or Institution) — Local Registrar's RECEIVED

If death occurred in hospital or institution give its name instead of street and number.

DEC 31 1938

Length of residence in County where death occurred	Yrs.	Mos.	Days
	20		

How long in U.S. if of foreign birth	Yrs.	Mos.	Days

2. FULL NAME Herman A. Asal 9121

(a) Residence: 201 E. Bannock (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Mary J. Asal

6. Date of Birth (Month, day and year): Jan 2-1876

7. AGE — Years: 62 — Months: 11 — Days: 16 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done:

9. Industry or business in which work was done: Ware house employee

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Arlington, Minn

Father

13. NAME: George Asal

14. BIRTHPLACE (City or Town, County and State, or Country): Germany

Mother

15. MAIDEN NAME: Augusta Drechkto

16. BIRTHPLACE (City or Town, County and State, or Country): Minn

17. SIGNATURE OF INFORMANT: Mary J. Asal

(Address) 201 E. Bannock St. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place: Cloverdale — Date: 12-21 19 38

19. UNDERTAKER: Summers Funeral Home

(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-22 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-18-38

22. I HEREBY CERTIFY, That I attended deceased from 9-13 1938 to Death. 19

I last saw him alive on 12-18 1938. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
1. Subacute bacterial endocarditis	1938	6	
Contributory causes of importance not related to principal causes:			
1. Anemia (acute)	1938	11 M	5 D
2. Hypostatic Pneumonia	1938	12 M	15 D

Where was disease first diagnosed? St. Lukes Hospital

Name of operation None date of

Condition for which performed

What test confirmed diagnosis? Phys. findings, Blood culture

Was there an autopsy? No. Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury

, 19 Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) L. F. West M. D.

(Address) Boise Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

PLACE OF DEATH

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
111961
State File No.

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 19

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mae V. Estes

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Arthur Estes

6. DATE OF BIRTH (month, day, and year) Feb 7, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) South Haven
(State or country) Michigan

MOTHER FATHER

13. NAME Joseph Hall

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Sarah Cook

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Florence Byard
(Address) Meridian Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Meridian Date 12-21 1938

19. UNDERTAKER E W Robinson
(Address) Meridian Ida

20. FILED 12/20, 1938 E W Rees
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1938, to 12-19, 1938

I last saw her alive on 12-18-38, 1938: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-19-38
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. L. Jewell, M. D.
(Address) Meridian, Ida

TION is very important. See instruction on back of certificate.

Dr Mack.

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111962

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 204

City of Boise — Primary Reg. Dist. No. 366

1209 Longmont St. (Home, Hospital or Institution) — Local Registrar's No.

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED DEC 31 1938

Length of residence in County where death occurred	Yrs.	Mos.	Days
	25		

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

94-

2. FULL NAME Charles S. Pearson

(a) Residence: 1209 Longmont Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, Husband of (or) Wife of: Zora M. Pearson

6. Date of Birth (Month, day and year): Feb. 24, 1866

7. AGE

Years	Months	Days	If less than 1 day
72	9	27	hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Idaho Power employee

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Bountiful, Utah

Father

13. NAME: Charles Pearson

14. BIRTHPLACE (City or Town, County and State, or Country): England

Mother

15. MAIDEN NAME: Anne Cowe

16. BIRTHPLACE (City or Town, County and State, or Country): Scotland

17. SIGNATURE OF INFORMANT: Zora M Pearson

(Address) 1208 Longmont.

18. BURIAL, CREMATION OR REMOVAL

Place Cloverdale Date 12-24 1938

19. UNDERTAKER: Summers Funeral Home

(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-23-38 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-21 1938 to 12-21 1938

I last saw h— alive on ____ 19— Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Coronary thrombosis	38	12	21
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Home

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? N/C Was there an inquest? N/C

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____

____, 19— Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry— home— public place—

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Quentin W Mack M. D.

(Address) 500 Eastman Bldg, Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111963

County of Ada — Registration Dist. No. 3

City of Boise — Primary Reg. Dist. No. 2004

(Home, Hospital or Institution) En route to hospital — Local Registrar's No. 9514

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED

DEC 31 1938

Length of residence in County where death occurred	Yrs.	Mos.	Days
	12		

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

21-3

2. FULL NAME Sarah Stanfield

(a) Residence: Boise Rt: 4: (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth (Month, day and year) Nov. 19th 1926

7. AGE — Years: 12 — Months: 1 — Days: 2 — If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Student

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country) Boise Idaho

Father

13. NAME Jesse H. Stanfield

14. BIRTHPLACE (City or Town, County and State, or Country) Mound City Kansas

Mother

15. MAIDEN NAME Helen May Isgar

16. BIRTHPLACE (City or Town, County and State, or Country) Delta Colorado

17. SIGNATURE OF INFORMANT Dora L. Pickles

(Address) 1810 Brumback St. Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 12/24 19 38

19. UNDERTAKER Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-27 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 21 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__ to 12/21 38 19__

I last saw her alive on Dead 19__ Death is said to have occurred on the date stated above, at About 4/30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Head and Body Injuries. Caused by Falling From Auto-Truck. (Accident)

Date of Onset	Yr.	Mo.	Day

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? ____

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) (Accident)—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? Public Road (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) J. J. McCann Coroner, M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 111964

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1004
St. Lukes Hospital — Local Registrar's No. 367
(Home, Hospital or Institution)

RECEIVED
DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days 4

How long in U. S. if of foreign: Yrs. | Mos. | Days

137

2. FULL NAME Otto J. Thies

(a) Residence: Rupert, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — Husband of (or) Wife of:

6. Date of Birth (Month, day and year): Jan. 10. 1874

7. AGE: Years 64 | Months 11 | Days 12 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Father

13. NAME: Unknown
14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Margaret Elfers
16. BIRTHPLACE (City or Town, County and State, or Country): Germany

17. SIGNATURE OF INFORMANT: Bernard F. Johnson
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert, Idaho Date Dec. 26 1938

19. UNDERTAKER: Summers Funeral Home
(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-24-1938 (Date) by K. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1938 to Dec 22 1938
I last saw him alive on Dec 21 1938 Death is said to have occurred on the date stated above, at 4:55 p. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Benign Enlargement of Prostate			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?
Name of operation Resection of Prostate date of 12-22-38
Condition for which performed Above
What test confirmed diagnosis?
Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) W. B. Jeppesen M. D.
(Address) Boise Idaho

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111965

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 368

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number) St. Lukes Hosp.

159a

2. FULL NAME Warden, Dale Wayne

(a) Residence. No. - Idaho City Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 19th. 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho City Idaho.

FATHER

13. NAME Clarence Warden

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Barbara Earl

16. BIRTHPLACE (city or town) (State or country) Milwaukee Wisconsin

17. INFORMANT Clarence Warden
(Address) Box 19 Idaho City, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho City Date 12-23, 1938

19. UNDERTAKER Schreiber & Mahorn
(Address) Boise Idaho

20. FILED 12-24, 1938 H. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1938, to Dec. 23, 1938

I last saw him alive on Dec 23, 1938; death is said to have occurred on the date stated above, at 9 40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth date 3/4/38

Other contributory causes of importance:

Twin (other one dead)
Chilling since birth

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harrison Freyman M. D.

(Address) Boise, Idaho

111966

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 204
City of Boise — Primary Reg. Dist. No. 1004
St. Alphonsus (Hospital or Institution) — Local Registrar's No. 369

RECEIVED
DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 8 | Mos. 2 | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

12 hrs.

2. FULL NAME Paul B. Russell

(a) Residence: 1001 Washington (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth (Month, day and year): Nov 18, 1893

7. AGE: Years 45 | Months 1 | Days 6 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Lineman
9. Industry or business in which work was done: Telephone Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Indiana

Father

13. NAME: Unknown
14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: D. W. Baker
(Address) 815 E. State Boise Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Denver, Colo Date: Dec 26 38

19. UNDERTAKER: Summers Funeral Home
(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-26 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-24-38

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1938 to 12-24 1938
I last saw h/~~his~~ alive on 12-24 1938 Death is said to have occurred on the date stated above, at 9:45 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Acute hepatitis	38	12	12
& Common duct obstruction			
Contributory causes of importance not related to principal causes: Icterus	38	12	24

Where was disease first diagnosed? Hospital
Name of operation Cholecystectomy date of 12-24-38
Condition for which performed Common duct obstruction
What test confirmed diagnosis? Examination
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry__ home__ public place__
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Quentin Umsted M. D.
(Address) 500 Eastman Bldg Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. 1917 North 10th St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 111967

Local Registrar's No. 375

2. FULL NAME Hannah Smith

(a) Residence No. 1917 North 10th St St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Smith

6. DATE OF BIRTH (month, day, and year) 9-2-1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME Hyrum LLoyd

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Hannah Wilkison

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Harriett Edens
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarendale Date 12-28-, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 12-28 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-29-38, 193..., to 12-24-38, 193...

I last saw her alive on 12-24, 1938; death is said to have occurred on the date stated above, at 7:45p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Pneumonia	12-18-38
with Thrombosis.	

Other **contributory causes** of importance:

Senility.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Ward T. Corbard. M.D.

(Address) Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111968

County of Ada — Registration Dist. No. 2
City of Boise — Primary Reg. Dist. No. 1004
St. Lukes Hospital (Home, Hospital or Institution) — Local Registrar's No. 372

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED
DEC 31 1938

Length of residence in County where death occurred	Yrs.	Mos.	Days
	51		

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

21

2. FULL NAME Henry Curtis

(a) Residence: R. D. # 2. Boise, Idaho. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Eliza Jane Curtis

6. Date of Birth (Month, day and year): July 5 1856

7. AGE — Years: 82 — Months: 5 — Days: 19 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year): Dec 1938
11. Total time (yrs.) spent in this occupation: All his life

12. BIRTHPLACE (City or Town, County and State, or Country): Dorsetshire, England

Father

13. NAME: Joseph Curtis
14. BIRTHPLACE (City or Town, County and State, or Country): England

Mother

15. MAIDEN NAME: Rosanna Churchill.
16. BIRTHPLACE (City or Town, County and State, or Country): England

17. SIGNATURE OF INFORMANT: Mrs Harold Tingle
(Address) 2003 Ellis Ave Boise

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill — Date: Dec 27, 1938

19. UNDERTAKER: Summers Funeral Home
(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-28 1938 (Date) by R. Sharp (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-23-1938, to 12-24 1938

I last saw him alive on 12-24 1938. Death is said to have occurred on the date stated above, at 11:10 PM m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Traumatic Shock			
Cerebral Concussion			

Contributory causes of importance not related to principal causes

Comp. Fracture of Rt. Ankle. Fractured Rt. Nib

Where was disease first diagnosed?
Name of operation ____ date of ____
Condition for which performed
What test confirmed diagnosis?
Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:
(Check) (Accident) Suicide—Homicide? Date of injury 12-23 1938, 19____ Where did injury occur? Boise - Ada - Idaho (Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ (public place)
Manner of injury Struck by Car
Nature of injury Fractures - Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) W. O. Sprague M. D.
(Address) Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111969

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 204

City of Boise. — Primary Reg. Dist. No. 22

St Alphonsus Hospital. — Local Registrar's No. RECEIVED

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	25		

How long in U. S. if of foreign birth DEC 31 1938

Yrs.	Mos.	Days

210

2. FULL NAME Bert. E. Wychoff.

(a) Residence: 509. Ash Street. (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male.

4. White, Black, Yellow, Red: White.

5. Single, Married, Widowed, or Divorced (write the word): Divorced.

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year) September. 21. 1869.

7. AGE — Years: 69 — Months: 3 — Days: 3 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Retired, Cigar Store Owner.

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation: 25 years.

12. BIRTHPLACE (City or Town, County and State, or Country) Tekamah Nebraska.

Father

13. NAME Albert Wychoff.

14. BIRTHPLACE (City or Town, County and State, or Country) Iowa.

Mother

15. MAIDEN NAME Phoebe Ann Prussiah.

16. BIRTHPLACE (City or Town, County and State, or Country) Unknown.

17. SIGNATURE OF INFORMANT Mrs. J. E. Bradburn

(Address) 1311 Bannock St.

18. BURIAL, CREMATION OR REMOVAL

Place Cloverdale Memorial Park Date Dec 26 19 38

19. UNDERTAKER Summers Funeral Home.

(Address) Boise, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-28 1938 by R. Sharp

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-24-38

22. I HEREBY CERTIFY, That I attended deceased from 12-24-38 19___ to 12-24-38 19___

I last saw him alive on 12-24 1938 Death is said to have occurred on the date stated above, at 930 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Fracture spine	38	12	24
Fracture both tibias & fibulae	"	"	"

Contributory causes of importance not related to principal causes: Shock

Where was disease first diagnosed? at hospital

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? No Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury 12-24 19 38 Where did injury occur? Boise, Idaho (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place

Manner of injury Hit by automobile

Nature of injury Fractured spine, both tibias

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) M. B. Shaw M. D.

(Address) ____

111970

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 204
City of Boise — Primary Reg. Dist. No.
St. Alphonsus Hospital (Home, Hospital or Institution) — Local Registrar's No. 370

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED DEC 31 1938

Length of residence in County where death occurred: Yrs. 35 | Mos. | Days

How long in U. S. If of foreign birth: Yrs. | Mos. | Days

2. FULL NAME George Sekick Hecimovich — 5461

(a) Residence: 1219 Grove St. Boise Idaho
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced — Husband of (or) Wife of: Annie Hemicovich

6. Date of Birth (Month, day and year): 1863

7. AGE: Years: About 75 | Months | Days | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Laborer
9. Industry or business in which work was done
10. Date deceased last worked at this occupation (month and year)
11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Lica. Perusich Hrvtaska Jugo-Slavia

Father

13. NAME: Ivan Hecimovich
14. BIRTHPLACE (City or Town, County and State, or Country): Jugo-Slavia

Mother

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (City or Town, County and State, or Country): Jugo-Slavia

17. SIGNATURE OF INFORMANT: Mike Mulenkovac
(Address) 406 So 13th. St Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: St. John's — Date: 12/28 19 38

19. UNDERTAKER: Schreiber & McCann
(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-27 (Date) 1938 by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 25th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1938 to Dec 25 1938
I last saw h[illegible] alive on Dec 24 1938 Death is said to have occurred on the date stated above, at 2: A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset	Yr.	Mo.	Day

Uremic Poisoning

Contributory causes of importance not related to principal causes: Operation Tumor Mass Pancreas region-Non Malignant

Where was disease first diagnosed?
Name of operation [illegible] Exploratory 12/17/38
Condition for which performe[illegible] Exploratory
What test confirmed diagnosis? [illegible] Tumor
Was there an autopsy? No Was there an inquest?

23. If death was due to externa[illegible] causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury
, 19 Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry home public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) Fred A. Schneider M. D.
(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Boeck

PLACE OF DEATH

County of Ada

City of Collister

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111971

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 1521
(No. Collister--Rt. #1, Boise)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jabez Lambert Green 922

(a) Residence No. Collister--Rt. #1, Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Mary Green

6. DATE OF BIRTH (month, day, and year) Oct. 9, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hampshire, (State or country) England

FATHER

13. NAME Robert Green
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Maria Deadman
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT O. F. Green
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 12-28- 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 12-28 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-25 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-25-, 1938, to 12-25-, 1938
I last saw him alive on 12-25- 1938: death is said to have occurred on the date stated above, at 10:10a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dilatation of heart	

Other **contributory causes** of importance:

Hypertension-over 9	
Valvular heart lesions	
for years.-	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) John Boeck, M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

111972

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 8

City of — Primary Reg. Dist. No. 2004

Riverside, Route # I Boise — Registrar's No. 153
(Home, Hospital or Institution)

RECEIVED
DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 13 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Charles O. Casada 108

(a) Residence: Route No. I. Boise, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, Husband of (or) Wife of: Marie M. Casada

6. Date of Birth (Month, day and year): April 8th. 1883

7. AGE: Years 55 | Months 8 | Days 18 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Construction Work

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Ash Grove, Missouri

Father

13. NAME: John C. Casada

14. BIRTHPLACE (City or Town, County and State, or Country): Tennessee

Mother

15. MAIDEN NAME: Nancy C. Smith

16. BIRTHPLACE (City or Town, County and State, or Country): Bolivar, Missouri

17. SIGNATURE OF INFORMANT: Maria M Casada

(Address): R.F.D. I Boise

18. BURIAL, CREMATION OR REMOVAL

Place: Cloverdale Date: 12/28/1938

19. UNDERTAKER: Summers Funeral Home

(Address): Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-28 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-31 1938 to 12-26 1938

I last saw ~~him~~ alive on 12-26 1938 Death is said to have occurred on the date stated above, at 9 Am m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Lobar Pneumonia	38	10	31
Pleural effusion	38	12	3
Hepatitis -	38	12	24

Contributory causes of importance not related to principal causes

Endocarditis -	for	years	a
and Aortic sclerosis			

Where was disease first diagnosed? Boise Idaho

Name of operation Aspiration Pl. Date of 12-3-38

Condition for which performed Pleural effusion

What test confirmed diagnosis? Laboratory

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____
(Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) O. Hamilton M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111973

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 8

City of Near Boise — Primary Reg. Dist. No. 2004

Ada County Hospital — Local Registrar's No. 155

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED DEC 31 1938

Length of residence in County where death occurred	Yrs.	Mos.	Days

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

8 21

2. FULL NAME Judson (Jack) Hoagland

(a) Residence: Horseshoe Bend Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): ??

5a. If married, widowed, or divorced — Husband of (or) Wife of:

6. Date of Birth (Month, day and year): Aug. 9th. 1865

7. AGE — Years: 73 — Months: 4 — Days: 17 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Blacksmith

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Pennslyvania

Father

13. NAME: No Record

14. BIRTHPLACE (City or Town, County and State, or Country): " " " "

Mother

15. MAIDEN NAME:

16. BIRTHPLACE (City or Town, County and State, or Country): " " " "

17. SIGNATURE OF INFORMANT: Records of Ada Co: Hosp:

(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill — Date 12/30 19 38

19. UNDERTAKER: Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-29 (Date) 193 8 by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 19 38, to Dec 26 19 38

I last saw him alive on Dec 26 19 38 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
(a) Probably Chronic Nephritis	1933	3	15
(b) Uremia	1933		
(c) Bronchopneumonia	1938	12	24

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) Ralph R. Jones M. D.

(Address) Boise, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111974

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada

City of Boise

511 So. 18th. St

(Home, Hospital or Institution)

Registration Dist. No. 2

Primary Reg. Dist. No. 1004

Local Registrar's No. 3

RECEIVED DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	30		

How long in U. S., if of foreign birth?

Yrs.	Mos.	Days

2. FULL NAME Fred L. Konzen 95 b 2

(a) Residence: 511 So. 18th. St. Boise Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Rosa A. Konzen

6. Date of Birth (Month, day and year): Feb 17 1878

7. AGE — Years: 60 — Months: 10 — Days: 9 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Carpenter

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): St. Joseph Co. Ind.

Father

13. NAME: Peter J. Konzen

14. BIRTHPLACE (City or Town, County and State, or Country): Nehren Germany

Mother

15. MAIDEN NAME: Mary A. Klein

16. BIRTHPLACE (City or Town, County and State, or Country): Mishawaka Ind:

17. SIGNATURE OF INFORMANT: Faith Konzen

(Address) 511 So. 18th St. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: St. John's Date: 12/29 19 38

19. UNDERTAKER: Schreiber & McCann

(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-29 1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-26-38

22. I HEREBY CERTIFY, That I attended deceased from 12-20-1938 19 ____, to 12-26-38 19 ____

I last saw h[illegible] alive on 12-23-38 19 ____ Death is said to have occurred on the date stated above, at 5 10/17 m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
CORONARY Thrombosis			
Hypertension -			
Coronary Miscare -			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Home

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19 ____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) W. D. Springer M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 31 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111975

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 373

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarance Huxford, Jr.

(a) Residence No. Eagle, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-31-1926

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	12	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hot Springs,
(State or country) South Dakota

FATHER

13. NAME Clarance Huxford

14. BIRTHPLACE (city or town) Neligh,
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Darrel Canfield

16. BIRTHPLACE (city or town) Twisp,
(State or country) Washington

17. INFORMANT Clarance Huxford
(Address) Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Cemetery, 12-28-, 1936

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 12-29, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-26-1936

22 I HEREBY CERTIFY, That I attended deceased from 12/24, 1936, to 12/25, 1936

I last saw him alive on 12/25 1936: death is said to have occurred on the date stated above, at 7:45 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid Fever	12/6/36
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Widal & Blood Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Not If so, specify

(Signed) E. L. Jones, M. D.

(Address) Eagle, Idaho.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 111976

County of Ada
City of 2½ Miles North of Eagle
(Home, Hospital or Institution)

Registration Dist. No. 9-10
Primary Reg. Dist. No. 9-10
Local Registrar's No. 1

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	1		

How long in U. S. if of foreign birth?	Yrs.	Mos.	Days

2. FULL NAME Chris Madsen

(a) Residence: Pearl Route Eagle Idaho
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): ?

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth (Month, day and year): May 29th. 1870

7. AGE

Years	Months	Days	If less than 1 day
68	6	28	hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Laborer

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Spanish Fork Utah

Father

13. NAME: Dont Know

14. BIRTHPLACE (City or Town, County and State, or Country): " " " "

Mother

15. MAIDEN NAME

16. BIRTHPLACE (City or Town, County and State, or Country): " " "

17. SIGNATURE OF INFORMANT: Frederick Beltman

(Address) Pearl Route Eagle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/31 19 38

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 1/4 (Date) 193 8 by [signature] Registrar
Evelyn Gordon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 27th. 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-27 1938, to 12-27 1938
I last saw him/her alive on 12-27 1938 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Lobar Pneumonia, Rt. Lower	1938	12	25
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis? Autopsy

Was there an autopsy? Yes Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur?
(Specify city or town, county and state)
Check whether injury occurred in industry— home— public place—
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) Ralph R. Jones M. D.
(Address) Boise, Idaho

Jones

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED

DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111977

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 154

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Washington Dimick

9562

(a) Residence No. 115 Main Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cynthia Dimick

6. DATE OF BIRTH (month, day, and year) 4-3-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spanish Fork,
(State or country) Utah

FATHER

13. NAME Ephraim Dimick

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT George A. Dimick
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 12-29-1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 12-29, 1938 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-27-1938

22 I HEREBY CERTIFY, That I attended deceased from 12-23, 1938, to 12-27, 1938

I last saw him alive on 12-26 1938; death is said to have occurred on the date stated above, at 11:45a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ventricular Fibrillation	12-15-38
Arteriosclerotic Heart Disease	1936

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph L. Jones M. D.

(Address Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Pettengill

111978

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

1403 East Bannock Street — Local Registrar's No. 376

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED

DEC 31 1938

Length of residence in County where death occurred	Yrs.	Mos.	Days

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days
		46 d

2. FULL NAME Nancy Cordilla B. Morrow

(a) Residence: 1403 East Bannock Street

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced Husband of (or) Wife of

6. Date of Birth (Month, day and year) Jan. 15th 1868

7. AGE — Years: 70 — Months: 11 — Days: 13 — If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: At Home

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country) Nolo, Pennsylvania

Father

13. NAME George W. Byers

14. BIRTHPLACE (City or Town, County and State, or Country) Rayne, Pennsylvania

Mother

15. MAIDEN NAME Margaret Fetterman

16. BIRTHPLACE (City or Town, County and State, or Country) Cherryhill Township, Pennsylvania

17. SIGNATURE OF INFORMANT Truman Lyapp

(Address) 906 Bannock St. Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 12/30/1938

19. UNDERTAKER Summers Funeral Home

(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-30-1938 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1938 to Dec 28 1938

I last saw her alive on Dec 12 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Epithelioma Face

Sepsis

Date of Onset	Yr.	Mo.	Day

Contributory causes of importance not related to principal causes

Rectal Carcinoma (Cancer)

Where was disease first diagnosed? Boise Idaho

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Fred A. Pettengill M. D.

(Address) ____

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

111973

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

St. Lukes Hospital — Local Registrar's No. RECEIVED

(Home, Hospital or Institution)

DEC 31 1938

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days

How long in U. S. if of foreign birth

	Yrs.	Mos.	Days

2. FULL NAME August Jantz

(a) Residence: Ola Idaho

(If non-resident give city or county and state)

107a

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — Husband of (or) Wife of: Wilhemina Jantz

6. Date of Birth (Month, day and year): Feb. 28th 1851

7. AGE

Years	Months	Days	If less than 1 day
87	10	1	hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Warshaw Poland

Father

13. NAME: Heinrich Jantz

14. BIRTHPLACE (City or Town, County and State, or Country): Poland

Mother

15. MAIDEN NAME: Teresa Jantz

16. BIRTHPLACE (City or Town, County and State, or Country): Poland

17. SIGNATURE OF INFORMANT: Walter Abernott

(Address): Ola Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Cloverdale — Date: 1/2 19 39

19. UNDERTAKER: Schreiber & McCann

(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-31 (Date) 1938 by R. Sharp (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 1938 to Dec 29 1938

I last saw h alive on Dec 29 1938 Death is said to have occurred on the date stated above, at 3 P M m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Senile pneumonia			
a			

Contributory causes of importance not related to principal causes

Senility

Where was disease first diagnosed? at my office

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? no Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(SIGNED) Lewis Boyle M. D.

(Address) Boise Ida.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Adams.

City of Pollock

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111981

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 1200

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

945

2. FULL NAME John Joseph Gasper

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) 8/9/1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranch Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 12/16/38

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Boise (State or country) Idaho

FATHER

13. NAME Methias Gasper

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Nancy Elanor Nichols

16. BIRTHPLACE (city or town) ..... (State or country) Kentuckey

17. INFORMANT Family (Address) Pollock

18. BURIAL, CREMATION OR REMOVAL Place Riggins Idaho Date Dec 17th 1938

19. UNDERTAKER Blake Hancock (Address) New Meadows Idaho

20. FILED JAN 3 1939 93 .....

DR. ALVIN S. THURSTON
COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/16/ 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..... to ....., 193.....

I last saw him alive on 12/16/38 193....: death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Disease	1936
Other contributory causes of importance:	
Senility	1933

Name of operation ..... Date of 0

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury....., 193....

Where did injury occur? 0 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify .....

(Signed) Alvin S. Thurston, M. D.

(Address) Council, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Adams
City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111982

RECEIVED
JAN 9 1939

Registration District No. 71
Primary Registration District No.
Local Registrar's No. 901

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

186a

2. FULL NAME LINA (LYONS) - YARBAROUGH.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced (or) WIFE of FLOYD YARBOROUGH.

6. DATE OF BIRTH (month, day and year) JUNE 9 - 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Elkin North Carolina

FATHER

13. NAME James LYONS.
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Minnie Foister.
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT FRED LYONS. EMMET.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place EMMET Date 12-21, 1938

19. UNDERTAKER J. H. Hubelson
(Address)

20. FILED JAN 3 1939 DR. ALVIN S. HUNTSMAN Registrar. COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-19-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-19-, 1938, to 12-19-, 1938
I last saw her alive on 12-19-, 1938: death is said to have occurred on the date stated above, at 10:50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Effemic Vein	
internal Hemorrhage	12-17-38
Other contributory causes of importance:	
Fall on kitchen floor slipping on office seat + Twisting (Long thin Swollen twins)	12-17-38

Name of operation None Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 12-17-38, 193
Where did injury occur? at home on farm Council Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury fell on floor, slipped on office seat.
Nature of injury Rupture of Effemic Vein.

24. Was disease or injury in any way related to occupation of deceased? If so, specify Normal Pregnancy.

(Signed) Alvin S. Huntsman M.D., M. D.
(Address) Council, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Meadows

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111983

Registration District No. 71

Primary Registration District No. ____ Local Registrar's No. 2 02

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME Moses Oldham Bishop

(a) Residence. No. Meadpws Idaho. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Maude Clevinger

6. DATE OF BIRTH (month, day, and year) 9/12/1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
93	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Indianaplis
(State or country) Indiana

FATHER

13. NAME William Patrick Bishop

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Nancy Oldham

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT William Bishop
(Address) Boise Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place New Meadows Date 12/23/38, 193

19. UNDERTAKER J.A.Hudelson
(Address) Cambridge Idaho.

20. FILED JAN 3 1939

[illegible] Registrar

DR. ALLEN S. THURSTON
COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/20/38193

22. I HEREBY CERTIFY, That I attended deceased from July 1938 193, to 12/20/38, 193
[last saw him dead alive on 12/20/38 193: death is said to have occurred on the date stated above, at 8:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	10 yrs.
Other contributory causes of importance: 0	

Name of operation 0 Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? 0 Date of injury, 193
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify 0

(Signed) Allen S. Thurston M.D., M. D.
(Address) Council, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111984

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 226
(No. 1358 East Fremont)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Elise Bergstrom 59

(a) Residence No. 1358 East Fremont St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Charles John Bergstrom

6. DATE OF BIRTH (month, day, and year): May 18 1864

7. AGE: Years 74 | Months 6 | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): unknown
(State or country): Sweden

FATHER
13. NAME: Adolph Ingstrom
14. BIRTHPLACE (city or town): unknown
(State or country): Sweden

MOTHER
15. MAIDEN NAME: Margret Larsen
16. BIRTHPLACE (city or town): unknown
(State or country): Sweden

17. INFORMANT: Charles John Bergstrom
(Address): Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Mountainview Date: Dec 4, 1938

19. UNDERTAKER: McHan Funeral Home
(Address): Pocatello Idaho

20. FILED 12-7, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec 1 1938

22 I HEREBY CERTIFY, That I attended deceased from 5-29, 1938, to 12-1, 1938.
I last saw her alive on 11/28 1938: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111985

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 231
(No. Saint Anthony's Hospital) 107a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Zeldon Leo Merkley

(a) Residence. No. Tyhee, Idaho. St. Tyhee, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1, 1938.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Zeldon Allen Merkley
14. BIRTHPLACE (city or town) (State or country) Wapello, Idaho.

MOTHER

15. MAIDEN NAME Elsie Jensen
16. BIRTHPLACE (city or town) (State or country) New Zealand.

17. INFORMANT (Address) Fellow A. Merkley Tyhee, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho. Date Dec. 8, 1938.

19. UNDERTAKER (Address) Arthur W. Hall Mortuary Pocatello, Idaho.

20. FILED Dec. 8, 1938. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 6, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1938, to Dec. 6, 1938.
I last saw him alive on Dec. 6, 1938: death is said to have occurred on the date stated above, at 6:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec. 3, 1938.
Acute Suppurative Otitis Media, Left	Dec. 4, 1938.
Other contributory causes of importance: Malnutrition	Since birth.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Mildred L. Olsen, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111986

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 230
(No. 239 South Third Ave. Pocatello)
(If death occurred in a hospital or institution, give its name instead of street and number)

57a

2. FULL NAME Lillie Elizabeth Simmons

(a) Residence. No. 239 South Third Ave. St. Pocatello, Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred. Twenty-two years yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Ed E. Simmons

6. DATE OF BIRTH (month, day, and year): September 6, 1885.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	3	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York City, New York.

FATHER
13. NAME: John P. Dyreng
14. BIRTHPLACE (city or town) (State or country): Norway.

MOTHER
15. MAIDEN NAME: Constance Hagelin
16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMANT (Address): Edward J. Simmons. Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 8, 1938.

19. UNDERTAKER (Address): Arthur W. Hall Mortuary Pocatello, Idaho.

20. FILED Dec. 8, 1938. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 6, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1937, to 12-6-, 1938
I last saw her alive on 12-6-, 1938: death is said to have occurred on the date stated above, at 7:45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic arthritis	1918
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) B. C. Zumberge, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111987

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 232
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Lotz 946
(a) Residence No. 224 N. Hayes St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 13 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) Aug. 26, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Station
10. Date deceased last worked at this occupation (mo. and yr.) 1938
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME George Lotz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. Harry Scanlon
(Address) Port Angeles Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Dec. 9, 1938

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 12-8, 1938 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 6, 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938, to Dec 6, 1938
I last saw h.~~im~~ alive on Dec 5 1938: death is said to have occurred on the date stated above, at 1 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-6-38
Other **contributory causes** of importance:	
Bronchopneumonia	Nov 18 38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. M. Newton, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111988

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 233
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Fraser 46 c
(a) Residence No. ..... Tyhee Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S., if of foreign birth? ..... yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Scotland

FATHER
13. NAME Fraser
14. BIRTHPLACE (city or town) .....
(State or country) Scotland

MOTHER
15. MAIDEN NAME McKenzie
16. BIRTHPLACE (city or town) .....
(State or country) Scotland

17. INFORMANT Mrs. Elizabeth Fraser
(Address) Tyhee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Dec. ....., 1938

19. UNDERTAKER Daynard's Funeral Home
(Address) Pocatello Idaho

20. FILED 12-8, 1938 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1— 1938, to Dec 7 1938.
I last saw h[illegible] alive on Dec 5 1938: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) [illegible], M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

REC'D JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111989

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 240
(No. Pocatello, General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

37

2. FULL NAME John Bradford Young

(a) Residence. No. ..... St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Edith Smith.

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 34			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Unknown~~
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown West Virginia

FATHER
13. NAME Unknown John B. Young
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME ~~Unknown~~ ~~Unknown~~ John B. Young
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Edith Smith Young

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Casper, Wyo Date 12/9, 1938

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 12-9, 1938 D C Roy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/7/38 193

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1938, to 12-7, 1938
I last saw him alive on 12-7, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Septicaemia (originating in Throat)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) ..... M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello.

RECEIVED
JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 111990
Local Registrar's No. 234

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

126

2. FULL NAME Lydia Leona Dawson,

(a) Residence No. Salmon City, Idaho. St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of F. E. Dawson,

6. DATE OF BIRTH (month, day and year) Dec 23, 1882

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
56	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house wife.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Dennison,
(State or country) Texas.

FATHER

13. NAME John Tissington.

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Barbara Brown,

16. BIRTHPLACE (city or town) Unknown,
(State or country) U.S.A.

17. INFORMANT Mrs. R. L. Nilsson,
(Address) Baker, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date Dec 8, 1938

19. UNDERTAKER H. L. McHan,
(Address) Pocatello. Idaho.

20. FILED Dec. 8th, 1938 D. O'Kay
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) December 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938, to Dec 8, 1938.
I last saw h[illegible] alive on Dec 8 1938: death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cardiac Dilitation	

Other contributory causes of importance:

Chronic Endocarditis	
Cholelithiasis	

Name of operation Cholecystectomy Date of Nov 28/38
What test confirmed diagnosis? Clinical Observation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_____.
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) D. O'Kay M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111991

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 236
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Alvin Gardner

47a

(a) Residence No. 150 N. 14th St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Irene

6. DATE OF BIRTH (month, day, and year) May 6, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. P. employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER
13. NAME James H. Gardner
14. BIRTHPLACE (city or town)
(State or country) N. Y.

MOTHER
15. MAIDEN NAME Mary A. Yates
16. BIRTHPLACE (city or town)
(State or country) Mich.

17. INFORMANT Mrs. Irene Gardner
(Address) 150 N. 14th St.

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Dec. 11, 1938

19. UNDERTAKER Townsend Funeral Home
(Address) Pocatello Idaho

20. FILED 12-10, 1938 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 9 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1938, to Dec. 9, 1938
I last saw h. m. alive on Dec. 9 1938 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs	?
Patient Seen by Dr. once	
Few hours before death	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Rose, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111992

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 237

JAN 6 1939

(No) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Erwin Atkinson 107a

(a) Residence No. 930 N. Hayes St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 6-1856

7. AGE: Years 82 | Months 7 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Upton Me.

FATHER
13. NAME: Garland Atkinson
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Martha Arne
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Ray MacMillan (Address) Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL: Place Mountain View Cem Date Dec 11, 1938

19. UNDERTAKER: T. L. McEwan (Address) Pocatello Ida

20. FILED Dec 9, 1938 L. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 8 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1938, to Dec 9, 1938

I last saw him alive on Dec 5 1938: death is said to have occurred on the date stated above, at 8:10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 6-38
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. M. Newton, M. D.
(Address Pocatello, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111993

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 238
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mollie Morrison 1224-2

(a) Residence No. Reed Apts. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alex C.

6. DATE OF BIRTH (month, day, and year) Sept. 17, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 48 yr.

12. BIRTHPLACE (city or town) Philadelphia (State or country) Penn.

FATHER
13. NAME Arthur Hill
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary —
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Alex C. Morrison
(Address) Reed Apts.

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Dec. 14, 1938

19. UNDERTAKER Daynards Funeral Home
(Address) Pocatello Idaho

20. FILED 12-13, 1938 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec., 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938, to Dec 11, 1938
I last saw her alive on Dec 11 1938: death is said to have occurred on the date stated above, at 10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction complet.	Dec 1, 1938

Other **contributory causes** of importance:

Name of operation None Date of —
What test confirmed diagnosis? Exam. Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Hutchings, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111994

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 239
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number) 36

2. FULL NAME Horace Harmon Miley

(a) Residence No. ..... St. Shoshone Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances

6. DATE OF BIRTH (month, day, and year) Jan. 14, 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Material accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P.R.R.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hailey
(State or country) Idaho

FATHER
13. NAME John H. Miley
14. BIRTHPLACE (city or town) Kansas
(State or country)

MOTHER
15. MAIDEN NAME Minerva Benson
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT E. H. Miley
(Address) 620 N. Arthur

18. BURIAL, CREMATION OR REMOVAL
Place Hailey, Idaho Date Dec 14, 1938

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello Idaho

20. FILED 12-13, 1938 D O Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 12 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/11, 1938, to 12-12, 1938
I last saw h— alive on 12/12 1938: death is said to have occurred on the date stated above, at 10:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicaemia from Staph. pneumo	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Edwards, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11995

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 245
(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Parley Bright 9562

(a) Residence No. Downey, Idaho St.
(Usual place of abode) 39 yrs (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen C Bright

6. DATE OF BIRTH (month, day, and year) Nov 16 1875

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond
(State or country) Utah

FATHER

13. NAME Gilbert Bright
14. BIRTHPLACE (city or town) Knox Co.
(State or country) Tenn

MOTHER

15. MAIDEN NAME Alice Hill
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT C Lomax Bright
(Address) Downey Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Downey Cem Date Dec 16, 1938

19. UNDERTAKER E Sherman Webb
(Address) Preston Idaho

20. FILED 12-20, 1938 E D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 13 1938

22 I HEREBY CERTIFY, That I attended deceased from 3-19, 1937, to 12/13, 1938
I last saw him alive on 12/12 1938.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	Jan 1938

Other **contributory causes** of importance:

Cardiac Decompensation	3-19-37

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) D. A. Woodruff, M. D.
(Address) Downey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

REC'D JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111996

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 247
No. Astoria Mine South-East Of Pocatello,
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sylvester Raffiel

(a) Residence. No. Astoria Mine St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. Unknown

206

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 76	Unknown		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prospector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 22, 1938.

19. UNDERTAKER Arthur W, Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 22, 1938 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH about Dec 14

21. DATE OF DEATH (month, day and year) Unknown 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown	
Found Dead Dec. 17, 1938.	
Had been dead three or four days when found.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W Hall Coroner, M. D.
(Address) Pocatello, Idaho.

111997

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 84

1. PLACE OF DEATH

County of Bannock — Registration Dist. No. 2161

City of Grace, Idaho — Primary Reg. Dist. No. 32

(Home, Hospital or Institution) — Local Registrar's No.

If death occurred in hospital or institution give its name instead of street and number.

REC JAN 6 1939

Length of residence in County where death occurred: Yrs. 2 | Mos. 5 | Days 9

How long in U. S. if of foreign birth? Yrs. 15 | Mos. ? | Days ?

2. FULL NAME Mrs. Shizuko Akutagawa

(a) Residence: Grace, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: Yellow

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Mr. Fred Akutagawa

6. Date of Birth (Month, day and year): April 14, 1901

7. AGE: Years 37 | Months 7 | Days 0 | If less than 1 day: hrs. 6 min. 15

Occupation

8. Trade, profession, or particular kind of work done: housewife

9. Industry or business in which work was done: home

10. Date deceased last worked at this occupation (month and year): 8-1-38

11. Total time (yrs.) spent in this occupation: 15 years

12. BIRTHPLACE (City or Town, County and State, or Country): Hiroshima Japan

Father

13. NAME: S. Kubo

14. BIRTHPLACE (City or Town, County and State, or Country): Hiroshima, Japan

Mother

15. MAIDEN NAME: Shizuka -?

16. BIRTHPLACE (City or Town, County and State, or Country): Hiroshima Japan

17. SIGNATURE OF INFORMANT: Fred A Akutagawa

(Address): Grace, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Salt Lake City, Utah Date: Nov 16 1938

19. UNDERTAKER: Funeralgniot & Sons

(Address): Logan, Utah

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Jan-2 1939 (Date) by Mrs. G. G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1938, to November 14 1938

I last saw her alive on November 13 1938. Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Malignant hypertension	1938	8	1
Uremia	"	8	20
Myocardial failure	"	11	10

Contributory causes of importance not related to principal causes

Malnutrition

Anemia

Where was disease first diagnosed? Grace, Idaho

Name of operation _____ date of _____

Condition for which performed _____

What test confirmed diagnosis? _____

Was there an autopsy? _____ Was there an inquest? _____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury _____

_____, 19____ Where did injury occur? _____ (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(SIGNED) J B Koehler M. D.

(Address) Grace, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111998

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 242
(No. 138 North Hayes St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 6 1939

159b

2. FULL NAME Eva Ellis (Twin)

(a) Residence No. 138 North Hayes Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 15, 1938.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	0 hrs. 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME Webber Ellis
14. BIRTHPLACE (city or town) Logan,
(State or country) Utah.

MOTHER

15. MAIDEN NAME Mable Qualman
16. BIRTHPLACE (city or town) Central,
(State or country) Idaho.

17. INFORMANT Webber Ellis
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grace, Idaho Date Dec. 18, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 17, 1938. J. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) December 15, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938, to Dec. 15, 1938
I last saw her alive on Dec. 15, 1938: death is said to have occurred on the date stated above, at 11:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
(six month gestation)	Nov. 30-38
Other **contributory causes** of importance:	
Undeveloped	

Name of operation none Date of
What test confirmed diagnosis? cl. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, Specify

(Signed) Millicent Howard M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

RECEIVED JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 111999

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 243

(No. 138 North Hayes St.)
(If death occurred in a hospital or institution, give its name instead of street and number) 1590

2. FULL NAME Evan Ellis (Twin)

(a) Residence No. 138 North Hayes St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) December 15, 1938.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	[illegible]

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME Webber Ellis
14. BIRTHPLACE (city or town) Logan,
(State or country) Utah.

MOTHER

15. MAIDEN NAME Mable Qualman
16. BIRTHPLACE (city or town) Central,
(State or country) Idaho.

17. INFORMANT Webber Ellis
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grace, Idaho Date Dec. 18, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 17, 1938. J. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) December 15, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938, to Dec. 15, 1938
I last saw him alive on Dec. 15, 1938 death is said to have occurred on the date stated above, at 11:45 mp

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
(Six month gestation)	
Other **contributory causes** of importance:	
Undeveloped	

Name of operation none Date of
What test confirmed diagnosis? cl. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William J. Howard M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Inkom

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11206

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 241

(No. Died at his home in Inkom)

(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Richard Grade Johnson

(a) Residence No. Inkom, Idaho. St. Inkom, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 18, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Inkom, Idaho
(State or country)

FATHER

13. NAME Hyrum Johnson

14. BIRTHPLACE (city or town) Ogden
(State or country) Utah

MOTHER

15. MAIDEN NAME Norrene Merrell

16. BIRTHPLACE (city or town) Groveland
(State or country) Idaho.

17. INFORMANT Hyrum Johnson
(Address) Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Inkom, Idaho. Date Dec. 17, 1938.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Dec. 15, 1938. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) December (day) 15, 1938.

22 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1938, to Dec 14, 1938

I last saw him alive on Dec 14 1938.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec 7-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A W Hunter, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT write in this space
State File No. 112001

Registration District No.
Primary Registration District No. Local Registrar's No. 2 44

JAN 6 1939

(No. 1358 East Fremont)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles John Bergstrom 92a

(a) Residence No. 1358 East Fremont St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Elsie Bergstrom

6. DATE OF BIRTH (month, day, and year) March 18 1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elfsby
(State or country) Sweden

FATHER
13. NAME Carl Bergstrom
14. BIRTHPLACE (city or town) unknown
(State or country) Sweden

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country) Sweden

17. INFORMANT Mrs F.A. Miller
(Address) Pocatello Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ — burial
Place Pocatello Date 12 / 20 193 8

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED Dec 19, 193 8 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 17 193 8

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..... to ....., 193.....

I last saw him alive on 12/17 193 8; death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of the heart -	
Other contributory causes of importance:	
Endocarditis	
Age - over 70 yrs.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D C Ray, M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Arimo

JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
112002
State File No.

Registration District No. 83
Primary Registration District No. 2160 Local Registrar's No. 12.
(No. Residence, Arimo, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Marrion Alonzo Gunter

(a) Residence. No. Arimo, Idaho. St. Arimo, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. Fifty-years yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Margaret Jane Messer

6. DATE OF BIRTH (month, day, and year): November 24, 1862.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cattle-Raising
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation: Fifty

12. BIRTHPLACE (city or town) (State or country): Jackson County, North Carolina.

FATHER
13. NAME: Marrion Gunter
14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER
15. MAIDEN NAME: Sarah Turpin
16. BIRTHPLACE (city or town) (State or country): North Carolina.

17. INFORMANT (Address): Mrs. M. Gunter, Arimo, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Marsh Center, Ida. Date: Dec. 20, 1938.

19. UNDERTAKER (Address): Arthur W. Hall Mortuary, Pocatello, Idaho.

20. FILED: Dec. 19, 1938. Ada L. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): December 18, 1938.

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1938, to 12/18, 1938
I last saw him alive on Nov 28, 1938: death is said to have occurred on the date stated above, at 12:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis with Myocardial Degeneration	2
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. O. Watson, M. D.
(Address) Downey, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112003

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 246
(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ivan Ray Elmer

(a) Residence. No. 256 Randolph Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 21, 1938.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME George Andrew Elmer
14. BIRTHPLACE (city or town) (State or country) Duncan, Arizona.

MOTHER

15. MAIDEN NAME Bessie Clark
16. BIRTHPLACE (city or town) (State or country) Groveland, Idaho.

17. INFORMANT (Address) George A. Elmer Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Dec. 22, 1938.

19. UNDERTAKER (Address) Arthur W. Hall Mortuary Pocatello, Idaho.

20. FILED Dec. 21, 1938. J. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 20, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1938, to Dec. 20, 1938.
I last saw him alive on Dec. 20, 1938; death is said to have occurred on the date stated above, at 7:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia,	Dec. 12, 1938.
Acute Suppurative Otitis Media, Bilateral	Dec. 16, 1938.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Willard L. Alley, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112064

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 249

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Edwin Holder

(a) Residence No. 1111 North Hanson St. (If nonresident give city or town and state)
(Usual place of abode) 54 years in Pocatello
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Maude Holder

6. DATE OF BIRTH (month, day, and year) June 2, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60.	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.S.L.R.R. Shop
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Birmingham England

MOTHER FATHER
13. NAME Edwin Holder
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Mary E. Beckett
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) William W. Holder Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Dec 24 1938

19. UNDERTAKER (Address) L. L. McTagg Pocatello Idaho

20. FILED Dec 22 1938 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Dec 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938, to Dec 22, 1938
I last saw ~~him~~ alive on Dec 21 1938.; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aortic Stenosis	about 1920
Benign Cardiac Sclerosis	about 1920
Myocarditis	Dec 10, 1938

Other **contributory causes** of importance:

Name of operation None Date of —
What test confirmed diagnosis? ~~Was~~ Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Curtis M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112005

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 248
(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loretta May York 11a
(a) Residence No. 273 Monroe Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello (State or country) Idaho

FATHER
13. NAME Alex York
14. BIRTHPLACE (city or town) Lincoln (State or country) Nebr.

MOTHER
15. MAIDEN NAME Beatrice Edna Allred
16. BIRTHPLACE (city or town) Utah (State or country)

17. INFORMANT Alex York (Address) 273 Monroe Ave

18. BURIAL, CREMATION OR REMOVAL Place American Falls Date Dec. 25, 1938

19. UNDERTAKER Davis Mortuary (Address) American Falls

20. FILED Dec 24 1938 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 25 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1938, to Dec 23, 1938
I last saw her alive on Dec 23 1938: death is said to have occurred on the date stated above, at 6 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dec 23	
Influenza	Dec 22
Other **contributory causes** of importance:	
Broncho Pneumonia	Dec 23

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W Dugdall, M. D.
(Address Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112006

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 251

(No. 535 West Sherman St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

157c

2. FULL NAME Wayne Edward Lloyd

(a) Residence. No. 535 West Sherman St. Pocatello, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) December 8, 1938.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Earl Edward Lloyd

14. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

MOTHER

15. MAIDEN NAME Rosella Wynn

16. BIRTHPLACE (city or town) (State or country) Preston, Idaho.

17. INFORMANT Earl E. Lloyd (Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho. Date Dec. 26, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary (Address) Pocatello, Idaho.

20. FILED Dec. 26, 1938 D Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 24, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1938, to Dec. 24, 1938

I last saw him alive on 24, 1938: death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	12-22-38

Other contributory causes of importance:

Congenital Heart	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. S. Miller, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112007

REGISTERED
JAN 9 1939

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 25

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

175

2. FULL NAME Leo Hope.

(a) Residence No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone 4/4	Married

5a. If married, widowed, or divorced
HUSBAND of
(~~WIFE of~~) Clara Punkin Hope

6. DATE OF BIRTH (month, day, and year) 11-27-13

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	25	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) To death

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Fort Hall,
(State or country) Idaho

FATHER

13. NAME ~~Name~~ Charley Hope

14. BIRTHPLACE (city or town) Salmon City,
(State or country) Idaho

MOTHER

15. MAIDEN NAME Lucy Use

16. BIRTHPLACE (city or town) Salmon City,
(State or country) Idaho

17. INFORMANT Agency Records
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall, Idaho Date 12-30, 1938

19. UNDERTAKER None
(Address) xxxx

20. FILED Jan 5, 1939 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12,25,38

22 I HEREBY CERTIFY, That I attended deceased from Not attended, 193..., to ..., 193...

I last saw h... alive on ... 193...: death is said to have occurred on the date stated above, at - - m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage,-subdural; caused by blow on head with unknown instrument during altercation.	12,25,38
Other **contributory causes** of importance:	
Brain concussion	

Name of operation No Date of
What test confirmed diagnosis? - - Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 12-25-38, 193...
Where did injury occur? Edmo Road, Fort Hall Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public road.
Manner of injury By instrument unknown
Nature of injury Hemorrhage- subdural.

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Herman H Schwager, M.D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112008

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 250

JAN 6 1939

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Willard Schiele 89a

(a) Residence No. 1144 S. Third St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER
13. NAME Louis W. Schiele
14. BIRTHPLACE (city or town) Omaha
(State or country) Nebr.

MOTHER
15. MAIDEN NAME Marcella Bonnerew
16. BIRTHPLACE (city or town) Ashton
(State or country) Idaho

17. INFORMANT Louis W. Schiele
(Address) 1144 S. Third

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Dec. 30, 1938

19. UNDERTAKER Dawnard Funeral Home
(Address) Pocatello Idaho

20. FILED Dec 28, 1938 [illegible] Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 28 1938

22 I HEREBY CERTIFY, That I attended deceased from December 11th 1938, to December 28th, 1938.
I last saw him alive on Dec. 28th 1938: death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumococcic Cerebrospinal Meningitis.	12-24-38.
Acute Otitis Media, bilateral	12-20-38.
Acute Mastoiditis, bilateral	12-25-38.
Other contributory causes of importance:	

Name of operation Cisterna Magna Puncture. Date of 12-24-38.
What test confirmed diagnosis? Culture. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wilfred L. Allen M. D.
(Address 1179 N. Arthur Ave., Pocatello Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112009

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 254

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jasper Jennings 23a

(a) Residence No. 428 N. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. mos. ds. How long in U. S., if of foreign birth? ... yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, and year) Dec. 9, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	-	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. rancher
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Lima (State or country) Ohio

FATHER
13. NAME Gideon Jennings
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. C. W. Jasbar
(Address) 428 N. Main

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Jan. 2, 1938

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED Jan 3, 1938 D. Parry Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 29 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 1, 1938, to Dec 29, 1938
I last saw him alive on Dec 28 1938: death is said to have occurred on the date stated above, at 11 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	About 20 yrs ago.

Other **contributory causes** of importance:

Name of operation — Date of ....
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193... —
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) W. W. Jeffries, M. D.
(Address) Preble Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112010

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 253

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Valencia Wilhelmina Bilyeu

10

(a) Residence No. 2 miles No of Pocatello St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S., if of foreign birth? ....yrs. ....mos. ....ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Kiram Bilyeu

6. DATE OF BIRTH (month, day and year) Sept 1888

7. AGE: Years 50 | Months 3 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rioche
(State or country) Nevada

FATHER
13. NAME Edward Bawden
14. BIRTHPLACE (city or town) ....
(State or country) England

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) ....
(State or country) Germany

17. INFORMANT Kiram Bilyeu
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Dec 31, 1938

19. UNDERTAKER A. L. McHaney
(Address) Pocatello Idaho

20. FILED Dec 31 1938 D. McKay
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) December 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938, to Dec 29, 1938
I last saw her alive on Dec 29 1938: death is said to have occurred on the date stated above, at 12:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	Dec 25 1938
Other contributory causes of importance:	
Toxic myocarditis	Dec 27 1938

Name of operation None Date of ....
What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ...., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) W. W. Forbes, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bear Lake

City of Woodruff Wardboro

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112011

Registration District No. 52

Primary Registration District No. 2136 Local Registrar's No.

(No. 131 JAN 12 1939 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Maria Christina Jacobsen

(a) Residence. No. Wardboro St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Jacob Jacobsen

6. DATE OF BIRTH (month, day, and year) March 12 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Carl Christian Jessen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Annie Christina Christensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Jacob Jacobsen

(Address) Wardboro Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Woodruff Idaho Date Nov 30 1938

19. UNDERTAKER

(Address) Woodruff Idaho

20. FILED Nov 28, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Nov 25, 1938

I last saw her alive on Nov 24, 1938; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	Unknown.
Chronic Nephritis.	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reed Clark, M. D.

(Address) Woodruff Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
112012
State File No.

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

JAN 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 9562

2. FULL NAME Florence Hennyart Thomson

(a) Residence. No. St. Cokeville Wyo
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. J. Thomson

6. DATE OF BIRTH (month, day, and year) March 28 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER
13. NAME James L. Edison
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Eliza Wilberson
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Mrs. J. J. Lucker
(Address) Hamilton Texas

18. BURIAL, CREMATION OR REMOVAL
Place Cokeville Wyo. Date Dec 3, 1938

19. UNDERTAKER J. M. Gibson
(Address) Montpelier Idaho

20. FILED Nov. 30th 1938 W. W. Wing
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1938, to Nov. 29, 1938
I last saw her alive on Nov 29, 1938: death is said to have occurred on the date stated above, at 5:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	Nov 28, 1938
Arteriosclerosis	?
Other contributory causes of importance:	
Hypertension	? Nov. 28, 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No or specify .....

(Signed) P. B. Lindsay, M. D.
(Address) Montpelier, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112013

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Catherine Derrine

(a) Residence. No. [illegible] St. Dingle, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J Warren Derrine

6. DATE OF BIRTH (month, day, and year) Feb 21 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	9	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dingle Idaho

FATHER
13. NAME Wm Dingle
14. BIRTHPLACE (city or town) (State or country) Isle of Man Great Britain

MOTHER
15. MAIDEN NAME Mary Jane Cook
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT J Warren Derrine
(Address) Dingle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dingle, Idaho Date Dec 3, 1938

19. UNDERTAKER [illegible]
(Address) Montpelier Idaho

20. FILED Nov 30 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 29. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1938, to Nov 29, 1938
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	11-29-38
Chronic Cardio-renal disease	
Chronic myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L P Talbot, M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JAN 12 1939

DO NOT WRITE IN THIS SPACE
State File No. 112014

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No. 96)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick William Emmerick

(a) Residence. No. Montpelier St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Pearl Palmer

6. DATE OF BIRTH (month, day, and year): Nov 7, 1882

7. AGE: Years 56 | Months 0 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Union Pacific Ry.
10. Date deceased last worked at this occupation (mo. and yr.): Nov 1 1938
11. Total time (years) spent in this occupation: 20yrs

12. BIRTHPLACE (city or town) (State or country): Atlantic Iowa

FATHER
13. NAME: Wm Emmerick
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Fred Emmerick Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Montpelier Idaho Date: Dec 9, 1938

19. UNDERTAKER (Address): J. D. McLean Montpelier Idaho

20. FILED Dec 9, 1938 N. McKenzie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Summer, 1936 to Dec 6, 1938
I last saw h~~is~~ alive on Dec 6, 1938: death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Aneurism	Several years
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (~~violence~~) ~~fill in also~~ the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. R. Talbot, M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112015

JAN 17
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 131

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Estella Jenkins Shields

(a) Residence, No. (Usual place of abode) St. Cokeville, Wyo. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Caroline Rice

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	0	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm - Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preelle Utah

FATHER
13. NAME Robert Shields
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Mary Ann Jenkins
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Jos. M. Shields (Address) Cokeville Wyo

18. BURIAL, CREMATION OR REMOVAL Place Montpelier Idaho Date Dec 11, 1938

19. UNDERTAKER Hall Mortuary (Address) Montpelier Idaho

20. FILED Dec 11, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1938, to Dec 8, 1938
I last saw h[illegible] alive on Dec 8, 1938: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance:	
Hypertension	
Sclerosis	
Chronic nephritis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also~~ the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Lundeen, M. D.
(Address) Montpelier, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Raymond

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112016

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Sarah Bayley
(a) Residence. No. Raymond, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Enoch T Bayley

6. DATE OF BIRTH (month, day, and year) Feb 13 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	9	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

FATHER
13. NAME Joseph M. Phelps
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Leggett
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Enoch T Bayley
(Address) Raymond Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Dec 15 1938

19. UNDERTAKER F. M. Williams
(Address) Montpelier Idaho

20. FILED Dec 15, 1938. H. W. Riley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 1930, 193..., to Dec 4, 1938
I last saw her alive on Dec 4, 193 8. death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1930
Nephritis	
Other contributory causes of importance:	
Hypertension	
Cardio Renal Disease	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. [illegible], M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112017

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No. 108) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Effie Carrie Johnson

(a) Residence. No. [illegible] St. Georgetown, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 30- 1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bountiful Utah
(State or country)

FATHER
13. NAME Edwin Peter Johnson
14. BIRTHPLACE (city or town) Franklin Idaho
(State or country)

MOTHER
15. MAIDEN NAME Thomasina Nielsen
16. BIRTHPLACE (city or town) Bountiful Utah
(State or country)

17. INFORMANT Edwin Peter Johnson
(Address) Georgetown Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Georgetown Ida. Date Dec 23, 1938

19. UNDERTAKER F. D. Wilkinson
(Address) Montpelier

20. FILED Dec 23, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to Dec 21, 1938
I last saw he alive on Dec. 21, 1938: death is said to have occurred on the date stated above, at 6:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Bilateral Lobar Pneumonia	12-15-38
Other contributory causes of importance:	

Name of operation ~ Date of
What test confirmed diagnosis? ~ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. D. Lindsay, M. D.
(Address) Montpelier, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JAN 12 1939

DO NOT WRITE IN THIS SPACE
State File No. 112018

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159 C

2. FULL NAME Baby Sorensen

(a) Residence. No. In Bear Lake Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 24 1938

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			7 hrs.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

FATHER
13. NAME Theodore Sorensen
14. BIRTHPLACE (city or town) (State or country) Bear Lake Idaho

MOTHER
15. MAIDEN NAME Eva Augusta Merrycott
16. BIRTHPLACE (city or town) (State or country) Liberty Idaho

17. INFORMANT Theodore Sorensen
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Dec 25, 1938

19. UNDERTAKER
(Address) Montpelier Idaho

20. FILED Dec 26, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938, to Dec 24, 1938
I last saw h. alive on Dec 24 1938: death is said to have occurred on the date stated above, at 8:10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	
Prematurity	
Other contributory causes of importance:	
8 months.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in~~ also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112019

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Benjamin Wilcox

(a) Residence. No. Montpelier St. Idaho 108
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 22 - 1938
7. AGE: Years 1 | Months | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

FATHER
13. NAME: John Cleveland Wilcox
14. BIRTHPLACE (city or town) (State or country): Wardboro Utah

MOTHER
15. MAIDEN NAME: Sarah Williams
16. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

17. INFORMANT: Mrs. E. Wilcox (Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Cemetery Date Dec 27, 1938

19. UNDERTAKER: W. H. Williams (Address) Montpelier Idaho

20. FILED Dec 27, 1938 W. H. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938, to Dec 25, 1938
I last saw h[illegible] alive on Dec 24, 1938: death is said to have occurred on the date stated above, at 1130 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Unknown
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Lewis M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPARE

State File No. 112020

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 29

(No. Mrs. Clara Nevers - 4th & Main)

(If death occurred in a hospital or institution, give its name instead of street and number)

46e

2. FULL NAME John Kulich

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 15-1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
50	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Section Boss

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging R.R.

10. Date deceased last worked at this occupation (mo. and yr.) 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Jugo Slavia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Jugo Slavia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Jugo Slavia

17. INFORMANT A. Zafgouhouic (Address) St Maries Ida

18. BURIAL, CREMATION OR REMOVAL
Burial - St. Maries Date 12-21, 1938

19. UNDERTAKER STAPISH FUNERAL HOME (Address) ST. MARIES, IDAHO

20. FILED Jan. 7, 1939 Walter Peterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-20 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to 12-20, 1938

I last saw [illegible] alive on 12-19 1938; death is said to have occurred on the date stated above, at 1:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) O. J. Hall M. D.

(Address) St Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112021

Registration District No. 121.
Primary Registration District No. 2194. Local Registrar's No. 166.
(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number)

117a1

2. FULL NAME George W. Finfrock

(a) Residence No. 2017 N. 14th Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Finfrock

6. DATE OF BIRTH (month, day, and year) 11/29/53

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	--	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairfield
(State or country) Ohio

FATHER
13. NAME George Finfrock
14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Esther Hattie Baier
16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Records, State Hospital South
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. Cem. Dec 3 1938

19. UNDERTAKER Edwards Jacobs
(Address) Blackfoot Idaho

20. FILED Dec 2, 1938 W. B. Falen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/2 1938

22 I HEREBY CERTIFY, That I attended deceased from August 28, 1937, to Dec. 2, 1938
I last saw him alive on Dec. 2 1938: death is said to have occurred on the date stated above, at 9/10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset,
Perforated peptic Ulcer	Nov. 28-38
Other contributory causes of importance:	
Status congestus - H. lung.	Dec 1-38

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place none
Manner of injury
Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Clemmens Wyse, M. D.
(Address) Blackfoot, Idaho

PLACE OF DEATH
County of Bingham
City of Blackfoot

JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194
(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 112022
Local Registrar's No. 167

168

2. FULL NAME R. E. Carnahan

(a) Residence No. ____ St. Kimberly, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. 16 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Carnahan

6. DATE OF BIRTH (month, day, and year) 4/10/98

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	7	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boulder
(State or country) Colorado

FATHER
13. NAME Albert P. Carnahan
14. BIRTHPLACE (city or town) ____
(State or country) Colorado

MOTHER
15. MAIDEN NAME No data
16. BIRTHPLACE (city or town) No data
(State or country)

17. INFORMANT Records, State Hospital South
(Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Blanchard Ferry Date Jan 5, 1939

19. UNDERTAKER E. E. Pruett
(Address)

20. FILED Dec 29, 1938 Vital Statistics Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/31 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1938, to Dec. 3, 1938
I last saw him alive on Dec. 3 1938: death is said to have occurred on the date stated above, at 4:20 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Exhaustion in course of depressive psychosis	indefinite
Other **contributory causes** of importance: Hemorrhage, self inflicted wound on left thigh. (by knife) Septic infection	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? No data
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No data
Manner of injury ____
Nature of injury Wound on thigh & neck

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) J. B. Cummings M.D., M. D.
(Address) Blackfoot, Idaho

PRINT RESERVED FOR BINDING
PLEASE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112023

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 169
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Catrena Clark 8201

(a) Residence No. 1 W. Center St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Arthur B. Clark.

6. DATE OF BIRTH (month, day, and year): Feby 13 1864

7. AGE: Years 74 | Months 4 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Richville (State or country) Morgan Co. Utah

FATHER
13. NAME Mads Peter Rasmussen
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME Karen L Pederson
16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Geo. A. Clark (Address) Blackfoot Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Blackfoot Cem. Date Dec. 8 1938

19. UNDERTAKER John C. Sandberg (Address) Blackfoot Idaho

20. FILED Dec 7, 1938 Mrs Malura E Watts Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Dec 5 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Dec 5, 1938
I last saw her alive on Dec 4 1938: death is said to have occurred on the date stated above, at 4:16 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	Dec 1, 1938

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Paralysis Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham.
City of Fort Hall - Idaho

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112024

Registration District No. I2I-R.
Primary Registration District No. 2I94-R
Local Registrar's No. 181

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

23a

2. FULL NAME Frank Lewis

(a) Residence No. Fort Hall, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred I7 yrs. 24 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Sho.Ind.4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6. DATE OF BIRTH (month, day, and year) Sept.30,I92I

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	I7	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER

13. NAME Dick Lewis
14. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Jeannette James
16. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

17. INFORMANT Hospital Records,
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fort Hall Idaho Date Dec. IO, 193 8

19. UNDERTAKER Relatives.
(Address) Fort Hall, Idaho

20. FILED Jan.3, 193 9 Mrs Helen E Nelson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) I2-6 193 8

22 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1938, to December 6, 1938
I last saw him alive on Dec.6 193 8: death is said to have occurred on the date stated above, at 6:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis- pulmonary	Unknown
Tuberculosis- laryngeal	"
Tuberculosis, - Intestinal	"
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

Signed Herman W Schwarz M. D.
(Address Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot.

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112025

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 170
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

8201

2. FULL NAME Susie Harker Cook

(a) Residence No. Blackfoot, Idaho Rpute 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John R. Cook

6. DATE OF BIRTH (month, day, and year) July 15, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	5		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) June 1937
11. Total time (years) spent in this occupation 38yrs.

12. BIRTHPLACE (city or town) Vernal, Utah
(State or country)

FATHER
13. NAME Job Harker
14. BIRTHPLACE (city or town) Lanchanshire
(State or country) England

MOTHER
15. MAIDEN NAME Mary Griffiths
16. BIRTHPLACE (city or town) Nauvoo, Ill.
(State or country)

17. INFORMANT R H Cook
(Address) Blackfoot # 2

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Thomas Funeral Date Dec 17, 1938

19. UNDERTAKER E T Perkins
(Address) Blackfoot Idaho

20. FILED Dec 17, 1938 Wm Yates Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-15-1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1937, to December 15, 1938

I last saw her alive on Dec. 14 1938 death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral-Hemmorrhage	June 1937
Other contributory causes of importance:	
Arterio-Sclerosis	About 3 yr

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. B. Thomas Plum, M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112026

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 171.
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

178c

2. FULL NAME William Davies

(a) Residence No. W. Judicial St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rhoda Ann Campbell Davies

6. DATE OF BIRTH (month, day, and year) Mar 31, 1883

7. AGE: Years 55 | Months 8 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME John Davies
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Mary Jane Worthington
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Amelia Isabella Brown Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Blackfoot, Ida. Date Dec. 18, 1938

19. UNDERTAKER (Address) John C. Standley Blackfoot Idaho

20. FILED Dec. 17, 1938 Mrs. Nellie E. Hale Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 15 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at about 5 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxia	

Other **contributory causes** of importance: Gas from coal stove in living house with improper ventilation

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-15-38 193...
Where did injury occur? Blackfoot, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Home
Manner of injury Gas from coal stove in living house
Nature of injury Asphyxia

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Syndreus Coroner M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112027

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 172

JAN 10 1939

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rhoda Ann Campbell Davies 178c

(a) Residence No. W. Judicial St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: William Davies

6. DATE OF BIRTH (month, day, and year): August 5, 1882

7. AGE — Years: 56 | Months: 3 | Days: 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Park Valley Utah

FATHER

13. NAME: Levi Campbell
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Lucinda Campbell
16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMANT (Address): Mrs. Ray Allen La Grande Oregon

18. BURIAL, CREMATION, OR REMOVAL
Place: Blackfoot Cem. Date: Dec. 18, 193 8

19. UNDERTAKER (Address): John C. Sandberg Blackfoot Idaho

20. FILED: Dec. 17, 193 8 Mrs. Malissa Lance Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): Dec 15 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at about 5A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxia	

Other **contributory causes** of importance: Gas from coal stove in trailer house with improper ventilation

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/13/38
193...
Where did injury occur? Blackfoot Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Home
Manner of injury Gas from coal stove in trailer house
Nature of injury asphyxia

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. C. Sandberg Coroner M. D.
(Address) Blackfoot Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112028

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 173

(No) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maryl Williams Thomas 114 c 2

(a) Residence No. 838 N. Shelling St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Pauline M Falk

6. DATE OF BIRTH (month, day, and year): Dec. 25 1911

7. AGE: Years 26 | Months 11 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Austin
(State or country) Utah

FATHER
13. NAME William C. Thomas
14. BIRTHPLACE (city or town) Leki
(State or country) Utah

MOTHER
15. MAIDEN NAME Margaret Flaves
16. BIRTHPLACE (city or town) Leki
(State or country) Utah

17. INFORMANT Mrs. W. C. Thomas
(Address) Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot, Ida. Date Dec. 18 1938

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot Idaho

20. FILED Dec. 17, 1938 Mrs. Helen E. Price
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) December 15 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938, to Dec 15, 1938

I last saw him alive on Dec 15 1938: death is said to have occurred on the date stated above, at 7. P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcus Infection of Lungs	Jan 1, 1938

Other **contributory causes** of importance:

Name of operation None Date of —
What test confirmed diagnosis Cultures Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A W Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112029

Registration District No. 121
Primary Registration District No. Eight
Local Registrar's No. 174
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gustav Lydum 1072

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) ~~WIFE of~~ Bird

6. DATE OF BIRTH (month, day, and year) October 29, 1938

7. AGE Years	~~Months~~	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER

13. NAME Neil M. Lydum

14. BIRTHPLACE (city or town) Spencer
(State or country) Iowa

MOTHER

15. MAIDEN NAME Una A. Cederberg

16. BIRTHPLACE (city or town) Firth
(State or country) Idaho

17. INFORMANT Neil M. Lydum
(Address) Firth, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Cemetery Date Dec. 18, 1938

19. UNDERTAKER none Neil M. Lydum
(Address) Blackfoot, Idaho

20. FILED Dec. 26, 1938 Mrs. Helen E. Fabrie
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-15-1938

22 I HEREBY CERTIFY, That I attended deceased from 12-13-38, 193..., to ..., 193...
I last saw him alive on 12-13-38, 193... death is said to have occurred on the date stated above, at 11 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. Humphrey
(Address) Blackfoot

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112030

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 175

JAN 10 1939

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph L. Wiggand 46c

(a) Residence No. 291 N Shelley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Carrington Wiggand

6. DATE OF BIRTH (month, day, and year) Aug. 24 1858

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Pittsburg
(State or country) Penn

FATHER

13. NAME No Data

14. BIRTHPLACE (city or town)
(State or country) Germany.

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMANT Mary Wiggand
(Address) Blackfoot Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Blackfoot Cem. Date Dec 21, 1938

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Dec. 20, 1938 W. Wm. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-19-1938

22 I HEREBY CERTIFY, That I attended deceased from 12-14-1938 to ...., 193..

I last saw h... alive on 12-14-1938 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cysmogenic Bowels	4 mo
Other contributory causes of importance:	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 193....

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify ....

(Signed) J. B. Humphrey M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112031

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 176
(No. 131)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Petersen

(a) Residence No. 372 N. Broadway St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Aaron Petersen

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payson, (State or country) Utah.

FATHER

13. NAME Thomas P. Cloward
14. BIRTHPLACE (city or town) Chester Co. (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary Amelia Gardner
16. BIRTHPLACE (city or town) Portage Co. (State or country) Ohio.

17. INFORMANT Aaron Petersen (Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL Spanish Fork, Utah Date Dec. 27, 1938

19. UNDERTAKER John C. Sandberg (Address) Blackfoot Idaho

20. FILED Dec. 29, 1938 Mrs. Nalen Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Dec. 21 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Dec 21, 1938

I last saw her alive on Dec 21 1938.: death is said to have occurred on the date stated above, at 9:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Diffuse Nephritis	Not known

Other **contributory causes** of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) A W Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bngham

City of Aberdeen, Idaho.

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116

Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

State File No. 112032

Local Registrar's No. 15

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49a

2. FULL NAME Mrs. Helene Matthies

(a) Residence. No. .... St. Aberdeen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? 45 yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman Matthies

6. DATE OF BIRTH (month, day, and year)
March 27, 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
76	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Russia
(State or country)

FATHER

13. NAME Jacob Thiessen

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT .... Jac. H. Matthies
(Address) Nampa, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Aberdeen, Idaho Date Dec. 26 193 8

19. UNDERTAKER A. W. Davis
(Address) American Falls, Idaho.

20. FILED Dec. 26, 193 8 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 25 193 8

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 193 8, to Dec. 25, 193 8
I last saw her alive on Dec. 23, 193 8; death is said to have occurred on the date stated above, at 5:00 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	1937
Secondary Anemia	1937

Other **contributory causes** of importance:

Name of operation None Date of ....
What test confirmed diagnosis? None Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) [signature], M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Firth (R#1)

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
112033
State File No.

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 178
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

9562

2. FULL NAME Dennis Dennis

(a) Residence. No. Firth Idaho (R#1) St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Caus	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) Nov 16 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	1	#	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) Nov 1938
11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Franklin Mine Michigan

FATHER
13. NAME Dennis Dennis
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Johanna Sliney
16. BIRTHPLACE (city or town) (State or country) Westford Ireland

17. INFORMANT (Address) Roland Carson Rt 1 Firth Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Firth Idaho Date Dec 31, 1938

19. UNDERTAKER John C Sandberg
(Address) Blackfoot Idaho

20. FILED Dec 29, 1938 Mrs Helen E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1938 to 12-26 1938
I last saw him alive on 12-23 1938; death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	12-26-38
Other contributory causes of importance:	
Cardiac Decompensation	12-1-38
Thrombophlebitis	12-15-38

Name of operation None Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A E Miller M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City or Aberdeen, Idaho.

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112034

Registration District No. 116

Primary Registration District No. 2195 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

9.5b2

2. FULL NAME Joseph F. Walker

(a) Residence. No. ..... St. Aberdeen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dora J. Walker

6. DATE OF BIRTH (month, day, and year)
March 26, 1867

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
71	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Farmington, Utah
(State or country)

FATHER

13. NAME Lorne Walker

14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER

15. MAIDEN NAME Lavina Smith

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT Dora Walker
(Address) Aberdeen, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Rockland, Idaho. Date Jan. 2, 1939.

19. UNDERTAKER A. W. Davis
(Address) American Falls, Idaho.

20. FILED Dec. 31 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1938, to Dec. 30, 1938.
I last saw him alive on Dec. 30 1938: death is said to have occurred on the date stated above, at 3:15AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	1935
Cerebral Apoplexy Dec. 30	1938

Other **contributory causes** of importance:

Name of operation None Date of.....
What test confirmed diagnosis? None Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) [signature], M. D.
(Address) Aberdeen, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112035

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 179.

JAN 10 1939

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

95-2

2. FULL NAME Andrew Virgil Baldwin

(a) Residence No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Alice Parker Baldwin

6. DATE OF BIRTH (month, day, and year): Jan 15 1865

7. AGE — Years: 73 | Months: 11 | Days: 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....

10. Date deceased last worked at this occupation (mo. and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Fillmore Utah.

FATHER

13. NAME: Nathan Bennett Baldwin

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Margaret Allen

16. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

17. INFORMANT (Address): Mrs. Alice P. Baldwin Blackfoot, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Blackfoot Date: Jan 3 193 9

19. UNDERTAKER (Address): John C. Sandberg Blackfoot Idaho

20. FILED Jan 6, 1939. Wm. Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 31 193 8

22 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 193 8, to Dec 31, 193 8

I last saw him alive on Dec. 31 193 8: death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec. 30 1938
Marked arterio-sclerosis with hypertension.	Not Known.
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) W. W. Beck Jr. M. D.

(Address) Blackfoot, Ida.

RECEIVED JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112036

PLACE OF DEATH
County of Blaine
City of Carey

Registration District No. 57
Primary Registration District No. 2025
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 58

9542

2. FULL NAME Julia Kessions Parke

(a) Residence (Usual place of abode) No. .... St. ....
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 55 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thompson Parke

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	3	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer none

9. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

PARENTS

10. NAME OF FATHER Kerrigan Kessions
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER ?
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) ?

14. Informant W. J. Adamson
(Address) Carey - Idaho

15. Filed 12-28, 1938 Robert H. Wright - Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 (Month) 27 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/1, 1938, to 11/27, 1938
that I last saw h[illegible] alive on 11/27, 1938
and that death occurred, on the date stated above, at 5 m.
The CAUSE OF DEATH* was as follows:
a) Senility
.... (duration) .... yrs. .... mos. 1 ds.
CONTRIBUTORY (Secondary) Hypostatic pneumonia
.... (duration) 3 yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? No Date of ....
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) E. W. Fox M. D.
11/28, 1938 (Address) Harley, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Carey, Idaho	11 29 1938

20. Undertaker L. D. S. Church Address Carey Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Bellevue

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 112037

Local Registrar's No. 59

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank D. Bouquet 92a

(a) Residence. No. Broadford, Ida., St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-27-69

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. miner

10. Date deceased last worked at this occupation (month and year) 10 yrs

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) ancaell France

FATHER

13. NAME ✓ Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME ✓ "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Norma Bank Hailey, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Ida Date 11-30-, 1938

19. UNDERTAKER (Address) L. Harris Hailey - Idaho

20. FILED 12-28, 1938 Robert H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-29- 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1938, to 11-29, 1938
I last saw him alive on 11-28, 1938; death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	
General Asciti.	11-26-38

Other contributory causes of importance:
Senility.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Robert H. Wright - M. D.
(Address) Hailey, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112038

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 65

RECEIVED
JAN 9 1939

93d1

PLACE OF DEATH
County of Blaine
City of Hailey
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amy Hortense Byram

(a) Residence. No. Carey, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wylie Byram

6. DATE OF BIRTH (month, day and year): April 20, 1859

7. AGE: Years 79 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Galesburg, Illinois

PARENTS

10. NAME OF FATHER: Joseph Crawford
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Russell Ohio
12. MAIDEN NAME OF MOTHER: Amy Columbia
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Galesburg Illo.

14. Informant: Ola Tullock
(Address): Carey Ida

15. Filed 1-4, 1939 Robert H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 11- (Month) 30 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/29, 1930, to 11/30, 1938
that I last saw her alive on 11/30, 1938
and that death occurred, on the date stated above, at 1:30 p.m.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Atypical Pneumonia
(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death? Carey, Idaho
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) E. W. Fat, M. D.
11/30, 1938 (Address) Hailey, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Carey, Idaho — Date of Burial: 12/1 1938
20. Undertaker: L.D.S. church — Address: Carey Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey
RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112039

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 60

(No. Hailey Clinical Hospital) 46-5
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret C Plumer Fox

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John James Plumer

6. DATE OF BIRTH (month, day, and year) Mar. 3-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife
10. Date deceased last worked at this occupation (month and year) Dec 1937
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Idaho City Idaho.

FATHER
13. NAME O. A. Duquette
14. BIRTHPLACE (city or town) (State or country) Montreal Canada

MOTHER
15. MAIDEN NAME Mary Fadoff
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) W F Plummer Hailey, Idaho

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Salt Lake City. Date 12-12-, 1938

19. UNDERTAKER Ray McGoldrick (Address) Hailey Idaho

20. FILED 12-28, 1938 Robert H Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-9- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/8, 1938, to 12/9/38, 1938
I last saw ~~he~~ alive on 12-9, 1938; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1 yr.
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) E. W. Fox M. D.
(Address) Hailey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 112040

Local Registrar's No. 61

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Letitia Povey Fox

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 3 - 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Nov 8 - 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Liverpool
(State or country) England

FATHER

13. NAME Henry Hanley

14. BIRTHPLACE (city or town) Crosby Eng.
(State or country)

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) Do not know
(State or country)

17. INFORMENT Katherine E. Rutter
(Address) Hailey Idaho.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place Salt Lake City Date , 193

19. UNDERTAKER L. L. Hagens
(Address) Hailey - Idaho

20. FILED 1-3, 193 9 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1938, to 12-14, 1938

I last saw her alive on 12-14, 1938: death is said to have occurred on the date stated above, at 10:57 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a) Senility	12-1-38

Other contributory causes of importance:

Hypertension	1 yr

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify

(Signed) E. W. Fox, M.D.

12/15/38 (Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Bellevue
RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 3022

DO NOT WRITE IN THIS SPACE
State File No. 112041

Local Registrar's No. 62

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald Robert Whitewright

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 31-1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School boy -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bellevue
(State or country) Idaho -

FATHER

13. NAME Orville E. Whitewright

14. BIRTHPLACE (city or town) Bellevue
(State or country) Idaho -

MOTHER

15. MAIDEN NAME Rose Bertha Engesser

16. BIRTHPLACE (city or town) Buhl
(State or country) Idaho -

17. INFORMENT (Address) Orville E. White
Bellevue - Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Picabo Date Dec 16, 1938

19. UNDERTAKER (Address) L. Hayes
Hailey, Ida -

20. FILED 1-3, 1939 Robert H. Wright -
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 16 1938

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h... alive on ✓, 193...: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Killed	
Crushed & Kiled -	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 12-16, 1938
Where did injury occur? Bellevue, Idaho -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Falling timber
Nature of injury fractured Skull -

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Robert H. Wright - M. D.
(Address) Blaine Co - Coroner
Hailey, Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey
RECEIVED JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 112042

Local Registrar's No. 63

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Della Ravenscraft Wright 93c

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	unmarried

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 18 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Nov 30-1938

11. Total time (years) spent in this occupation 47 yrs.

12. BIRTHPLACE (city or town) (State or country) Mt Clemsburrow Illinois

FATHER

13. NAME Sylvester Brock

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Sara Pool

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMENT (Address) U.S. Marion Road Hailey, Ida.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Hailey-Idaho Date Dec 22 1938

19. UNDERTAKER Geo. Harris
(Address) Hailey, Idaho.

20. FILED 1-3, 1939 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1938, to 12-21, 1938
I last saw her alive on 12-21, 1938: death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs
Other contributory causes of importance: Nephritis	2 yrs

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Carey

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2025

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 112043

Local Registrar's No. 66

2. FULL NAME Martin Aaron Bouton 94

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Swenson

6. DATE OF BIRTH (month, day, and year): 9-2-1871

7. AGE — Years: 67 | Months: 3 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 12-24-38

11. Total time (years) spent in this occupation: all his life

12. BIRTHPLACE (city or town) (State or country): Provo Utah

MOTHER FATHER

13. NAME: Martin Aaron Bouton

14. BIRTHPLACE (city or town) (State or country): Bromsberrow Monkland Herefordshire Eng.

15. MAIDEN NAME: Mary Alice Clark

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Glen Broughton Garnett Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Carey, Ida. Date: 12-29 1938

19. UNDERTAKER (Address): Church Organization Carey Idaho

20. FILED: 12-27 1938. Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/24 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h.. alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Disease	
Arteriosclerosis	
Dropped Dead	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H. Wright - County Coroner

(Address) Blaine Co. - Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 112044

Local Registrar's No. 64

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna E. Noel — Wright — 9321

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Noel

6. DATE OF BIRTH (month, day, and year) Feb 3 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Nov 24-1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hopkinsville Kentucky

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary E. Boyd

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Pearle R. Scott Hailey, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place City Plot Date Dec 30 1938

19. UNDERTAKER (Address) L. Y. Harris Hailey Idaho.

20. FILED 1-3, 1939 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1938, to 12-28, 1938.
I last saw her alive on 12-28, 1938; death is said to have occurred on the date stated above, at 10:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and acute nephritis.	10 days
Other contributory causes of importance: Chronic Bronchitis	10 yrs.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11040

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 27-38
(No. Priest River Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

106 L

2. FULL NAME John Gehrig

(a) Residence No. Laclede Idaho St. Laclede. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Elizabeth Gehrig
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 29, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Molder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry
10. Date deceased last worked at this occupation (mo. and yr.) 1928
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) Oberberg
(State or country) Switzerland

FATHER
13. NAME John Gehrig
14. BIRTHPLACE (city or town) Unknown
(State or country) Switzerland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) Switzerland

17. INFORMANT D. Calvert
(Address) Laclede, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sawyer, Idaho Date Jan. 2, 1939

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 1-6, 1939 D. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 31, 1938. 193

22 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1938, to Dec. 31, 1938

I last saw him alive on Dec. 31 1938: death is said to have occurred on the date stated above, at 1:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Asthma	1918
Other **contributory causes** of importance: Bronchitis	Dec 1-1938

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leslie E. Stauffer, M. D.
(Address Priest River, Idaho.

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112047

PLACE OF DEATH

County of Bonneville

City of Idaho Falls. Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 29

(No. L.D.S. Hospital . Idaho Falls Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Maud E. Larson

(a.) Residence. No. Ashton Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3.SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 3rd. 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashton Idaho.

FATHER

13. NAME Hiram Larson

14. BIRTHPLACE (city or town) (State or country) Richmond. Utah

MOTHER

15. MAIDEN NAME Therese. Sanvand

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Hiram Larson. Ashtn n Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ashton Idaho. Burial Date , 193

19. UNDERTAKER (Address) ashton Idaho

20. FILED Jan 10 , 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3 1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to July 3, 1938.
I last saw h[illegible] alive on July 3, 1938: death is said to have occurred on the date stated above, at 12:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Feb 1938
Chronic Myocarditis	Feb 1938
Uremia	7 days.

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. L. Cabell M.D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

DEC 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112048

Registration District No. 3
Primary Registration District No. 21-2 Local Registrar's No. 251
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 18-a

2. FULL NAME Florence Irene Chase
(a) Residence No. Ririe, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: John Chase
6. DATE OF BIRTH (month, day, and year): Jan. 23, 1894
7. AGE: Years 44 | Months 9 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): La Belle
(State or country): Idaho

FATHER
13. NAME: Hyrum Scott
14. BIRTHPLACE (city or town): Council Bluff
(State or country): Iowa

MOTHER
15. MAIDEN NAME: Amelia B. Morgan
16. BIRTHPLACE (city or town): Salt Lake City
(State or country): Utah

17. INFORMANT: F. R. Chase
(Address): Ririe Idaho.
18. BURIAL, CREMATION OR REMOVAL
Place: Annis, Idaho Date: Nov. 6, 1938
19. UNDERTAKER: Roland Hanson
(Address): Rigby, Idaho
20. FILED: Nov. 7, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Nov. 3 1938
22 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1938, to Nov. 3, 1938
I last saw her alive on Nov 3 1938; death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	Oct 21, '38
Cerebral Hemorrhage	Oct 10 '38
Toxic Staphylococcemia Sepsis	Years Ago.
Other contributory causes of importance:	
Injury to right thigh	Sept 20 '38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury Sept 1938
Where did injury occur? Ririe Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place At Home.
Manner of injury Fell on ground.
Nature of injury Torn ligament.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Heldon Hall, M. D.
(Address) Rigby, Ida.

112043

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
County of Bonneville — Registration Dist. No. 73
City of Idaho Falls — Primary Reg. Dist. No. 2-1-y-0
at Home — Local Registrar's No. 273
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 43 | Mos. | Days

How long in U.S., if of foreign birth? Yrs. | Mos. | Days

RECEIVED JAN 11 1939

162

2. FULL NAME Erwin G. Musser
(a) Residence: Idaho Falls Rt #1 (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE or FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced Husband of (or) Wife of: Emily Musser

6. Date of Birth (Month, day and year): July 27 1849

7. AGE: Years 89 | Months | Days | If less than 1 day hrs. ____ min. ____

Occupation
8. Trade, profession, or particular kind of work done: Farming
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation: 42

12. BIRTHPLACE (City or Town, County and State, or Country): Erie, Pennsylvania

Father
13. NAME: Peter Musser
14. BIRTHPLACE (City or Town, County and State, or Country): Pennsylvania

Mother
15. MAIDEN NAME: Phebe Blake
16. BIRTHPLACE (City or Town, County and State, or Country): Pennsylvania

17. SIGNATURE OF INFORMANT: Wm H. Musser
(Address) Idaho Falls Rt #2

18. BURIAL, CREMATION OR REMOVAL
Place: Hooper, Utah Date: Jan 30 1939

19. UNDERTAKER: Jack A. Ward
(Address) Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Jan 30 1939 by C. Summard
(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 26 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__

I last saw h__ alive on ____ 19__ Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Carcinoma			
No medical attention			

Contributory causes of importance not related to principal causes: Senility

Where was disease first diagnosed?
Name of operation ____ date of ____
Condition for which performed
What test confirmed diagnosis?
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____ 19__ Where did injury occur? (Specify city or town, county and state)
Check whether injury occurred in industry__ home__ public place__
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) C. Summard M. D.
(Address) Idaho Falls Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

112059

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 276

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 13
City of Idaho Falls — Primary Reg. Dist. No. 210-0
Spencer Hyde Home — Local Registrar's No. 276
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. — Mos. 11 — Days 7

How long in U. S. if of foreign birth? Yrs. — Mos. — Days

RECEIVED JAN 11 1939

180

2. FULL NAME Mary Christina Lake

(a) Residence: Idaho Falls, Rt #2 (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — Husband of (or) Wife of: —

6. Date of Birth (Month, day and year): Dec. 25, 1938

7. AGE — Years — Months 11 — Days 7 — If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Idaho Falls, Idaho

Father

13. NAME Ernest Lake
14. BIRTHPLACE (City or Town, County and State, or Country): Central, Idaho

Mother

15. MAIDEN NAME Violet Peterson
16. BIRTHPLACE (City or Town, County and State, or Country): Elko, Nev.

17. SIGNATURE OF INFORMANT: Ernest Lake
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho Date Dec 5, 1938

19. UNDERTAKER: Geo. A. Hoyt
(Address) Idaho Falls Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Dec 9 (Date) 1938 by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1938, to Dec. 2 1938

I last saw her alive on Dec. 2 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
2nd & 3rd degree burns of body, head, & septicemia	1938	Nov.	26

Contributory causes of importance not related to principal causes: Tuberculosis

Where was disease first diagnosed? ____

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? C

Was there an autopsy? Not Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident ✓ Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? Home Idaho Falls
(Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury Home Caught fire

Nature of injury (Above)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) C. C. Erickson M. D.
(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112051

RECEIVED
JAN 11 1939

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 278
(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number) V 121a

2. FULL NAME Richard Clarence Clark

(a) Residence No. St. Anthony Idaho St. Gleneve Hospital Idaho Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept. 18-1912
7. AGE: Years 26 | Months 3 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Drummond Idaho

FATHER
13. NAME: C. Van Clark
14. BIRTHPLACE (city or town) (State or country): Beverly Kansas

MOTHER
15. MAIDEN NAME: Ruby M. Garver
16. BIRTHPLACE (city or town) (State or country): Miles City Mo.

17. INFORMANT: C. Van Clark
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pinecrest Mem. Date 12/5, 1938

19. UNDERTAKER: W. M. Hansen
(Address) St. Anthony, Idaho

20. FILED 12/7, 1938 (Jay Duncan) Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/2 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1938, to Dec 1, 1938.
I last saw him alive on Dec 1, 1938.; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Nov 25
Other contributory causes of importance:	
Peptic ulcer	1930 ?
Ruptured Appendix	

Name of operation Laparotomy Date of Dec 1
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Locke, M. D.
(Address) St Anthony

112052

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 2 7 7

1. PLACE OF DEATH

County of Bonneville Registration Dist. No. 13

City of Idaho Falls Primary Reg. Dist. No. 2 1 4 - 6

Spencer Hospital Local Registrar's No. 2 7 7

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 30 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Harry Wagoman JAN 11 1939 93c

(a) Residence: (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE ~~FEMALE~~: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced Husband of (or) Wife of: Ruth Wagoman

6. Date of Birth (Month, day and year): June 1, 1886

7. AGE: Years 52 | Months 6 | Days 2 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Laborer

9. Industry or business in which work was done: General

10. Date deceased last worked at this occupation (month and year): Sept. 1938

11. Total time (yrs.) spent in this occupation: Unk.

12. BIRTHPLACE (City or Town, County and State, or Country): Missouri

Father

13. NAME: John Wagoman

14. BIRTHPLACE (City or Town, County and State, or Country): Missouri

Mother

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Ruth Wagoman

(Address) Idaho Falls Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Idaho Falls Ida. Date Dec. 7 1938

19. UNDERTAKER O. L. Bryce

(Address) Idaho Falls, Ida.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 7 (Date) 193 8 by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1938 to Dec. 3 1938

I last saw ~~him~~ her alive on Dec. 3 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Acute Cardiac failure	1938	Dec.	1
Contributory causes of importance not related to principal causes			
Myocardial degeneration			

Where was disease first diagnosed? Office

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? C

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) C. C. Erickson M. D.

(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville.
City of Idaho Falls.
RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112053

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 281
(No. L.D.S. Hospital (1hr))
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilford. Alfred. Hansen.

(a) Residence No. Ashton Idaho. St. 186 b
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Marfied.

5a. If married, widowed, or divorced
HUSBAND of Eva. Hansen.
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 17th 1908

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	30	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt. Employee
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City.
(State or country) Utah.

FATHER
13. NAME Alfred. E. Hansen.
14. BIRTHPLACE (city or town)
(State or country) Denmark.

MOTHER
15. MAIDEN NAME Senna, L Holst.
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Mrs. Eva. Hansen
(Address) Ashton Idaho.
18. BURIAL, CREMATION OR REMOVAL
Place Ashton Idaho Date 12/13/38, 193
19. UNDERTAKER Lewis Kiser
(Address) Ashton Idaho
20. FILED 12/16/38, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 10/38

22 I HEREBY CERTIFY, That I attended deceased from Dec. 10/38, 193, to Dec. 10/38, 193
I last saw him alive on Dec. 10th 38, 193; death is said to have occurred on the date stated above, at 3/29 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injured by Falling Sheave from Vell Drill.	
Fractured Skull.	12/10/38
Depressed.	
Other contributory causes of importance:	

Name of operation Decompression Date of 12/10/38
What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury Dec. 10 193
Where did injury occur? Island Park . Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Industry,
Manner of injury Falling Sheave.
Nature of injury Fractured Skull.

24 Was disease or injury in any way related to occupation of deceased? . If so, specify
(Signed) David E. Harris M. D.
(Address Ashton, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH Bonneville

County of Bingham

City of Idaho Falls

RECEIVED

JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 214-0

DO NOT WRITE IN THIS SPACE

State File No. 112054

Local Registrar's No. 282

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

121a

2. FULL NAME Bert Winschell

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida May Winschell

6. DATE OF BIRTH (month, day, and year): 10-1-1882

7. AGE — Years: 56 — Months: 2 — Days: 11 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Post master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.): 12-1938

11. Total time (years) spent in this occupation: 1½ Yrs.

12. BIRTHPLACE (city or town): Fort Benton
(State or country): Montana

FATHER

13. NAME: William Winschell

14. BIRTHPLACE (city or town): Terra Haute
(State or country): Indiana

MOTHER

15. MAIDEN NAME: Flora Winschell

16. BIRTHPLACE (city or town): Salem
(State or country): Ill.

17. INFORMANT: Mrs. Ida Winschell
(Address): Soda Springs Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Firth Date: 12-17-38 193

19. UNDERTAKER:
(Address): Shelley, Idaho

20. FILED 12/16, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12-12-38

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 193 8, to December 12, 193 8

I last saw him alive on Dec. 12 193 8: death is said to have occurred on the date stated above, at 7:59 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis with cholelithiasis	Dec. 5, 1938
General peritonitis	Dec. 8, 1938
Acute appendicitis	Dec. 8, 1938

Other contributory causes of importance: Chronic Nephritis Terminal Pyorrhea Alveolaris Epithelioma of Tongue

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Lloyd Nelson, M. D.

(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112055

Registration District No. 13
Primary Registration District No. 2170
Local Registrar's No. 285
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1226

2. FULL NAME Russell Dewayne Youngstrom

(a) Residence No. Menan, Idaho. St. Menan, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/23/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Menan
(State or country) Idaho

FATHER
13. NAME John Youngstrom
14. BIRTHPLACE (city or town) Menan
(State or country) Idaho

MOTHER
15. MAIDEN NAME Ruth Clifford
16. BIRTHPLACE (city or town) Grant
(State or country) Idaho

17. INFORMANT John Youngstrom
(Address) Menan, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date Dec. 19, 1938

19. UNDERTAKER A B Eckhardt
(Address) Rigby, Idaho

20. FILED 12-29, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-16 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1938, to Dec. 16, 1938
I last saw h-- alive on Dec 17 1938: death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bowel intussusception	Dec. 16 '38
Other contributory causes of importance:	

Name of operation Reduction Date of Dec. 16
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
[redacted]
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112056

Registration District No. 13
Primary Registration District No. 2150
Local Registrar's No. 284
(No. Idaho Falls L.D.S.Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Merrill.

(a) Residence No. Menan, Ida. St. Menan, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ira William Merrill.

6. DATE OF BIRTH (month, day, and year) 9/19/1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 12/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Smithfield, Utah.

FATHER
13. NAME Joseph Smith.
14. BIRTHPLACE (city or town) (State or country) Nauvoo, Ill.

MOTHER
15. MAIDEN NAME Sarah Owen.
16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

17. INFORMANT J. W. Merrill
(Address) Menan, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 12 23, 1938

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED Dec 27, 1938 Guy Summers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-20-1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to Dec 20, 1938
I last saw her alive on Dec 19 1938: death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Toxemia	Dec 10, 1938
2. Bleeding ulcer on right ethmoid Maleolus.	Feb. 1936
3. Arteriosclerosis with thrombosis	Feb 1926
Other **contributory causes** of importance:	
Arthritis deformans	1918

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Aldon Tall, M. D.
(Address) Rigby, Ida.

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 112057

1. PLACE OF DEATH

County of Bonneville Registration Dist. No. 13

City of Idaho Falls Primary Reg. Dist. No. 1 N 20

Home Local Registrar's No. 286

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	30		

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

2. FULL NAME Mary Belle Oglesby JAN 1 1938 50

(a) Residence: N. Ada St.

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: Black

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed or divorced — Husband of (or) Wife of: Dave Oglesby

6. Date of Birth (Month, day and year): Sept. 11, 1880

7. AGE — Years: 58 | Months: 3 | Days: 13 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done: At Home

10. Date deceased last worked at this occupation (month and year): Dec. 1938

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Cottonwood, Utah

Father

13. NAME: Geo. Stevens

14. BIRTHPLACE (City or Town, County and State, or Country): Laredo, Mexico

Mother

15. MAIDEN NAME: Rhinda Peake

16. BIRTHPLACE (City or Town, County and State, or Country): Cottonwood, Utah

17. SIGNATURE OF INFORMANT: Dave Stevens

(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Ida. Falls Date 12/27 1938

19. UNDERTAKER: O. Buck

(Address) Idaho Falls, Ida.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 27 1938 by [signature] Registrar

(Date)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1938 to Dec. 24 1938

I last saw her alive on Dec. 24 1938 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Carcinoma of lungs and left Breast	D.	K	.

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Office

Name of operation None date of

Condition for which performed

What test confirmed diagnosis? C

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury

, 19 Where did injury occur?

(Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) C. C. Erickson M. D.

(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

112058

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 93d1

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 13

City of Idaho Falls, Idaho — Primary Reg. Dist. No. 2, 4-50

Home — Local Registrar's No. 290

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 54 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

JAN 11 1939

2. FULL NAME Eldora Virginia Keefer

(a) Residence: 311 North Ridge Avenue (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: William W. Keefer

6. Date of Birth (Month, day and year): Sept. 18, 1857

7. AGE: Years 81 | Months 3 | Days 7 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

Father

12. BIRTHPLACE (City or Town, County and State, or Country): Strasburg, Penn.

13. NAME Philip M. Shoemaker

14. BIRTHPLACE (City or Town, County and State, or Country): Penn.

Mother

15. MAIDEN NAME Margaretta Zollinger

16. BIRTHPLACE (City or Town, County and State, or Country): Penn.

17. SIGNATURE OF INFORMANT: Mrs. Claud R. Black

(Address) 202 3rd St. I. F.

18. BURIAL, CREMATION OR REMOVAL

Place Rose Hill Date Dec 28 1938

19. UNDERTAKER Jack J. Hoyd

(Address) 203 North Ridge, I. F.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 1/3/1 (Date) 193[illegible] by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1939 to Dec. 25 1938

I last saw h[illegible] alive on Dec. 23 1938 Death is said to have occurred on the date stated above, at 8:35-A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Myocarditis	unknown		

Contributory causes of importance not related to principal causes

Senility

Where was disease first diagnosed? Not known

Name of operation [illegible] date of

Condition for which performed

What test confirmed diagnosis? Clinical only

Was there an autopsy? No Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury

, 19 Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) H. L. Wallace M. D.

(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 11205

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 13 — D

City or ~~Precinct~~ Idaho Falls — Primary Reg. Dist. No. 71

Home (Home, Hospital or Institution) — Local Registrar's No. 287

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. — Mos. 7 — Days

How long in U. S. if of foreign birth? Yrs. — Mos. — Days

2. FULL NAME Christina Rasmussen Homer — 9512

(a) Residence: 284 - 14th Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: R. R. Homer

6. Date of Birth (Month, day and year): July 18, 1865

7. AGE — Years: 73 — Months: 5 — Days: 8 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Denmark

Father

13. NAME: Jensen

14. BIRTHPLACE (City or Town, County and State, or Country): Denmark

Mother

15. MAIDEN NAME: ?

16. BIRTHPLACE (City or Town, County and State, or Country): Denmark

17. SIGNATURE OF INFORMANT: James P. Rasmussen

(Address) Honeyville, Utah

18. BURIAL, CREMATION OR REMOVAL

Place Millville, Utah Date Dec. 30, 1938

19. UNDERTAKER: Jack A. Wood

(Address) 273 North Ridge, I. F.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 29 (Date) 1938 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1938 to Dec 26 1938

I last saw her alive on Dec 26 1938 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cerebral Hemorrhage			
12 hrs. duration			

Contributory causes of importance not related to principal causes

Hypertension

Where was disease first diagnosed? Salt Lake City

Name of operation None date of

Condition for which performed None

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury

, 19 Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) W. A. West M. D.

(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 112060

1. PLACE OF DEATH

County of Bonneville Registration Dist. No. 13

City of Iona Primary Reg. Dist. No. 2 1 5 0

Local Registrar's No. 288

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 53 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. 73 | Mos. | Days

RECEIVED JAN 11 1939

2. FULL NAME Mrod Christian Olsen

(a) Residence: Iona, Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced Husband of (or) Wife of: Ingeborg Olsen

6. Date of Birth (Month, day and year): March 27, 1861

7. AGE: Years 77 | Months 9 | Days 20 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer

9. Industry or business in which work was done: Farming

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (yrs.) spent in this occupation: 50

12. BIRTHPLACE (City or Town, County and State, or Country): Norway

Father

13. NAME: Carl Olsen

14. BIRTHPLACE (City or Town, County and State, or Country): Norway

Mother

15. MAIDEN NAME: Maren Wrolsen

16. BIRTHPLACE (City or Town, County and State, or Country): Norway

17. SIGNATURE OF INFORMANT: Mrs. W. C. Olsen

(Address) Iona, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Iona, Idaho Date Dec 31 19 38

19. UNDERTAKER: Jack A. Ward

(Address) Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12/31 1938 (Date) by C. Jensen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from — 19____, to — 19____

I last saw h____ alive on — 19____ Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
No medical attendance -			
Had cerebral hemorrhage			
2 yrs ago			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? ____

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) C. Jensen M. D.

(Address) Idaho Falls Ida

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

112061

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Bonneville — Registration Dist. No. 3

City of Idaho Falls, Idaho — Primary Reg. Dist. No. 21-0

Home (Home, Hospital or Institution) — Local Registrar's No. 289

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 28 | Mos. | Days

How long in U.S., if of foreign birth? Yrs. | Mos. | Days

JAN 11 1939

2. FULL NAME Mayme Harries Laird

(a) Residence: 1265 Canal Avenue (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (Husband of) (or) Wife of: James Laird

6. Date of Birth (Month, day and year): December 5, 1876

7. AGE: Years 62 | Months 0 | Days 22 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Salt Lake City, Utah

Father

13. NAME: Henry Hugh Harries

14. BIRTHPLACE (City or Town, County and State, or Country): Wales

Mother

15. MAIDEN NAME: Mary Rees

16. BIRTHPLACE (City or Town, County and State, or Country): Wales

17. SIGNATURE OF INFORMANT: Mrs. Wm O. Park

(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Idaho Falls — Date: Jan. 1 1938

19. UNDERTAKER: Jack A. Goody

(Address) 243 North Ridge U.F.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec. 31 1938 (Date) by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1938 to Dec. 27, 1938

I last saw her alive on Dec. 27, 1938 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Carcinomatosis			
Cornes (Hyperemia, clonicle, Tinnia, Skull)			

Contributory causes of importance not related to principal causes: None

Where was disease first diagnosed? Idaho Falls, Ida.

Name of operation: None date of

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) John O. Millar M. D.

(Address) Idaho Falls, Ida.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

112062

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Bonneville Registration Dist. No. 13

City of Idaho Falls Primary Reg. Dist. No. 21-0

(Home, Hospital or Institution) Local Registrar's No. 202

RECEIVED JAN 11 1939

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days

How long in U. S. if of foreign birth?	Yrs.	Mos.	Days

2. FULL NAME Floyd Ray Stringham

(a) Residence: Route 1 of Idaho Falls (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced Husband of (or) Wife of —

6. Date of Birth (Month, day and year) March 29 1938

7. AGE — Years: — Months: 9 Days: — If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Infant

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country) Idaho Falls, Idaho

Father

13. NAME Thomas L. Stringham

14. BIRTHPLACE (City or Town, County and State, or Country) Thurber, Utah

Mother

15. MAIDEN NAME Marie Ludwig

16. BIRTHPLACE (City or Town, County and State, or Country) Fortuna, California

17. SIGNATURE OF INFORMANT Thomas L. Stringham

(Address) Route 1, Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Ucon Cem. Date Jan 3rd 1939

19. UNDERTAKER Sherman D. Wood

(Address) Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Jan. 11 1939 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/29/38 19__ to 12/29/38 19__

I last saw him alive on 12/29/38 19__ Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Myocarditis			1
Contributory causes of importance not related to principal causes			
Influenza &			7
Bronchitis			7

Where was disease first diagnosed? 12/29/38 Home

Name of operation none date of

Condition for which performed

What test confirmed diagnosis? Physical

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) [signature] M. D.

(Address) Idaho Falls, Ida

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

112063

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Bonneville Registration Dist. No. 13

City of Idaho Falls Primary Reg. Dist. No. 2170

Local Registrar's No. 29

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

RECEIVED JAN 3 1939

Length of Residence in County where death occurred: Yrs. 51 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Rosanna Williams Flemming 46c

(a) Residence: Iona, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced Husband of (or) Wife of: James Henry Flemming

6. Date of Birth (Month, day and year): Dec 13, 1859

7. AGE: Years 79 | Months | Days 18 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Brigham City, Utah

Father

13. NAME: Isaac J. Williams

14. BIRTHPLACE (City or Town, County and State, or Country): Wales

Mother

15. MAIDEN NAME: Mary J. Jones

16. BIRTHPLACE (City or Town, County and State, or Country): Wales

17. SIGNATURE OF INFORMANT: James W. Flemming

(Address): Iona, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Iona, Idaho Date: Jan 4, 1939

19. UNDERTAKER: Jack A. Ward

(Address): Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Jan 4 (Date) 1939 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 31 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10 1938, to Dec 31 1938

I last saw her alive on Dec. 28 1938 Death is said to have occurred on the date stated above, at 4-30 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cancer of ascending colon		D.K.	

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? By me - May 10

Name of operation none date of

Condition for which performed

What test confirmed diagnosis? C

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) C. C. Erickson M. D.

(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

RECEIVED

JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112065

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. 53e)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lola Jane Morris

(a) Residence. No. Bonners Ferry, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 6 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): November 30, 1923

7. AGE: Years 15 | Months | Days 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student ~~Infant~~

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kim, Colorado

FATHER

13. NAME: Porter Roy Morris

14. BIRTHPLACE (city or town) (State or country): Van Alstine, Texas

MOTHER

15. MAIDEN NAME: Edna Gertrude Smith

16. BIRTHPLACE (city or town) (State or country): Astoria, Missouri

17. INFORMANT: P. R. Morris
(Address) Bonners Ferry, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Bonners Ferry Date 12-19 1938

19. UNDERTAKER: Harry R. Crouch
(Address) Bonners Ferry, Idaho

20. FILED 12/17, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-16 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1936, to Dec 16, 1938

I last saw her alive on Dec 15, 1938; death is said to have occurred on the date stated above, at 10 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sarcoma - Left leg	1935
Amputation April 1938	

Other **contributory causes** of importance:

Secondary Sarcomata of Lungs Liver + Brain

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno Sowell M. D.

(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Butte
City of Arco
RECEIVED
DEC 28 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 14

DO NOT WRITE IN THIS SPACE
State File No. 112066

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Larson Rodgers

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. R. Rodgers

6. DATE OF BIRTH (month, day, and year) Feb. 20 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caman Idaho

FATHER
13. NAME Hans Larson
14. BIRTHPLACE (city or town) (State or country) Copenhagen Denmark

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Burg Rodgers Howe Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Howe, Idaho Date 12/27, 1938

19. UNDERTAKER (Address) W. S. Mauzey Arco, Idaho

20. FILED Dec 27, 1938 Mary Deitrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/24 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock or Heart Failure due to Auto accident	12/24/38

Other contributory causes of importance:

Name of operation V Date of
What test confirmed diagnosis? V Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Auto Accident Date of injury 12/24, 1938
Where did injury occur? Arco, Butte County, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Intersection of Main Street Arco
Manner of injury No sign of foul play or
~~Nature of injury~~ interfatal injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) W. S. Mauzey, M.D.
(Address) Butte County Coroner

(over)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa
RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112067

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 198
(If death occurred in a hospital or institution, give its name instead of street and number) (No. Samaritan Hospital)

16 C

2. FULL NAME Edward Henry Crawens.
(a) Residence No. 824 1st St. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/26/38

7. AGE: Years | Months | Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Idaho

FATHER
13. NAME Lee Crawens
14. BIRTHPLACE (city or town) (State or country) Carthage Ill.

MOTHER
15. MAIDEN NAME Evelyn Yeat.
16. BIRTHPLACE (city or town) (State or country) Dallas City Ill.

17. INFORMANT Mrs. Lee Crawens
(Address) Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Interlaken Cem. Date 1/1/28 1938

19. UNDERTAKER Dent Talley
(Address) Nampa Ida

20. FILED Jan 2, 1939 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/27/1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 30, 12 Noon 1938, to Nov 30, 12 noon 1938
I last saw him alive on Nov 30 1938: death is said to have occurred on the date stated above, at 6:40 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
asphyxia	
Other **contributory causes** of importance:	
Burn trauma	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Stephen M Lange, M. D.
(Address Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112063

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 199
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

72a

2. FULL NAME Helen Blanche Tittle

(a) Residence. No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-21-1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Neb.

FATHER
13. NAME Oliver J. Callison
14. BIRTHPLACE (city or town) (State or country) Neb.

MOTHER
15. MAIDEN NAME Grace Woodman
16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Ralph Tittle
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 12-4, 1938

19. UNDERTAKER F. E. Robinson
(Address) Nampa Idaho

20. FILED Jan 3, 1939 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1938, to Dec 2nd, 1938
I last saw her alive on Dec 2nd, 1938: death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	

Other contributory causes of importance:
French measles
superficial

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thos. E. Maguire, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

JAN 7 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112069

Registration District No. ____

Primary Registration District No. 1005

Local Registrar's No. 129

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

932

2. FULL NAME Myrtle Washburn

(a) Residence. No. Caldwell Idaho P.R. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Washburn

6. DATE OF BIRTH (month, day, and year) JUNE 25, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Belgium Canada

FATHER

13. NAME Lewis McKee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Matilda Mungovan

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Ella Washburn (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Yellowstone Park Cemetery Date 12-6, 1938

19. UNDERTAKER Williams (Address) Caldwell Ida

20. FILED ____, 193____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/3 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Dec 3, 1938

I last saw her alive on Dec 3, 1938: death is said to have occurred on the date stated above, at 12 Noon

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	
Chronic nephritis	
at Kidneys	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) J. M. Montgomery, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 112070
Local Registrar's No. 200

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Enoch Ashcraft

(a) Residence. No. 1516 2d St. S St. (Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Elizabeth Ashcraft

6. DATE OF BIRTH (month, day, and year) -1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs W. L. Rough
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 12/7, 1938

19. UNDERTAKER E. K. Robinson
(Address) Nampa Ida

20. FILED Jan. 3, 1939 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/4 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1938, to 12-4, 1938
I last saw him alive on 12-4, 1938: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	
Chronic Nephritis	
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in~~ also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) James A. Evans M. D.
(Address) Nampa, Ida. Rural

S

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112071

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 130

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry A Griffith

(a) Residence. No. Caldwell Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gertrude M Griffith

6. DATE OF BIRTH (month, day, and year) 5-4-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hancock Co Illinois

FATHER

13. NAME John Griffith

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Griffin

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter Griffith Jr
(Address) 1223 Arthur St Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem Date 12-8, 1938

19. UNDERTAKER C V Peckham
(Address) Caldwell Ida

20. FILED 12-12, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-5 1938

22. I HEREBY CERTIFY, That I attended deceased from Two years 193.., to 12-5, 1938

I last saw him alive on 12-5, 1938; death is said to have occurred on the date stated above, at 3-1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy - Hemorrhage in brain	12-5-38
Hypertension	
Paralysis Right Side	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Earl Wagner M. D.

(Address) Caldwell Idaho.

Table

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
112072
State File No.

Registration District No. 1
Primary Registration District No. 1002
Local Registrar's No. 25

DEC 15 1938

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Sanitarium)

210

2. FULL NAME Chas. E. Graves

(a) Residence. No. Nyssa St. Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Claudia May Graves

6. DATE OF BIRTH (month, day, and year): 12-12-1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	11	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mansfield Missouri

FATHER
13. NAME: Jack Graves
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Addie Marsh
16. BIRTHPLACE (city or town) (State or country): Arkansas

17. INFORMANT (Address): Mrs. Dwight Brown Nyssa Oregon

18. BURIAL, CREMATION OR REMOVAL: Interment Cem. Date 12-7, 1938

19. UNDERTAKER (Address): E. V. Peckham Caldwell Ida

20. FILED 12/14, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-5-38, 193..., to 12-5, 1938
last saw h... alive on 12-5, 193.8: death is said to have occurred on the date stated above, at 11:45 m.,
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head Crushed in auto accident	12-5-38
Other contributory causes of importance: None	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Accident Date of injury 12-5-1938
Where did injury occur? Main Intersection
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Auto Accident
Manner of injury Motor Collision
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M.D.
(Address) Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112073

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 201

JAN 9 1939

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Mercy Hospital)

9321

2. FULL NAME John Edward Keith

(a) Residence. No. Wilson, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-1-1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Wm. Keith
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Butler
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. J. E. Keith
(Address) Wilson, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilson, Idaho Date 1-2-9, 1939

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED Jan 3, 1939 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-2-6 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-14-, 1937, to 1-2-6-, 1939
I last saw him alive on 1-2-6-, 1939: death is said to have occurred on the date stated above, at 9:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete heart block	12-6-38
Other contributory causes of importance: Asthma and myocarditis	Jan. '37

Name of operation None Date of
What test confirmed diagnosis? Ex. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Geo. D. A. Kinyon, M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

12-28-38 Rev 2-3-39

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Canyon

City of Caldwell

RECEIVED JAN 7 1939

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112074

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 131

(No. Caldwell Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number)

9562

2. FULL NAME Rosales Dacatega Helms

(a) Residence. No. Caldwell (Usual place of abode) St. Ida 1602 Blaine (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Nellie L. Helms

6. DATE OF BIRTH (month, day, and year): Sept 16 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jamesville Vermont

FATHER

13. NAME: Silas Young Helms
14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: Henrietta Parker
16. BIRTHPLACE (city or town) (State or country): Vermont

17. INFORMANT (Address): Nellie L. Helms Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL: Canyon Hill Cem. Date 12-10 1938

19. UNDERTAKER (Address): W. Beckham Caldwell Ida

20. FILED 12-22, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938 to Dec 6, 1938

I last saw him alive on Dec 6, 1938; death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Cerebral Hemorrhage	Nov 23-38
2nd " "	Dec 5-38
Other contributory causes of importance: Hypertension	1935

Name of operation: — Date of: —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following: Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [signature] M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11207

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 132

(No. Memorial Park Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 4 1939

53e

2. FULL NAME Marion W. Kimsbrough

(a) Residence. No. Caldwell St. Ida. 402 Blaine
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. T. Kimsbrough

6. DATE OF BIRTH (month, day, and year) Dec 21-1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Golden
(State or country) Colorado

FATHER
13. NAME J. C. Fowler
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT W. T. Kimsbrough
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Canyon Hill Cem. Date 12-9, 1938

19. UNDERTAKER V. Peckham
(Address) Caldwell Ida

20. FILED 12-12, 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1937, 193..., to Dec 7, 1938
I last saw her alive on Dec 7, 1938; death is said to have occurred on the date stated above, at 12:15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Paralysis	1936
Old age	
Other contributory causes of importance:	

Name of operation Paralysis Date of June 1 37
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. T. Kimsbrough, M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

JAN 7 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112076

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 153

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

948

2. FULL NAME James F. Barker

(a) Residence. No. R. # 3 St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Martha Tryphenia Malden

6. DATE OF BIRTH (month, day and year): Sept. 18, 1859

7. AGE: Years 79; Months 79; Days 2; If LESS than 1 day, ... hrs. or ..... min. 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer & laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 12-1-38

11. Total time (years) spent in this occupation: 59

12. BIRTHPLACE (city or town) (State or country): Olathe, Kansas

FATHER

13. NAME: Samuel Barker

14. BIRTHPLACE (city or town) (State or country): Columbus Ohio

MOTHER

15. MAIDEN NAME: Martha Bell

16. BIRTHPLACE (city or town) (State or country): Columbus Ohio

17. INFORMANT (Address): F. A. Barker Rathdrum, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Pleasonton, Kan. Date ....., 193..

19. UNDERTAKER (Address): Paul L. Case Caldwell, Idaho

20. FILED 1-8, 193.. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-7-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938, to Dec. 7, 1938.
I last saw h[illegible] alive on 12-6, 1938; death is said to have occurred on the date stated above, at 2:30 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Dec 1 38

Other **contributory causes** of importance:

hypostatic pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Hans J. Tikker, M. D.
(Address) 712½ Main St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112077

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 186

JAN 9 1939

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Stromberg

663

(a) Residence. No. Ogden, Utah St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-21-76

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Andrew G. Stromberg
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Britta Larson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Oscar Stromberg
(Address) Nampa Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Ogden Utah Date 12-11, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec 11, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1938, to 12-10 1938
I last saw h alive on 12-9, 1938: death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocarditis	1935
Other contributory causes of importance:	
Pain in bowels	1900

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. L. Fontana, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112078

RECEIVED
JAN 9 1939

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 190

(If death occurred in a hospital or institution, give its name instead of street and number) Mercy Hospital Nampa

2. FULL NAME William Ernest Redick '95 12

(a) Residence. No. Wilder St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Cora V. Kredick

6. DATE OF BIRTH (month, day, and year) 4-25-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Vernon Iowa

FATHER

13. NAME William Redick

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Elizabeth Mac Kay

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Roger D. Manter

(Address) 624-16th Ave So Nampa Ida

18. BURIAL, CREMATION OR REMOVAL

Place Canyon Hill Cem. Date 12-13, 1938

19. UNDERTAKER C. V. Peckham

(Address) Caldwell Ida

20. FILED Jan 2, 1939 Lyda Rodgers

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17-37, 1938, to 12-10-, 1938.

I last saw h~~im~~ alive on 12-10-, 1938; death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete Heart Block	12-9-38.
Bronch. Pneumonia	
Other contributory causes of importance:	
Hypertension Heart Disease	Jan. '38

Name of operation None Date of

What test confirmed diagnosis? Ex Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. D. A. Kreig, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa
RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11201

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 202
(No. Carters Nursing Home
(If death occurred in a hospital or institution, give its name instead of street and number) 81a

2. FULL NAME Ida Louise Rose
(a) Residence No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-18-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Married for (10 yrs)
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo
(State or country)

FATHER
13. NAME Wm Dryden
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Reynolds
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Wm Freeman
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rohrbaum Date Dec 13 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Jan 3, 1939 Lydd Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-11-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan —, 1938, to 12-11, 1938
I last saw her alive on 12-10 1938: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ascending paralysis	
Paralysis Heart & respiration	
Other contributory causes of importance:	
Gradual weakening from Paralysis	

Name of operation No of Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Horace P Belknap, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112080

Registration District No. 7

Primary Registration District No. 1086 Local Registrar's No. 185

(No. Garage back of Residence) 168

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Cranney.

(a) Residence No. 1023 - 13th Ave. So. Nampa Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Martha Cranney.

6. DATE OF BIRTH (month, day, and year): May 7 1898

7. AGE: Years 40 | Months 7 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Air Conditioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: & refridgeration

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Smoot Wyoming

MOTHER FATHER

13. NAME: Wilbur T. Cranney

14. BIRTHPLACE (city or town) (State or country): Logan Utah

15. MAIDEN NAME: Rosina Munk

16. BIRTHPLACE (city or town) (State or country): Logan Utah

17. INFORMANT (Address): Mrs. Martha Cranney Nampa, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place: Oakley, Idaho Date 12/13, 1938

19. UNDERTAKER (Address): Keith Talley Nampa, Idaho.

20. FILED Dec. 12, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/11 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 6:35 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bled to death from self inflicted wound in left side of Neck	
Other **contributory causes** of importance:	
Will Pocket knife (Despondency)	

Name of operation None Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12/11, 1938

Where did injury occur? Nampa Ida (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Home

Manner of injury (as above)

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. D. Talley Coroner.

(Address) Nampa Ida

(over)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112081

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 206
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gene Patrick Carothers 118 c

(a) Residence No. Nampa, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-15-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Frank E. Carothers

14. BIRTHPLACE (city or town) Oreana
(State or country) Idaho

MOTHER

15. MAIDEN NAME Montrose

16. BIRTHPLACE (city or town) Mt. Home
(State or country) Idaho

17. INFORMANT Frank E. Carothers
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rosedale Date 12-14, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Jan 3, 1939 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-2-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on 12-1-1938: death is said to have occurred on the date stated above, at 4:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute indigestion	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. L. Proctor M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

R...

STATE OF ...
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN

State File No. 112082

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 188

JAN 9 1939

(If death occurred in a hospital or institution, give its name instead of street and number) (No. 7341)

2. FULL NAME Mattie Drucilla Lupton

(a) Residence No. 1007-13 ave So. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): ~~Divorced~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): 12-4-54

7. AGE — Years: 84 | Months: 1 | Days: 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ill

FATHER

13. NAME: Hm. Thos. Cooper

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: M. Strickland

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Cleveland Lupton Oxford Neb

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Oxford Neb Date: 12-14 1938

19. UNDERTAKER (Address): F. C. Robinson Nampa Ida

20. FILED Dec 14, 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12/12 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-6-, 1938 to 12-12-, 1938.

I last saw her alive on 12-12- 1938.: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance: Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1938.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jannie Mowry, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 112083

Local Registrar's No. 203

2. FULL NAME Robert Ezra Samsel 117a1

(a) Residence No. 312-16th Ave. So Nampa Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-5-1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Tom Samsel

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Lovel

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT Mrs R. E. Samsel
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glendale Date 12-17 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Jan 3, 1939 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-14-1938

22 I HEREBY CERTIFY, That I attended deceased from 12-9-, 1938, to 12-14-, 1938

I last saw h[illegible] alive on 12-14- 1938: death is said to have occurred on the date stated above, at 1120 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stomach Hemorrhage	30 hours

Other contributory causes of importance:

Stomach Ulcer	2 Mo

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No Clinical

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. C. Bellman M.D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112084

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 204
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benton James Brown 37

(a) Residence No. Nampa, Ida, 216-4th Ave So, St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-9-1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officer of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Enforcement
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) La Mars
(State or country) Arkansas

MOTHER FATHER

13. NAME J. M. Brown
14. BIRTHPLACE (city or town) .....
(State or country) Kentucky
15. MAIDEN NAME Susan
16. BIRTHPLACE (city or town) .....
(State or country) Kentucky

17. INFORMANT Mrs B E Brown
(Address) Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Cloverdale Date 12-18, 1938
Boise Ida

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Jan 3, 1939 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-15 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-1, 1938, to 12-15, 1938
I last saw him alive on 12-15 1938: death is said to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute angina Pectoris	
Other contributory causes of importance:	
Septic sore throat	

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace P Belknap M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112065

JAN 7 1939

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 134

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Caldwell Sanitarium) 664

2. FULL NAME Jonas Slocum Bazzoon

(a) Residence No. Parma St. Idaho R.D. #2
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Bazzoon

6. DATE OF BIRTH (month, day, and year) 7-16-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilkesbarre (State or country) Pennsylvania

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frances Smith (Address) Parma Ida

18. BURIAL, CREMATION OR REMOVAL Place Forest Rose Cem. Date 12-20, 1938

19. UNDERTAKER C. O. Pickham (Address) Caldwell Ida

20. FILED 12-31, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/17 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1938, to Dec 17, 1938

I last saw h[illegible] alive on Dec 17 1938: death is said to have occurred on the date stated above, at 2-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic adenoma thyroid	1935
Bilateral bronchopneumonia	Dec 38
Myocardial failure	Dec 38

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm B Hansford, M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112086

Registration District No.

Primary Registration District No. 1005, Local Registrar's No. 135

(No. Caldwell Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number)

95b2

2. FULL NAME Carrie Brown

(a) Residence No. Caldwell Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Charles Brown

6. DATE OF BIRTH (month, day, and year) 10/27/1860

7. AGE — Years: 58 | Months: 1 | Days: 21 | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mogdale Iowa

MOTHER

13. NAME Martin L Ross

14. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

15. MAIDEN NAME Nancie Kaycoat

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT Chas Brown (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 12-22-1938

19. UNDERTAKER Pickham (Address) Caldwell Ida

20. FILED 12-30-1938 Mrs. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/18/1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1938, to Dec 18, 1938

I last saw h— alive on Dec 18 1938; death is said to have occurred on the date stated above, at 3.8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	1934
Apoplexy	Dec 14-38

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Wm R Sanford, M. D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Coltzer

PLACE OF DEATH

County of Canyon

City of Nampa

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112087

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 191

(No.) Samaritan Hospital Nampa

(If death occurred in a hospital or institution, give its name instead of street and number)

121 a

2. FULL NAME Elma Madalyn Moore

(a) Residence. No. Homedale St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 4 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Homedale Idaho

FATHER

13. NAME Herschel B Moore

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Ora Elyda Counsil

16. BIRTHPLACE (city or town) (State or country) Nacoma Kansas

17. INFORMANT Herschel B. Moore

(Address) Homedale Idaho

18. BURIAL, CREMATION, OR REMOVAL Caldwell Idaho

Place Canyon Hill Cem. Date 1-12 1939

19. UNDERTAKER Vern Peckham

(Address) Caldwell Idaho

20. FILED Jan 2, 1939 Lyda Rodgers

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/18 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1938, to Dec 18, 1938

I last saw h.e.r alive on Dec 18, 1938: death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Dec 15
Subphrenic abscess	Dec 11
Appendicitis	Dec 11

Other contributory causes of importance:

Epilepsy	since Childhood
Obesity	

Name of operation Laparotomy & Drainage Date of Dec 15/38

What test confirmed diagnosis? Op., Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. Saltzer M. D.

(Address) Homedale Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112088

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 194

JAN 9 1939

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Evans 1862

(a) Residence No. 1623 - 3rd St. No. - St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Lue Ida Evans

6. DATE OF BIRTH (month, day, and year) Aug. 18 1875

7. AGE: Years 63 | Months 4 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Josephus Evans
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Nanny Potter
16. BIRTHPLACE (city or town) (State or country) Mo. -

17. INFORMANT Mrs. Fred Evans
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Fowler Cemetery Date 12-23, 1938

19. UNDERTAKER Keith Talley
(Address) Nampa Ida

20. FILED Jan. 2, 1939 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-20 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1938, to 12-20, 1938.
I last saw h in alive on 12-20 1938: death is said to have occurred on the date stated above, at 10:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	10 minutes

Other **contributory causes** of importance:

Injury to hip	12-23-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 12-23-38 193.....
Where did injury occur? Nampa Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Emergency
Manner of injury Caused by horse
Nature of injury Injury to hip

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Gilbaugh, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112085

County of Canyon
City of Caldwell

JAN 7 1939

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 137
(No. 1006 Denver)
(If death occurred in a hospital or institution, give its name instead of street and number) 92a

2. FULL NAME Jacob Grant Gard
(a) Residence No. 1006 Denver St. Caldwell Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. Color or Race W
5. Single, Married, Widowed or Divorced (write) Married
If married, widowed, or divorced
5a. HUSBAND of (or) WIFE of Gertrude Gard
6. DATE OF BIRTH (month, day, and year) 10/7/1858
7. AGE Years 70 Months 2 Days 14 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gallipolis
(State or country) Ohio

FATHER
13. NAME Jacob Gard
14. BIRTHPLACE (city or town) —
(State or country) Ohio

MOTHER
15. MAIDEN NAME Hildreth
16. BIRTHPLACE (city or town) —
(State or country) Ohio

17. INFORMANT Mrs. E. Gard
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Canyon Hill Cem. Date 1/23, 1939

19. UNDERTAKER J. V. Jenkins
(Address) Caldwell Ida

20. FILED 1-5, 1939 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/20 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/10 1938, to 12/20 1938
I last saw him alive on 12/20 1938; death is said to have occurred on the date stated above, at 6:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	11/10/38
Other contributory causes of importance: Chronic Valvular Heart Disease	15 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A. J. Newberry, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112090

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 193

JAN 9 1939

(No. Mercy Hospital) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna F. Eshelman

(a) Residence No. Route #4 Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Eshelman

6. DATE OF BIRTH (month, day, and year) May 30 1877

7. AGE: Years 61 | Months 6 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Adair Co. - Iowa

FATHER
13. NAME Robert M. Clayton
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Mary E. Yeakes
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Henry Eshelman (Address) Nampa Route #4

18. BURIAL, CREMATION OR REMOVAL Riverdale Date 12/23, 1938

19. UNDERTAKER Neil Talley (Address) Nampa Idaho

20. FILED Jan 2, 1939 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/20 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-19, 1938, to 12-20, 1938
I last saw h[illegible] alive on 12-19- 1938: death is said to have occurred on the date stated above, at 12:45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-12-38

Other **contributory causes** of importance: Cystitis & Chronic Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Nampa Ida

PLACE OF DEATH
County of Canyon
City of Nampa,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112091

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 195

JAN 9 1939

(No. 423-16th Ave So.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95½

2. FULL NAME O. Henry Jacobson

(a) Residence No. Route #2- Nampa St.
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. (If nonresident give city or town and state) 60 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Jacobson

6. DATE OF BIRTH (month, day, and year) Dec. 29 1847

7. AGE: Years 90 | Months 11 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME O. Jacobson
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT N. Anderson
(Address) Nampa Route #2

18. BURIAL, CREMATION OR REMOVAL
Place Interlawn Date 1/22, 1938

19. UNDERTAKER Heath Talley
(Address) Nampa Ida

20. FILED Jan 2, 1939 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-20-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938, to Dec 20, 1938
I last saw h in alive on 12-19- 1938: death is said to have occurred on the date stated above, at 1:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Dimile dementia	

Other **contributory causes** of importance:

Arteriosclerosis Hypertension	10 years

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. P. Billman M.D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112092

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 207

JAN 9 1939

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theodore Simanek

(a) Residence No. Kuna, Idaho Rt #1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-11-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Ben Simanek

14. BIRTHPLACE (city or town) Oregon
(State or country)

MOTHER

15. MAIDEN NAME Kadhame

16. BIRTHPLACE (city or town) deceased Parents
(State or country)

17. INFORMANT Ben Simanek
(Address) Kuna, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 12-22 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED Jan 3, 1939 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-20 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-20-, 1938, to 12-20-, 1938

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 8 30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral injury; probably a hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-20-38
193.....
Where did injury occur? Home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Fell off table & struck on head.
Nature of injury Cerebral injury.

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A Swayne M. D.
(Address) Nampa, Idaho

5

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112093

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 206

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 169

2. FULL NAME Blanche Grace Welch

(a) Residence No. Nampa Ida. 320-20 ave So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-24-99

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingchester Idaho

FATHER

13. NAME J. T. Eubanks

14. BIRTHPLACE (city or town) (State or country) Ark.

MOTHER

15. MAIDEN NAME Susie Viola King

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) John Welch Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 12-22, 1938

19. UNDERTAKER F. C. Robinson
(Address) Nampa Ida.

20. FILED Jan. 3, 1939 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-20 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 21 1938, to 12-20, 1938

I last saw her alive on 12-20 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-21-38

Other **contributory causes** of importance:

Acute Nephritis	12-1-38
Chronic Myocarditis	1936

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Boswell, M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell
RECEIVED JAN 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112094

Registration District No. 2007
Primary Registration District No. 3 Local Registrar's No. 123

(No. at home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sylvania Berry 1196

(a) Residence No. Parma Idaho Rt St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 16 1938

7. AGE: Years 0 | Months 0 | Days 5 | If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parma
(State or country) Idaho

FATHER

13. NAME Clerance Berry
14. BIRTHPLACE (city or town) Rodtery
(State or country) Oklahoma

MOTHER

15. MAIDEN NAME Bernice Hardisson
16. BIRTHPLACE (city or town) Gate
(State or country) Oklahoma

17. INFORMANT C. G. Berry
(Address) Parma Rt 4

18. BURIAL, CREMATION OR REMOVAL
Place Interstate Heights Date Dec 22, 1938

19. UNDERTAKER C. V. Parkinson
(Address) Caldwell Idaho

20. FILED Dec 31, 1938 Mrs Alice Rose
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 21 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__

I last saw h__ alive on ____ 193__: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dont believe in doctors. Said Baby had intestinale flue. It was a full Term Baby. Seemed normal last Tuesday Sick one week.	
Other ~~contributory causes~~ of importance:	
They report they lost 2 others in the same way.	

Name of operation none Date of ____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Mrs Alice Rose Registrar ~~M. D.~~
(Address Parma, Ida. Dist # 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa,
R...

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11205

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 196
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm Edgar Palmer 9321

(a) Residence No. 319 13th Ave No. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nettie Palmer

6. DATE OF BIRTH (month, day, and year) Oct. 27, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. employee
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Bill Palmer
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Nettie Palmer
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashlawn Date 12/23, 1938

19. UNDERTAKER South Valley
(Address) Nampa, Idaho.

20. FILED Jan. 2, 1939 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/21 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-19-, 1938, to 12-21-, 1938
I last saw him alive on 12-20 1938: death is said to have occurred on the date stated above, at 4.53 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance: Chronic Arthritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel D. Swaney M. D.
(Address) Nampa, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

(If outside limits of city or village, write "Rural")

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112096

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 208

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

11a

2. FULL NAME Doyle Wayne Hatfield

(a) Residence No. Nampa, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-22-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise Ida
(State or country)

FATHER

13. NAME L. P. Hatfield

14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER

15. MAIDEN NAME Hobbs

16. BIRTHPLACE (city or town)
(State or country) Ark.

17. INFORMANT L. P. Hatfield
(Address) Nampa Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Nampa Idaho Date 1-2-27 1939

19. UNDERTAKER F. E. O. Robinson
(Address) Nampa Idaho

20. FILED Jan 3, 1939 Lydea Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1-2-1939

22 I HEREBY CERTIFY, That I attended deceased from 12-20, 1938, to 1-2-39, 1939

I last saw him alive on 1-2-39, 1939; death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,	
Else bronchial.	
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ronald Welborn M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11209

Registration District No. 1

Primary Registration District No. 1 05

Local Registrar's No. 138

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME George A. Dietrick

(a) Residence No. 123 St. Caldwell

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Dietrick

6. DATE OF BIRTH (month, day and year): Feb 5 1858

7. AGE: Years 79 Months 10 Days 20 If LESS than day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Osceola (State or country) Iowa

FATHER

13. NAME Joseph Dietrick

14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER

15. MAIDEN NAME Martha Shearer

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Geo. H. Dietrick Homedale, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date 12/28, 1938

19. UNDERTAKER (Address) E. D. Beckham Caldwell Idaho

20. FILED 12/28, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/25/1938

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1938 to 12/25 1938

I last saw h[illegible] alive on 12/25 1938, death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/20

EXAMINE

Other contributory causes of importance?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. M. Cox M.D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112058

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 209
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minna J. Dunnuck 87a
(a) Residence No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Parlor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mfr.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Peter J. Nichols
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Kuffuke
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT W. A. Dunnuck
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho Date 12-28, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Jan 3, 1939 Hyde L. Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-25-1938

22 I HEREBY CERTIFY, That I attended deceased from 11-28-, 1937, to 12-25-, 1938

I last saw h[illegible] alive on 12-24-1938: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-28-37

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. B. Williams M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1120

County of Canyon
City of Caldwell
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 12

RECEIVED
JAN 9 1939

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion Franklin Evans

(a) Residence No. Star
(Usual place of abode) St. Idaho
(If nonresident, give city or town, and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Anna Evans

6. DATE OF BIRTH (month, day, and year): April 26 1866

7. AGE: Years 72; Months 8; Days 4; If LESS than 1 day, hrs. min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Blacksmith
10. Date deceased last worked at this occupation (mo. and yr.): 14
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) Palmyra
(State or country) Nebraska

FATHER
13. NAME Oscar M. Evans
14. BIRTHPLACE (city or town)
(State or country) Not Known

MOTHER
15. MAIDEN NAME Emma [illegible]
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT [illegible]
(Address) 2813 Cleveland Boulevard

18. BURIAL, CREMATION OR REMOVAL
Place Star Date Dec. 29 1938

19. UNDERTAKER C. V. E. Thom
(Address) Caldwell Idaho

20. FILED Jan 2, 1939 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 26 38

22. I HEREBY CERTIFY, That I attended deceased from April 4 193[illegible] to April 6 193[illegible]
I last saw him alive on April 6 193[illegible] death is said to have occurred on the date stated above, at 6:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
EXAMPLE	
The PRINCIPAL CAUSE OF DEATH and Date of onset	
Other related causes	
After-conditions	1912
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5 1927
Uremia, Several	Several days
Stroke	Several hours
Other contributory causes of importance	
Kidney impairment	1912

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hans J. Fikker, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1121

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 156

(No. 615 Cleveland Blvd)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Redway

(a) Residence No. 615 Cleveland Blvd City Caldwell Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. H. Redway

6. DATE OF BIRTH (month, day, and year) May 21 1860

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	78	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer's Wife

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Dayton (State or country) Oregon

FATHER

13. NAME Byron Jacobus

14. BIRTHPLACE (city or town) Penn (State or country)

MOTHER

15. MAIDEN NAME Mary Ellen Parker

16. BIRTHPLACE (city or town) Loyal (State or country) Ind.

17. INFORMANT ... (Address) W. H. Redway

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 12-30-, 1938

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 12-29, 1938 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-26-1938

22 I HEREBY CERTIFY, That I attended deceased from June, 193 5 to Dec 26, 1938

I last saw h.e.r alive on Dec 26 1938 death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast with metastasis to lumbar spine and right lung	about 1933
Other contributory causes of importance:	

Name of operation Mastectomy Date of 1934
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 193...

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) [illegible] M. D.

(Address Caldwell Ida)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11210

County of Canyon
City of Nampa
RECEIVED
JAN 9 1939

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 197
(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

131

2. FULL NAME Clara Ann Shane

(a) Residence No. 915 - 14 Ave So. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Shane

6. DATE OF BIRTH (month, day, and year) Oct 25 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	2	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Gaston Ore.
(State or country)

FATHER
13. NAME James Allen Brooks
14. BIRTHPLACE (city or town) Bangor
(State or country) Maine

MOTHER
15. MAIDEN NAME Sarah Jane Patton
16. BIRTHPLACE (city or town) Terre Haute
(State or country) Ind.

17. INFORMANT Mrs. E. LaRoama
(Address) Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Calvary - Date 12/28, 1938

19. UNDERTAKER Weitz Fatley
(Address) Nampa, Ida.

20. FILED Jan. 2, 1939 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/26/1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to Dec 26, 1938
I last saw her alive on 12-26 1938: death is said to have occurred on the date stated above, at 9:20 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Cebronic Nephritis.	
Arterio sclerosis.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A Swayne, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112106

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 189
(No. ~)

JAN 9 1939

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna L. Anderson 96

(a) Residence No. 515 - 6th & South St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M. J. Anderson

6. DATE OF BIRTH (month, day, and year) 2/12/66

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER FATHER

13. NAME Lawrence

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT M. J. Anderson
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co. Date Dec 31, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Dec 31, 1938 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 1-1-, 1938, to 12-31, 1938

I last saw h-e alive on 12-25 1938: death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of abdominal Aorta.	12-20-35

Other contributory causes of importance:

Hypertension	5 Yrs
Myocarditis	5 Yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Horton, M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

RECEIVED JAN 7 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112103

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 139
(No. Memorial Park. death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emmett Roy Gates 187a

(a) Residence. No. Caldwell - Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-1-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	2	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Franklin Co~~ Ill. Douglas Co.

FATHER
13. NAME James Robert Gates
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Savana M Allison
16. BIRTHPLACE (city or town) (State or country) Gallia Co Ohio

17. INFORMANT (Address) F. Gates Caldwell Rt 3

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 1-3, 1939

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 1-, 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-31 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/1/25, 19~~38~~, to 1/1/31, 1938
I last saw him alive on 12/30, 1938, and death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. A. Needham, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112104

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 212
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Albert Peterman 9301

(a) Residence No. 5 Miles East Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mrs. Ella Peterman

6. DATE OF BIRTH (month, day, and year) Dec 18 1871

7. AGE: Years 67 | Months — | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cherokee County (State or country) Iowa

FATHER
13. NAME W. W. Peterman
14. BIRTHPLACE (city or town) Indiana (State or country)

MOTHER
15. MAIDEN NAME Emma Cummings
16. BIRTHPLACE (city or town) Ill. (State or country)

17. INFORMANT Mrs. Ella Peterman (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kohlerlawn Date Jan. 4, 1939

19. UNDERTAKER Wm. F. Faller (Address) Nampa Idaho

20. FILED Jan 6, 1939 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/31 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-29, 1937, to 12-31, 1938
I last saw him alive on 12-18 1939: death is said to have occurred on the date stated above, at 6:35 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1936

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Horton, M. D.
(Address) Nampa Idaho

Ada Co. #

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11210

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 210

JAN 9 1939

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Josephine Marks

(a) Residence No. Roland Add. 1 Caldwell Blvd St.
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. F. Marks
6. DATE OF BIRTH (month, day, and year): March 31 1864
7. AGE: Years 74 | Months 9 | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Leavenworth Kansas

FATHER
13. NAME: Jackson Gill
14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER
15. MAIDEN NAME: Mary Jane Grimes
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Herbert Marks - Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kattenlawn Date Jan. 3, 1939

19. UNDERTAKER (Address): Geo. D. Talley Nampa Idaho

20. FILED Jan. 6, 1939 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12/31/1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938, to Dec 31, 1938
I last saw h[illegible] alive on 12/31/38: death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute edema Lung	
Complicating Chronic Nephritis	

Other contributory causes of importance:

Lobar pneumonia (probable)	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Wilson, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112106

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 46

(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

49a

2. FULL NAME PETRA O. GATES

(a) Residence. No. Soda Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Eugene E. Gates

6. DATE OF BIRTH (month, day, and year) March 4th, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ~~State~~ BORNHOLM.
(State or country) Denmark

MOTHER FATHER

13. NAME James Petersen

14. BIRTHPLACE (city or town) Bornholm
(State or country) Denmark

15. MAIDEN NAME OLIVE KRISTINE KOFOED

16. BIRTHPLACE (city or town) BORNHOLM
(State or country) Denmark

17. INFORMANT Eugene E. Gates
(Address) Soda Springs, Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place. Smithfield, Utah Date. 12/16, 1938

19. UNDERTAKER E. S. Whitman
(Address) Soda Springs, Idaho.

20. FILED 12/14/38 D. Russell Tyler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/13 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 12/13/38, 193...
I last saw her alive on 12/13/38, 193...; death is said to have occurred on the date stated above, at 7.05 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with generalized metastasis	July 1 '35

Other contributory causes of importance:

12-6-35

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Conda

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11210?

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 45

(No. 114 C)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Jerman

(a) Residence. No. Conda, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Danuel Jerman

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	10	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Samuel Egbert

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Margaret Beckstead

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs. Susana M. Joseph Conda, Ida

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Grace, Ida Date 12-17 1938

19. UNDERTAKER (Address) E.D. Whitman, Soda Springs, I

20. FILED 12-14 1938 Dr. Russell Egan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/14/38 193

22. I HEREBY CERTIFY, That I attended deceased from 12/11/38, 193..., to 12/14/38, 193...
I last saw her alive on 12/11/38, 193... P.M. Death is said to have occurred on the date stated above, at 3:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Other contributory causes of importance: Don't know of any	

0
Name of operation ..... Date of .....
Hemorrhage
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ellis Kackley Kackley M. D.
(Address) Soda Springs, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112108

Registration District No. 8

Primary Registration District No. 7159 Local Registrar's No. (2) 47

(No. Caribou C. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1. FULL NAME Minerva Heyrend Caribou C. Hospital 54b

(a) Residence. No. 168 Park, St. Pocatello, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fe	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel Heyrend

6. DATE OF BIRTH (month, day, and year) Oct. 21, 1904

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
34	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Salt Lake City, Utah

FATHER

13. NAME Charles Walter Krogh

14. BIRTHPLACE (city or town). (State or country) Denmark

MOTHER

15. MAIDEN NAME Zina Louise Nelson

16. BIRTHPLACE (city or town). (State or country) Utah

17. INFORMANT (Address) Daniel Heyrend Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Salt Lake City Date 12-16 193[illegible]

19. UNDERTAKER (Address) Blumenthall Mortuary Salt Lake City, Utah

20. FILED 12-17 193[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/15 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/10/38, 193..., to 12/15/38, 193...

I last saw ~~or~~ alive on 12/15, 193.8: death is said to have occurred on the date stated above, at 6:54 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of bowel	
Other contributory causes of importance:	
Fibroid uterus	
	38

Name of operation Hysterectomy Date of 12/11/

What test confirmed diagnosis? physical examination Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ellis Kackley, M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of CARIBOU
City of SODA SPRINGS
IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11210

Registration District No. 8 r
Primary Registration District No. 7159
Local Registrar's No. 48
(No. Caribou Co Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Tillman George 11742

(a) Residence No. Hammett, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Grace Beatrice George

6. DATE OF BIRTH (month, day, and year) Sep. 6, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Station Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 12/6/38
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Mayfield, Kentucky
(State or country)

FATHER

13. NAME Joseph George
14. BIRTHPLACE (city or town) Kentucky
(State or country)

MOTHER

15. MAIDEN NAME Sarah McGuire
16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMANT Grace Beatrice George, Wife
(Address) Hammett, Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Glenns Ferry, Ida. Date Dec. 20 1938

19. UNDERTAKER E. D. Whitman E. D. Whitman
(Address) Soda Springs, Idaho

20. FILED 12-18, 1938 Dr. Russell Tegner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/18 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/8, 1938, to 12/18, 1938
I last saw h~~i~~m alive on 12/18 1938: death is said to have occurred on the date stated above, at 2:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Ulcer (Vicious Cycle)	
Other **contributory causes** of importance: Adhesions	

Name of operation Gastroenterostomy Date of 12/9/38
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Clyde Kay Gay, M. D.
(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Caribou

City of Soda Springs

JAN 3 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112110

Registration District No. 87

Primary Registration District No. 7159 Local Registrar's No. 49

(No. Soda Springs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

66

2. FULL NAME Iola Williams Gillett

(a) Residence. No. Conda, Idaho. St. Conda, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 days yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Wife of Kenneth Gillett

6. DATE OF BIRTH (month, day and year): September 14, 1912.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Grace, Idaho.

FATHER

13. NAME: John Williams

14. BIRTHPLACE (city or town) (State or country): Wellsville, Utah.

MOTHER

15. MAIDEN NAME: Margaret Green

16. BIRTHPLACE (city or town) (State or country): Wellsville, Utah.

17. INFORMANT (Address): John Williams Grace, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Grace, Idaho. Date Dec. 28, 1938.

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 27, 1938. [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 25, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1938, to Dec. 25, 1938

I last saw h~~e~~ alive on Dec 25, 1938 death is said to have occurred on the date stated above, at 10 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism (Carcinomatosis)	about 2 years
Other contributory causes of importance: Cardiac failure.	Dec. 14 1938

Name of operation Thyroidectomy Date of 12-24-38

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dean M. MacKay M. D.
(Address) Soda Springs, Idaho.

PLACE OF DEATH
City of Cassia
County of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11211

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 99

JAN 1 1939

(No. at home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Grimes Boden 9562

(a) Residence No. 112 - Da Albi - Burley St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F
4. Color or Race W
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest Boden

6. DATE OF BIRTH (month, day, and year) June 30 1885

7. AGE Years 53 Months 5 Days 9 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Oskaloosa
(State or country) Iowa

FATHER
13. NAME M D Grimes
14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER
15. MAIDEN NAME Mary Colver
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Ernest Boden
(Address) 112 - Da Albi - Burley Id

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 1-3-, 1939

19. UNDERTAKER C A Jayne
(Address) Burley

20. FILED Dec 12, 1938 Laura E Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-9 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1938, to Dec 9, 1938
I last saw her alive on Dec 9 1938: death is said to have occurred on the date stated above, at 7:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Disease	Dec 9-1938
Other **contributory causes** of importance:	
Hypertension	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Mary E Jones, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. E... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp... tion on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley
RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11211 2

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 100
(No. at home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma E. Sinclair
(a) Residence No. Burley Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F
4. Color or Race W
5. Single, Married, Widowed or Divorced (write the word) Widowed
5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Jas. F. Sinclair
6. DATE OF BIRTH (month, day, and year) Nov. 7th 1863
7. AGE Years 75 Months 1 Days 3 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 5 6

12. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

FATHER
13. NAME Richard H. Ashby
14. BIRTHPLACE (city or town) Salem (State or country) Mass.

MOTHER
15. MAIDEN NAME Estes ann Bushee
16. BIRTHPLACE (city or town) Ky (State or country)

17. INFORMANT J. F. Sinclair (Address) Burley
18. BURIAL, CREMATION OR REMOVAL Place Burley Date 12-12-1938
19. UNDERTAKER J. F. Sinclair (Address) Burley
20. FILED Dec 12, 1938 Laura E. Thacker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-9-1938
22 I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Dec. 9, 1938
I last saw her alive on Nov. 15 1938: death is said to have occurred on the date stated above, at 7:30 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec. 1937

Other **contributory causes** of importance:

Arteriosclerosis	—

Name of operation ~ Date of
What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify
(Signed) L. M. Dilley, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112113

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 102

(No. at home in Burley)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Caroline Adams Cramer

(a) Residence No. Burley St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo Cramer

6. DATE OF BIRTH (month, day, and year) Oct. 10 1860

7. AGE Years 78 Months 2 Days 18 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME John Adams

14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER

15. MAIDEN NAME Mary Caswell

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT Arthur Cramer (Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 1-1, 1939

19. UNDERTAKER L. A. Thayne (Address) Burley

20. FILED Dec 31, 1938 Laura D Strother Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to Dec 28, 1938

I last saw her alive on Dec 28 1938: death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Dec 26-1938
Other contributory causes of importance:	
Strangulated Hernia	Dec 15-1938

Name of operation None Date of

What test confirmed diagnosis Surgical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd T Dean, M. D.

(Address Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Declo
RE

JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112114

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 103

(No. Cabins Public House)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Brewster 93c

(a) Residence No. Rupert St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nettie L. Brewster 1st

6. DATE OF BIRTH (month, day, and year) Oct 24-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	2	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wellsville Utah
(State or country)

FATHER
13. NAME Thomas W. Brewster
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Sarah Crooks
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs Eldridge Harris
(Address) Declo

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date Jan 9, 1939

19. UNDERTAKER Bailey & Spencer
(Address)

20. FILED Dec 30, 1938 Laura E. Brocker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-28-1938

22 I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to Dec. 28, 1938.
I last saw him alive on Dec. 20 1938.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paraplegia from	
Arteriosclerosis	
Myocarditis	

Other contributory causes of importance:

Arterio-sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Elmore, M. D.
(Address) Rupert, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

JAN 5 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11211

Registration District No. 117

Primary Registration District No. 2170

Local Registrar's No. 104

(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

181

2. FULL NAME Lois Charlene Montoya.

(a) Residence No. Burley St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 9-1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley (State or country) Ida

FATHER

13. NAME Abram Montoya

14. BIRTHPLACE (city or town) Ignacio (State or country) Col.

MOTHER

15. MAIDEN NAME Opal Case.

16. BIRTHPLACE (city or town) Mt. Pleasant (State or country) Utah.

17. INFORMANT Abram Montoya. (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Burley. Date Jan 2, 1939

19. UNDERTAKER J. A. Payne (Address) Burley Idaho

20. FILED Dec 30, 1938 Laura M. Schocher Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/30 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-26-, 1938, to 12-30, 1938

I last saw h[illegible] alive on 12-29 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Burn of 1/2 surface of body	11-26-38

Other **contributory causes** of importance:

absorption of toxins	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, ~~suicide, or homicide~~? Accident Date of injury 11-26, 1938

Where did injury occur? Burley Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** in home. Bonfire

Manner of injury dress caught fire pant

Nature of injury severe Burns.

24 Was disease or injury in any way related to occupation of deceased? no If so, (specify)

(Signed) J. A. Payne, M. D.

(Address) Burley, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112122

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 109
(No Orofino Idaho Route 3) At Home
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Sheridan Lutes 8201

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Lou Lutes

6. DATE OF BIRTH (month, day, and year) May 19 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	8	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Work
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kirksville
(State or country) Missouri

FATHER
13. NAME Jacob Lutes
14. BIRTHPLACE (city or town)
(State or country) W. V.

MOTHER
15. MAIDEN NAME Martha Lee
16. BIRTHPLACE (city or town)
(State or country) Unascertained

17. INFORMANT Harold Lutes
(Address) Orofino Ida R. 3.

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Ida Date 11-25, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 12/7, 1938 W. A. Shane
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-22 1938

22 I HEREBY CERTIFY, That I attended deceased from November 16 1938, to Saw him only once 1938
I last saw him alive on 11-16 1938: death is said to have occurred on the date stated above, at 2 0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	11-15-38
Other contributory causes of importance:	
Influenza. 1918	1918
Senility —	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193 ✓
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) D. H. Robertson M. D.
(Address) Orofino—Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11212

JAN 3 1939

Registration District No. 96
Primary Registration District No. 2187 Local Registrar's No. 107
(No. OROFINO HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MRS. MARY VIGUE 48

(a) Residence No. Orofino Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William VIGUE

6. DATE OF BIRTH (month, day, and year) Jan. 1st 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	11mo	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (mo. and yr.) 5 yrs ago

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Marientte
(State or country) Wisconsin

FATHER

13. NAME BILL EGAN

14. BIRTHPLACE (city or town) -----
(State or country) Canada

MOTHER

15. MAIDEN NAME --- Wines

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mrs Ida Lahaner
(Address) Medwish

18. BURIAL, CREMATION OR REMOVAL
Place Orofino, Ida Date Dec 3rd 1938

19. UNDERTAKER BLAKE FUNERAL HOME
(Address) Orofino, Idaho

20. FILED 12/3, 1938 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/1 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to Dec. 1, 1938

I last saw her alive on Dec 1 1938; death is said to have occurred on the date stated above, at 10 a.m. p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder & uterus	1935
Other **contributory causes** of importance:	

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. J. Hoffman, M. D.
(Address Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11212

Registration District No. 96
Primary Registration District No. 2167 Local Registrar's No. 108
(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur R. Carruthers
(a) Residence No. St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wh	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	6	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canada
(State or country)

FATHER
13. NAME Robt Carruthers
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME M Kingdom
16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Margaret Carruthers
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Pleasman Date 12/7, 1935

19. UNDERTAKER H. A. Steele
(Address)

20. FILED 12/6, 1935 H. A. Steele
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/5-1935

22 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1935, to Dec 5, 1935
I last saw him alive on Dec 5 1935; death is said to have occurred on the date stated above, at 2.40 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Blood Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harland Kahler M. D.
(Address Orofino

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

RECEIVED JAN 3 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112125

Registration District No. 96
Primary Registration District No. 2167
Local Registrar's No. 111

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number) 23a

2. FULL NAME Chester Davis

(a) Residence No. 1425 4th Street St. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. 2 mos. 11 ds. 24 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-17-1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unasc.
10. Date deceased last worked at this occupation (mo. and yr.) Unasc.
11. Total time (years) spent in this occupation Unasc.

12. BIRTHPLACE (city or town) Viola
(State or country) Idaho

FATHER
13. NAME Arthur Davis
14. BIRTHPLACE (city or town) Kansas City
(State or country) Missouri

MOTHER
15. MAIDEN NAME Addie Robertson
16. BIRTHPLACE (city or town) Palouse
(State or country) Washington

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Hospital Cemetery Date December 7, 1938

19. UNDERTAKER Fred A. Billberry
(Address) State Hospital-Orofino, Idaho

20. FILED 12/9, 1938 W. A. Shideler
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/5 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1935 193 , to Dec. 5, 193 8
I last saw him alive on Dec. 5 193 8: death is said to have occurred on the date stated above, at 8:55p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 mo. ago
Other contributory causes of importance:	
Dementia Praecox	3 years ago

Name of operation ..... Date of .....
What test confirmed diagnosis? clin- Was there an autopsy? no ical

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state .....

(Signed) John Irvine McKelvey M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112126

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 113
(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agalmar Peterson 75a

(a) Residence No. Orofino Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 15-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood work.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Arron Peterson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME unascertained
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT David Peterson
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Ida. Date 12-17, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho.

20. FILED 12/16, 1938 W. A. Hearn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-13 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193...: death is said to have occurred on the date stated above, at about 1045 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Wayne L. Morris Coroner M. D.
(Address) Orofino Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112127

Registration District No. 96
Primary Registration District No. 2157 Local Registrar's No. 114

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Edmond Randolph Oxley

(a) Residence No. ... St. Murray, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Winnie Oxley

6. DATE OF BIRTH (month, day, and year) 10-7-1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unasc.
10. Date deceased last worked at this occupation (mo. and yr.) Unasc.
11. Total time (years) spent in this occupation Unasc.

12. BIRTHPLACE (city or town) Marion
(State or country) Iowa

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Unas.
(State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unas.
(State or country)

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hallgas Date 12/22, 1938

19. UNDERTAKER H. A. Olsen
(Address)

20. FILED 12/21, 1938 H. A. Olsen
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/21 1938

22 I HEREBY CERTIFY, That I attended deceased from December 6, 1938, to December 21, 1938
I last saw him alive on Dec. 21 1938: death is said to have occurred on the date stated above, at 1:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 Mo. ago
Other contributory causes of importance:	
Gen. Arteriosclerosis	10 yrs. ago
Senile Psychosis	6 Mo.

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? No If so, ...
(Signed) John Lawrence Kelleway M. D.
(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112126

JAN 3 1939

Registration District No. 96
Primary Registration District No. 2657 Local Registrar's No. 116
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 46c

2. FULL NAME Frank Lassley

(a) Residence No. Grangemont, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): 1872

7. AGE: Years 66 | Months | Days | If LESS than 1 day ..... hrs. ..... min.
(exact* date unknown)

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (mo. and yr.): 6 mo. ago
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town): Unknown
(State or country): Poland

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town): Unknown
(State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town): Unknown
(State or country): Unknown

17. INFORMANT (Address): Joseph Attard Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Dec. 27, 1938

19. UNDERTAKER: BLAKE FUNERAL HOME
(Address): Orofino, Idaho

20. FILED 12/27, 1938 H. A. Shearer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12/23 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1938, to 12/23, 1938
I last saw h. alive on 12/22 1938: death is said to have occurred on the date stated above, at 5:30a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	1937

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. J. Hoffgren, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11212

Registration District No. 70

Primary Registration District No. 2187 Local Registrar's No. 115

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number) 93c

2. FULL NAME Joseph Frank

(a) Residence No. St. Grangemont, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

6 5-22 52

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Austria-Hungary

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town)
(State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town)
(State or country) Unascertained

17. INFORMANT State Hospital Records
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date 12-24, 1938.

19. UNDERTAKER Fred A. Billberg, Hosp. Attd.
(Address) State Hospital, Orofino, Idaho.

20. FILED 12/27 1938 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/23 1938

22 I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Dec. 23, 1938

I last saw him alive on Dec. 23 1938: death is said to have occurred on the date stated above, at 5:50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 mo. ago
Other contributory causes of importance:	
General Arteriosclerosis	5 yrs.
Senile Psychosis	6 "

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) John Frances McKelvey M. D.

(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Cheerio Cassia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112130

Registration District No. Cassia
Primary Registration District No. 148 Local Registrar's No. 258
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James C Allen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Nilsen.

6. DATE OF BIRTH (month, day, and year) June 29 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine
10. Date deceased last worked at this occupation (mo. and yr.) Nov 1938
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Hyrum Utah

FATHER
13. NAME Ira allen
14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER
15. MAIDEN NAME Cente Benson
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Edwin Allen
(Address) Heon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hyrum Utah Date Dec 7, 1938

19. UNDERTAKER Wood Funeral Home
(Address) Twin Falls

20. FILED Dec 4, 1938 Elma M. Kinney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 1 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 1938; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary	
Thrombosis	
(He was found dead in Cabin at Lunching Camp)	
Other contributory causes of importance:	
(was or was not with him)	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Earle Bystedt Coroner, M. D.
(Address) Charles Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11213i

Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 257

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Charles Luther Kirtley

(a) Residence No. Challis, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Josephine Kirtley

6. DATE OF BIRTH (month, day, and year) 11/22/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Dec 1, 38

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Salmon
(State or country) Idaho.

FATHER

13. NAME James Logan Kirtley

14. BIRTHPLACE (city or town) ..... (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Price

16. BIRTHPLACE (city or town) Parkerburg, (State or country) Virginia

17. INFORMANT W. W. Simonds
(Address) Salmon, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Challis Date Dec 4, 1938

19. UNDERTAKER William C. Loebler
(Address) Salmon, Idaho.

20. FILED Dec 4, 1938 Elsie McKinney
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 1st 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1938, to Oct, 1938
I last saw him alive on Oct 20, 1938: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Sudden
Chronic myocarditis	not known
Chronic nephritis	not k
Arterio sclerosis	
Other **contributory causes** of importance:	
& Lobar pneumonia	May 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Ray M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112132

Registration District No. 7
Primary Registration District No. 2153 Local Registrar's No. 232
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Cordelia Carter

(a) Residence No. ..... Shilly, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Claude M.

6. DATE OF BIRTH (month, day, and year) Oct 11 1875

7. AGE: Years 63 | Months 2 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Utah

FATHER
13. NAME Orrin Clark
14. BIRTHPLACE (city or town) ..... (State or country) Penn.

MOTHER
15. MAIDEN NAME Sarah Gibson
16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT x Claude M Carter
(Address) Shilly - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shilly Date 12/28, 1938

19. UNDERTAKER John M Lee.
(Address)

20. FILED Dec 31 1938 Rose Nowacki
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/25 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/24, 1938, to 12/25, 1938
I last saw h.. alive on 12/25 1938.: death is said to have occurred on the date stated above, at 9 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Few days
Other **contributory causes** of importance: Thyroid Degeneration	Several years

Name of operation ..... Date of .....
What test confirmed diagnosis? Symp. - Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. P. Richards, M. D.
(Address) Macsey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Mackay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11213

1938 Registration District No. 76
Primary Registration District No. 2123 Local Registrar's No. 233
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Douglas John McAffee. 1070

(a) Residence No. Darlington, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: Color White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Oct 11th 1938.
7. AGE — Years: — Months: 2 — Days: 14 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moore. (State or country)

FATHER
13. NAME Harold McAffee
14. BIRTHPLACE (city or town) Utah. (State or country)

MOTHER
15. MAIDEN NAME Vinila Marie King.
16. BIRTHPLACE (city or town) Idaho. (State or country)

17. INFORMANT Harold McAffee (Address) Darlington

18. BURIAL, CREMATION OR REMOVAL
Place Mackay Cemetery Date Dec. 2d, 1938.

19. UNDERTAKER John D. Lee. (Address)

20. FILED Dec. 3, 1938 Rose Nowack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/25/1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3 days
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? Sym. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) F. P. Richards, M. D.
(Address) Mackay, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore.

City of Glenns Ferry

RECEIVED

JAN 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35

Primary Registration District No. 2021

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 112134

Dup - 110541

Local Registrar's No. 46c

2. FULL NAME Lilburn Nobia Heller.

(a) Residence. No. ..... Glenns Ferry Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph P. Heller.

6. DATE OF BIRTH (month, day, and year) Sept. 18 - 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation
1938	

12. BIRTHPLACE (city or town) (State or country) Ark Arkansas

FATHER

13. NAME P. B Butler.

14. BIRTHPLACE (city or town) (State or country) Arkansas.

MOTHER

15. MAIDEN NAME Lillian Scott

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Mrs Anna Cook (Address) Glenns Ferry

18. BURIAL, CREMATION OR REMOVAL Glenns Ferry Ida Date Aug 24 1938

19. UNDERTAKER Zacher Bros (Address) Mountain Home Ida

20. FILED Aug 23, 1938 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 22 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to Aug 22 1938

I last saw h[illegible] alive on Aug 22 1938; death is said to have occurred on the date stated above, at 8 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma gall bladder	Feb 1938
Other contributory causes of importance:	

Name of operation Lapr. Date of June 1938

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W Davis, M. D.

(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112135

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No. 942

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isabel Lucille Hanson

(a) Residence. No. Glenns Ferry St. ..... (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A. Hanson

6. DATE OF BIRTH (month, day, and year) April 19, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clear Lake Idaho

FATHER

13. NAME Samuel G. Briggs

14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME Mary Briggs

16. BIRTHPLACE (city or town) (State or country) Connecticut

17. INFORMANT (Address) Thomas A. Hanson Glenns Ferry Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Glenns Ferry Date Dec. 21 1938

19. UNDERTAKER (Address) Zucker-Bay Funeral Home Mountain Home Idaho

20. FILED 12-20 ..., 1938 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... ←, 193..., to ←, 193...

I last saw h... alive on ←, 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Died without medical attention, presumably	
General Oedema	
Other contributory causes of importance:	
Angina Occlusa	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ←, 19..

Where did injury occur? ← (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ←

Manner of injury ←

Nature of injury ←

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify none

(Signed) Mary L. Sullivan, M.D.

(Address) Registrar of Glenns Ferry

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 11213[illegible]

1. PLACE OF DEATH

County of Elmore — Registration Dist. No. 34

City of Mountain Home — Primary Reg. Dist. No. 2020

(Home, Hospital or Institution) — Local Registrar's No. 20

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 30 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Charles A. Bach

(a) Residence: Mountain Home (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Cora Cranston

6. Date of Birth (Month, day and year): March 9. 1861

7. AGE — Years: 76 | Months: 9 | Days: 12 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Retired Farmer

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year): 1910

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Portage Wisconsin

Father

13. NAME: Rheinholt Bach

14. BIRTHPLACE (City or Town, County and State, or Country): Erfurt Germany

Mother

15. MAIDEN NAME: Barbara Bauer

16. BIRTHPLACE (City or Town, County and State, or Country): Germany

17. SIGNATURE OF INFORMANT: Mrs Charles A. Bach

(Address): Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Mountain View — Date: Dec. 24 1938

19. UNDERTAKER: Zacha-Bay Funeral Home

(Address): Mountain Home Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 27 1938 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/21/38

22. I HEREBY CERTIFY, That I attended deceased from 12/21 1938 to 12/21 1938

I last saw him alive on ~~December 20~~ 1938 — Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Coronary Thrombosis			

Contributory causes of importance not related to principal causes

Arteriosclerosis			

Where was disease first diagnosed? —

Name of operation ____ date of ____

Condition for which performed —

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) [signature] M. D.

(Address) Mountain Home, Ida.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Minkcreek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112137

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 31

JAN 5 1939

(No.) 108
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Barlow Larsen

(a) Residence No. Minkcreek Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minkcreek Id.

FATHER

13. NAME Norman Larsen

14. BIRTHPLACE (city or town) Mink Creek (State or country) Idaho

MOTHER

15. MAIDEN NAME Viola Barlow

16. BIRTHPLACE (city or town) Chesterfield (State or country) Idaho

17. INFORMANT Norman Larsen
(Address) Minkcreek Id.

18. BURIAL, CREMATION OR REMOVAL
Place Minkcreek Date Dec 7, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Jan 5, 1939 C. W. Stalker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 5 1938 193

22 I HEREBY CERTIFY, That I attended deceased from 12-5, 193[illegible], to 12-5, 193[illegible]
I last saw h[illegible] alive on 12-5 193[illegible]: death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-2-38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Cutler, M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Fairview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1121

Registration District No. 27
Primary Registration District No. 219 Local Registrar's No. 32
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion Andrews 1072

(a) Residence No. Fairview St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairview
(State or country) Idaho.

FATHER

13. NAME Calvin Wm. Andrews
14. BIRTHPLACE (city or town) Fairview
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Monona Alice Allen
16. BIRTHPLACE (city or town) Preston
(State or country) Idaho.

17. INFORMANT Alvin W. Andrews
(Address) Preston R2D 1. Box 56

18. BURIAL, CREMATION OR REMOVAL
Place Fairview Date 12-10, 1938

19. UNDERTAKER Richards Mortuary
(Address) Preston Idaho

20. FILED Jan 9, 1939 G. W. Stalo
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-8-1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at 3:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	

Other **contributory causes** of importance:
Bronchial Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ingvard Nodey, M. D.
(Address .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11213

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 33

JAN 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Eliga Allen 20ab

(a) Residence No. Swan Lake Idaho St.
(Usual place of abode) 3 Mo. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 27 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hearder of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sheep
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Cove Utah
(State or country)

FATHER
13. NAME Henry H Allen
14. BIRTHPLACE (city or town) Fort Hariman
(State or country) Utah

MOTHER
15. MAIDEN NAME Elgena Poulsen
16. BIRTHPLACE (city or town) Richmond
(State or country) Ut.

17. INFORMANT Arom Allen
(Address) SwanLake Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Richmond Ut Date Dec 14, 193 8

19. UNDERTAKER M. W. Hendricks
(Address) Preston Id.

20. FILED Jan 8, 1939 G. W. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 8 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-8, 193 8, to 12-8, 193 8
I last saw h..... alive on ..... 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural death	
Cause not known.	12-8-38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... Was special .....
(Signed) A. R. Chesler, M. D.
(Address Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Mink Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11249

Registration District No. 27
Primary Registration District No. 5169
Local Registrar's No. 35

JAN 5 1939

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Maria Hansner

(a) Residence No. Mink Creek St. 97
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. 7 mos. ds. If nonresident give city or town and state 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl Hansner

6. DATE OF BIRTH (month, day, and year) Sept 20, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Snesere Sogn
(State or country) Denmark

FATHER
13. NAME Carl Hansner
14. BIRTHPLACE (city or town) Not Known
(State or country) Denmark

MOTHER
15. MAIDEN NAME Maren Nelson
16. BIRTHPLACE (city or town) not known
(State or country) Denmark

17. INFORMANT Carl Hansner
(Address) Mink Creek, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mink Creek Date 1-7-39

19. UNDERTAKER John M. Ward
(Address) Preston, Idaho

20. FILED Jan 8, 1939 C. W. Stalker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) December 13 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to Dec 13, 1938.
I last saw h.. alive on Nov 30 1938: death is said to have occurred on the date stated above, at 3:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	Nov 1938
Other **contributory causes** of importance:	
General arteriosclerosis	1925

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. K. Quiller, M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112141

JAN 5 1938

Registration District No. 27
Primary Registration District No. 2118
Local Registrar's No. 38

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Georgr Washington Egbert

(a) Residence No. Preston Idaho St.
(Usual place of abode) 2 Years (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Egbert

6. DATE OF BIRTH (month, day, and year) Apr 1 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer untill
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. last two years
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kaysville Utah
(State or country)

FATHER
13. NAME Joseph Egbert
14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER
15. MAIDEN NAME Mary L Taylor
16. BIRTHPLACE (city or town) South
(State or country) Carolina

17. INFORMANT Mrs Sam Evans
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fairview Date Dec 1st, 1938

19. UNDERTAKER M.W. Hendricks
(Address) Preston Idaho

20. FILED Jan 6, 1938 G.W. Stales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1-37, 193 to Dec 15, 1937
I last saw him alive on Dec 15 1937; death is said to have occurred on the date stated above, at 5P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Dec 7th 1937
Other contributory causes of importance: General Arteriosclerosis	1928

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Dec 1, 1937
193
Where did injury occur? His home, Preston
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. Cutler, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Whitney

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11214

RECEIVED JAN 5 1939

Registration District No. 27
Primary Registration District No. 2709 Local Registrar's No. 34
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lula Effie Dalley Winward 59

(a) Residence No. Whitney, Idaho. St. .....
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertie Wm Winward

6. DATE OF BIRTH (month, day, and year) June 9 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Paroawan Utah

FATHER
13. NAME John Edward Dalley
14. BIRTHPLACE (city or town) (State or country) Summit Utah.

MOTHER
15. MAIDEN NAME Lurena Fitzgerald
16. BIRTHPLACE (city or town) (State or country) Draper Utah

17. INFORMANT Thane O Winward
(Address) Whitney, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Whitney Date 1-7-39

19. UNDERTAKER John M Richards
(Address) Preston Idaho.

20. FILED Jan 8, 1939 A. M. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) December 18 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 1934, to 12-18, 1938
I last saw h[illegible] alive on 12-18 1938: death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-10-38

Other contributory causes of importance:

Diabetes Mellitus	1925
General Arterio Sclerosis and Chronic Nephritis	1930

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A. R. Cullen M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112145

JAN 5 1939

Registration District No. 27
Primary Registration District No. 2709 Local Registrar's No. 37
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes Austin Ransom 46 c
(a) Residence No. Cleveland, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 3 Mo. (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. R. Ransom

6. DATE OF BIRTH (month, day, and year) Feb. 17, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Aug. '38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan, Utah
(State or country)

FATHER
13. NAME Wm. Auston
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Agnes McEntire
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT James Ransom
(Address) Cleveland, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cleveland, Ida. Date Dec. 28, 1938

19. UNDERTAKER M. W. Hendricks
(Address) Preston, Idaho

20. FILED Jan 9, 1938 G. W. Stales
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 24 1938

22 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1938 to Dec 24, 1938
I last saw her alive on Dec 24 1938; death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - (Uterus - Cervix)	Don't Know
Myocarditis -	Months

Other contributory causes of importance:

Senile Diabetes	Don't Know
Arthritis	Many years

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

26. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) G. W. Stales M. D.
(Address Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112144

PLACE OF DEATH
County of Fremont
City of Lamont.

RECEIVED
JAN 10 1939

Registration District No. 102
Primary Registration District No. 6 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

23a

2. FULL NAME Fredrick, Daniel, Hill.

(a) Residence. No. Lamont Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married,

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olga, Hill.

6. DATE OF BIRTH (month, day, and year) May 22th 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52.	-	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Fredrick.D. Hill.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Minervia. Blount.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Olga. Hill. Lamont. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Fell Idaho. Date Burial. , 193

19. UNDERTAKER (Address) Lewis Kiser Ashton Idaho.

20. FILED 1-1, 1939 S. Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/27th 1938.

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to May 27, 1938.

I last saw him alive on May 16, 1938; death is said to have occurred on the date stated above, at 2.30 a. m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	Several years ago
Asthenia	
Other contributory causes of importance:	
Fibroid Phthisis	Years ago

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Former glass blower

(Signed) H. R. Rowe, M. D.

(Address) Driggs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Big Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112145

RECEIVED JAN 10 1939

Registration District No. 102
Primary Registration District No. 6 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bethel Clarke Hartman

(a) Residence No. Bozeman, Montana St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Hartman

6. DATE OF BIRTH (month, day, and year) Dec. 29, 1903

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
34	6	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Platt City,
(State or country) Missouri

FATHER
13. NAME Albert Clarke
14. BIRTHPLACE (city or town) Platte City,
(State or country) Missouri

MOTHER
15. MAIDEN NAME Florence Higgins
16. BIRTHPLACE (city or town) Parkville,
(State or country) Missouri

17. INFORMANT Albert Clarke
(Address) Bozeman, Montana

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sunset Hills Date July 6, 1938

19. UNDERTAKER Bokken Funeral Home
(Address) Bozeman, Montana

20. FILED 9-1, 1938 Lemuel Ricks
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/3 1938

22 I HEREBY CERTIFY, That I attended deceased from No time, 193..., to ..., 193...
I last saw h... alive on ... 193... death is said to have occurred on the date stated above, at 2.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Neck Chrushed Chest	
Compound Fracture of Right Leg and Fracture Left Leg	Train
Caused by Collison Auto.	with XXX
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) Lemuel Ricks M. D.
(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of North Salem

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11214

JAN 12 1939

Registration District No. 99
Primary Registration District No. 2199
Local Registrar's No. 367
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Richard Miller 159C

(a) Residence, No. North Salem St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day 4 hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Salem
(State or country) Idaho

FATHER
13. NAME Robert Britten Miller
14. BIRTHPLACE (city or town) North
(State or country) Carolina

MOTHER
15. MAIDEN NAME Eva Erma Brothers
16. BIRTHPLACE (city or town) Rexburg
(State or country) Idaho

17. INFORMANT Robert B Miller
(Address) Rexburg Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Sugar City Date Dec 19, 1938

19. UNDERTAKER Father
(Address)

20. FILED Dec 13, 1938 Sarah B Hunt
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/17 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-17-, 1938, to 12-17-, 1938
I last saw him/her alive on 12-17 1938: death is said to have occurred on the date stated above, at 7 AM m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
(7th month)	
Other **contributory causes** of importance:	
not viable	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

12/17/38 (Signed) Louis A. Nielsen, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony.

R[illegible]

JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 108

Primary Registration District No. 6

(No. St. Anthony General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 1121

Local Registrar's No.

95c

2. FULL NAME Eva, Ruby. Hansen

(a) Residence No. Ashton Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 16th 1908

7. AGE: Years 30 | Months 4 | Days 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elsinore Utah
(State or country)

FATHER

13. NAME John Christofferson

14. BIRTHPLACE (city or town) Manti.
(State or country) Utah.

MOTHER

15. MAIDEN NAME Ina, Bell.

16. BIRTHPLACE (city or town) Elsinore.
(State or country) Utah.

17. INFORMANT Mrs John Christofferson
(Address) Ashton Idaho.

18. BURIAL, CREMATION, REMOVAL
Place Ashton Idaho Date 12/20/38

19. UNDERTAKER Lewis Miser
(Address) & Ashton Idaho

20. FILED 12/31, 193[illegible] Lewis Miser Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-17 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-14, 193[illegible], to 12-17, 193[illegible]

I last saw her alive on 12-17 193[illegible]: death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	12-12-38

Other **contributory causes** of importance:

Pleurisy, Heart Disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193[illegible]

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. Russell M. D.

(Address St. Anthony, Idaho

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11214

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 369

(No. 93c)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johannah Marie Hansen

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 22 1837

7. AGE: Years 100 | Months 2 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Denmark

FATHER

13. NAME Lars Christian Larsen

14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER

15. MAIDEN NAME Annett Petersen

16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Hannah Nyborg
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Pleasant Cem. Date 12/22, 1938

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Jan 9, 1939 Jas. A. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/18 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Dec 18, 1938

I last saw her alive on Dec 12 1938: death is said to have occurred on the date stated above, at 4:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place**

Manner of injury None

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Allinson M. D.
(Address St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Ton Highway

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11210

Registration District No. 99
Primary Registration District No. 3177
Local Registrar's No. 371

JAN 12 1939

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmo Goodwin Norton

(a) Residence No. ..... Sugar city Idaho St. .....
(Usual place of abode) Fife (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: m
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Oct 2 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sugar city
(State or country) Ida.

FATHER
13. NAME Elmo Norton
14. BIRTHPLACE (city or town) Ark
(State or country) Ark

MOTHER
15. MAIDEN NAME Margaret Johnson
16. BIRTHPLACE (city or town) Payson
(State or country) Utah

17. INFORMANT Elmo Norton
(Address) Sugar City Ida

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City Date Dec 24, 1938

19. UNDERTAKER Fenn & Peters
(Address) Rexburg Ida

20. FILED Dec. 27 1938 Sarah E. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1938, to Dec. 21, 1938
I last saw him alive on Dec. 21 1938.: death is said to have occurred on the date stated above, at 5:35 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Automobile Collision	
Fractured Pelvis	
Internal Hemorrhage	
Shock	
Ruptured bladder	
Other **contributory causes** of importance:	
Never recalled from	
schock	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury Dec. 21 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Highway
Manner of injury Auto Collision
Nature of injury Crushing

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Ensign, M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Tetonia Highway

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11215

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 3 370
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willis Austin Jacobs

(a) Residence No. Sugar City St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Mar. 15 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sugar City
(State or country) Idaho

FATHER
13. NAME Leo Jacobs
14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER
15. MAIDEN NAME Florence Gilchrist
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Leo Jacobs
(Address) Sugar City Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City Date Dec 24, 1938

19. UNDERTAKER Peay Mortuary
(Address) Rexburg Idaho

20. FILED Dec 27, 1938 Dwight B. Mumbo
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1938, to Dec. 21, 1938
I last saw him alive on Dec. 21 1938: death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Collision	
Fractured Pelvis	
Punctured Bladder	
Internal Hemorrhage	
Shock.	
Other contributory causes of importance:	
Never rallied after accident	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Yes Date of injury 12-21-38
Where did injury occur? St Anthony-Teton Highway
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Highway
Manner of injury Auto Collision
Nature of injury Fractured Pelvis, Hemorrhage

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. Quigley, M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Parker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11215

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 372
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorin Lamar Quiatt 107a

(a) Residence No. Parker, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 6, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Parker
(State or country) Idaho

FATHER

13. NAME Lorin Quiatt

14. BIRTHPLACE (city or town) Parker
(State or country) Idaho

MOTHER

15. MAIDEN NAME Neta Brouwer

16. BIRTHPLACE (city or town) Ovid
(State or country) Idaho

17. INFORMANT Lorin Quiatt
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date Dec 29, 1938

19. UNDERTAKER none
(Address)

20. FILED Dec 27, 1938 Sarah B Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/28/1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1938, to Dec 27, 1938

I last saw him alive on Dec 27 1938; death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec 22
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Lee, M. D.
(Address St. Anthony, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112153

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number) Stat

2. FULL NAME George Washington Helm

(a) Residence No. Emmett Idaho St.

(Usual place of abode) 37 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/15-1874

7. AGE: Years 64 | Months 11 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Kansas

FATHER

13. NAME Conrad Helm

14. BIRTHPLACE (city or town) ..... (State or country) Penn

MOTHER

15. MAIDEN NAME Lynn E. Eckroat

16. BIRTHPLACE (city or town) ..... (State or country) Penn

17. INFORMANT ..... (Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 12/10, 1938

19. UNDERTAKER C. O. Beckstrom (Address) Emmett Ida

20. FILED ....., 193... J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/5, 1938, to 12/F, 193F

I last saw him alive on 12/F 193F: death is said to have occurred on the date stated above, at 8:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Essential Hypertension	1935
Cerebral Hemorrhage	Dec 5 / 38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gem

City of Emmett

DEC 24 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 112154

2. FULL NAME Marvin LeRoy Wilson 107a

(a) Residence No. Emmett Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER

13. NAME Morris Wilson

14. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

MOTHER

15. MAIDEN NAME Velma Baldwin

16. BIRTHPLACE (city or town) Camas Prairie
(State or country) Idaho

17. INFORMANT Morris Wilson
(Address) Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida. Date Dec 10 1938

19. UNDERTAKER J. L. Barrymann
(Address) Emmett

20. FILED Dec 7, 1938 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/8 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-6-, 1938, to 12-8-, 1938

I last saw him alive on 12-8- 1938: death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. L. Reynolds M. D.

(Address Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 20 1938

DO NOT WRITE IN THIS SPACE
State File No. 11255

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. 2) (If death occurred in a hospital or institution, give its name instead of street and number) 179e

2. FULL NAME Billie Louise Rodemack

(a) Residence No. Atlanta Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/10-1936

7. AGE: Years 2 | Months 3 | Days 29 | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER
13. NAME Wm. Rodemack
14. BIRTHPLACE (city or town) Garden Valley
(State or country) Idaho

MOTHER
15. MAIDEN NAME Mary F. Sharp
16. BIRTHPLACE (city or town) Eaton
(State or country) Colo.

17. INFORMANT Mrs. Rodemack
(Address) Atlanta Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett Ida Date 12/11, 1938

19. UNDERTAKER C. D. Buckmaster
(Address) Emmett Idaho

20. FILED 12/10, 1938 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/9 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/9/38, 193__, to 12/9, 1938
I last saw h[illegible] alive on 12/9/38 1938: death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strychnine Poisoning due to accidental ingestion of Arsenate of Lead Tablets	12/9/38

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No, specify ____

(Signed) [illegible], M. D.
(Address) Emmett, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112156

Registration District No. 6
Primary Registration District No. _____ Local Registrar's No. _____
(No. 108)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Synthia Ellen Burden
(a) Residence No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Jeffreo Burden
6. DATE OF BIRTH (month, day, and year) 12/12-1876
7. AGE: Years 61 | Months 11 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME Wade Parker
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT George W. Draper
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date ....., 193..

19. UNDERTAKER C O Buckmaster
(Address) Emmett Ida

20. FILED 12/17, 1938 J. C. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1938
22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Dec 10, 1938
I last saw her alive on 12-10 1938; death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12/9/38
Other contributory causes of importance:	
Senemtic Psych	1934

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. K. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

RECEIVED AUG 2, 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No. 2018
(No. ____)

DO NOT WRITE IN THIS SPACE
State File No. 11215

Local Registrar's No. ____

(If death occurred in a hospital or institution, give its name instead of street and number)

82a1

2. FULL NAME Rose Mayo

(a) Residence No. ____ Wendell Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wh.	Widow

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-11-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Tuscumbia
(State or country) Mo

FATHER
13. NAME John Wilcox
14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER
15. MAIDEN NAME Mary E. Connor
16. BIRTHPLACE (city or town) Dent Kentucky
(State or country)

17. INFORMANT Mrs. J E Hopkins
(Address) Wendell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hamilton Date ____, 193__

19. UNDERTAKER Jameson Bros
(Address)

20. FILED 8-8, 1938 L. L. Simonton
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1938, to 8-6, 1938
I last saw h[illegible] alive on 8-6 1938: death is said to have occurred on the date stated above, at 3P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8-1-38
Other **contributory causes** of importance:	
Arthritis deformans,	1930

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. H. Crumrine, M. D.
(Address) Gooding Ida.

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

[redacted]
Special Agent,
Boise, Idaho.

Dear Sir:→ (When was this party buried?) Hagerman Idaho aug-8-1938

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Rose Grove

#Who died at→ Wendell Idaho on August 6, 1938

~~Residence~~: No._____ St. Wendell
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years_____ Months_____ Days_____

Sex F Color or race W Single, married, widowed or divorced: Widow

Date of birth 9-11-1868 Age: Years 69 Months 10 Days 27

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

Date deceased last worked at this occupation: Month_____ Year_____

Birthplace (State or country) Tuscumbia, Missouri

Birthplace of father (State or country) Va.

Birthplace of mother (State or country) ~~Don't know~~

Principal cause of death: Cerebral Hemorrhage

Other contributory causes of importance Arthritis deformans

Name of operation_____ Date of_____

What test confirmed diagnosis?_____ Was there an autopsy?_____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?_____ Date of injury_____, 19_____

Where did injury occur?_____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury_____

Nature of injury_____

Was disease or injury in any way related to occupation of deceased?_____

If so, specify_____

Name of physician J. H. Cromwell

Address of physician Gooding

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

H. L. McMartin, M.D.

Special Agent.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22
Primary Registration District No. 2018

DO NOT WRITE IN THIS SPACE
State File No. 11215

Local Registrar's No. 131

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME P. O. Peterson

(a) Residence No. Wendell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elba Peterson

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 75 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stockholm (State or country)

FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT J. H. Cromwell (Address)

18. BURIAL, CREMATION OR REMOVAL
Place [redacted] Date 8-20 1938

19. UNDERTAKER [redacted] (Address)

20. FILED 8-22 1938 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH. 1938

21. DATE OF DEATH (month, day and year) 8-18 1938

22 I HEREBY CERTIFY, That I attended deceased from 8-10, 1938, to 8-18, 1938
I last saw h[redacted] alive on 8-17 1938: death is said to have occurred on the date stated above, at 5:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Chronic Cystitis	?
nephritis	
Other **contributory causes** of importance:	
age 75	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Cromwell M. D.
(Address) Gooding Ida

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

[redacted]
Special Agent,
Boise, Idaho.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: P. O. Peterson

Who died at # Wendell Idaho on Aug. 18, 1938 (~~Should this be 1936~~ ?)

Residence: No. _____ St. Wendell

Buried at Wendell on 8-20-38 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years 3 75 Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: M

Date of birth 1863 Age: # Years 75 # Months — # Days —

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.
~~Farmer~~	

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Stockholm, (what country?) ← Sweden

Birthplace of father (State or country) _____

~~Birthplace~~ of mother (State or country) _____

Principal cause of death: Chronic Myocarditis; chronic cystitis; chronic nephritis

Other contributory causes of importance _____ Age _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician J.H. Cramwell

Address of physician Gooding

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

W. L. McMartin, M.D.

Special Agent.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112159

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 806

JAN 10 1939

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 141

2. FULL NAME Eva Irene Higgins

(a) Residence No. Gooding, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter L. Higgins

6. DATE OF BIRTH (month, day, and year) 4-1-1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norton
(State or country) Kansas

FATHER
13. NAME Elmer Shemaker
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER
15. MAIDEN NAME Adaline Laughlin
16. BIRTHPLACE (city or town) Norton
(State or country) Kansas

17. INFORMANT Walter L. Higgins
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 12-7-, 1938

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 12-30, 1938 J. H. Conwell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Dec 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1938, to Dec 4, 1938
I last saw h[illegible] alive on Dec 4 1938. death is said to have occurred on the date stated above, at 330 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar following Influenza Septic Abortion	Dec 3, 1938
Other contributory causes of importance: Chronic Myocarditis	?

Name of operation Date of
What test confirmed diagnosis? Dr. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) T. E. Burnett, M. D.
(Address) Gooding, Idaho

MARGIN RESERVED FOR BINDING

...AINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information ...uld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding

City of Gooding

RECEIVED

JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 11210

Registration District No.

Primary Registration District No. 24 Local Registrar's No. 807

(No. Gooding Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Gogenola 121a

(a) Residence No. Shoshone - Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11 1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shoshone Idaho

FATHER

13. NAME Saturnino Gogenola

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Mercedes Ruchusteguy

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Rosa B. Oneida
(Address) Shoshone Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Idaho Date Dec 10, 1938

19. UNDERTAKER Myrtle C. Burdett
(Address) Shoshone - Idaho

20. FILED 12-30, 1938 J. E. Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1938 to Dec 7, 1938

I last saw her alive on Dec 7 1938; death is said to have occurred on the date stated above, at 5:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Following Ruptured Appendix	Nov 23-38

Other **contributory causes** of importance:

Name of operation Drainage Date of Dec 2-38

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. E. J. Barrett, M. D.

(Address Gooding Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of 4

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112161

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 808
(No. 945)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis B Taylor

(a) Residence. No. Goodlett St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Lida Taylor

6. DATE OF BIRTH (month, day, and year) Apr 1-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30y

12. BIRTHPLACE (city or town) Argus Idaho
(State or country)

FATHER
13. NAME Isaac Taylor
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Rhoda Stanner
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Mrs Lida Taylor
(Address) Same

18. BURIAL, CREMATION OR REMOVAL
Place Fremont Date 12-14 1938

19. UNDERTAKER C E Hanchey
(Address) Driggs Ida

20. FILED 12-31 1938 J H Cranmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1938, to 12-11 1938
I last saw her alive on 12-11 1938; death is said to have occurred on the date stated above, at 10:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion (Thrombus)	12-9
Acquired pleurisy	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1938
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Cranmer, M. D.
(Address) Fremont Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding

City of Buhl, R.F.D.

Death at Clear Lakes,

RECEIVED

JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112162

Registration District No.

Primary Registration District No. Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ellen Didlott,

(a) Residence. No. 13 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. N. Didlott

6. DATE OF BIRTH (month, day, and year) Aug. 20th. 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brazil, Ind.

FATHER

13. NAME Chas, N. Mills,

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Sarah Roberts,

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mary E. Didlott Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Buhl, Date Jan, 3rd, 1939

19. UNDERTAKER (Address) Evans & Johnson, Buhl,

20. FILED 1-2-39, 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1938, to 12/29, 1938

I last saw h.. alive on 12/29, 1938: death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy Paralysis	12/28/38
Respiratory Failure	12/29/38

Other contributory causes of importance:

Senility

Paralysis 1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John A. Wigle M.D.

(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Stites

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 2184
(No. 59)

DO NOT WRITE IN THIS SPACE
State File No. 112164
Local Registrar's No. 452

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lulu Violet Baldwin

(a) Residence No. (Usual place of abode) St. Stites Idaho
Length of residence in city or town where death occurred 37 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of John Milton Baldwin

6. DATE OF BIRTH (month, day, and year) June 15-1879

7. AGE: Years 59 | Months 5 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Nov 17th
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Dayton Washington

FATHER
13. NAME John Mays
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Rachael Beard
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT John M Baldwin
(Address) Stites

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date Nov 21st, 1938

19. UNDERTAKER Geo Tenney
(Address) Kooskia Idaho

20. FILED Jan 4, 1939 M Weberknecht Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1938, to Nov 19th, 1938
I last saw h~~e~~r alive on Nov 18 1938: death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acidosis	Nov 17-38
Other contributory causes of importance:	
Diabetes	3 Years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H W Wentworth M. D.
(Address) Stites Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 11216
Registered No. 50

1. PLACE OF DEATH
County Idaho
City of Cottonwood
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

RECEIVED JAN 6 1939

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME. Mrs. Anna Ungrund

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
F.	W.	Widowed

6. DATE OF BIRTH
March 29, 1866
(Month) (Day) (Year)

7. AGE
72 Yrs. 7 Mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) New Muhich, Minn. ~~Westphalia, Germany~~

10. NAME OF FATHER John Uhlenkott

11. BIRTHPLACE OF FATHER (State or Country) Westphalia, Germany

12. MAIDEN NAME OF MOTHER Gertrude Uhling

13. BIRTHPLACE OF MOTHER (State or Country) Westphalia, Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joe Ungrund
(Address) Cottonwood, Idaho.

15.
Filed 11-26 1938
W. F. Orr
Local Registrar
By J. B.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

46 C

16. DATE OF DEATH
November 24 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 10 1938, to Nov. 24 1938, that I last saw her alive on Nov. 23 1938, and that death occurred on the date stated above, at 3:30 A M.

The CAUSE OF DEATH* was as follows:
Carcinoma of bowel (Colon)
(Duration) 1 Yrs. mos. ds.
Contributory (Secondary) Senility
(Duration) yrs. mos. ds.
(Signed) J. D. Shinnick M. D.
19 (Address) Grangeville Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~	DATE OF BURIAL
Keuterville, Ida.	11-26 1938
20. UNDERTAKER	**ADDRESS**
Fr. C.M. Verhoeven	Keuterville, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112166

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 46

(No. Our Lady of Consolation Hospital 140
(if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Dora Fuller

(a) Residence. No. Pollock St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Mr Bill Fuller
6. DATE OF BIRTH (month, day, and year): October 21 1881
7. AGE: Years 17 | Months 1 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

MOTHER/FATHER

13. NAME: Mr LeRoy Beck
14. BIRTHPLACE (city or town) (State or country): Buffalo Missouri

MOTHER

15. MAIDEN NAME: Alice Walcott
16. BIRTHPLACE (city or town) (State or country): Buffalo Wyoming

17. INFORMANT (Address): Mrs. LeRoy Beck Pollock, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Prairie View Cem Grangeville, Ida. Date: 12/7, 1938

19. UNDERTAKER (Address): Glenn Osler Grangeville Ida

20. FILED 12-6, 1938. W. F. Orr Registrar. By J. B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec-4, 1938, to 12-6, 1938

I last saw h alive on Dec-4, 1938: death is said to have occurred on the date stated above, at 4:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Incomplete Abortion	Aug. 28-38
with Diffuse peritonitis	Nov-27-38

Other **contributory causes** of importance:

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical and Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify:

(Signed) Wesley F. Orr M. D.
(Address) Cottonwood - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Whitebird

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11216

Registration District No. 10 3
Primary Registration District No. 2681
Local Registrar's No. 29

JAN 5 1939

(No. Home Whitebird Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Myrtle Peterson 48

(a) Residence No. White Bird, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: female
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Leonard
6. DATE OF BIRTH (month, day, and year): May 26 1896
7. AGE: Years 42 | Months 6 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home.
10. Date deceased last worked at this occupation (mo. and yr.): 1938
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Merrial Wisc.

FATHER
13. NAME: Alexander Copper
14. BIRTHPLACE (city or town) (State or country): Vanwoft Ohio

MOTHER
15. MAIDEN NAME: Eva Bowers
16. BIRTHPLACE (city or town) (State or country): Lansing Mich.

17. INFORMANT (Address): Husband Leonard Peterson Whitebird Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Whitebird Date: Dec 19, 1938

19. UNDERTAKER (Address): Hancock Funeral Home Grangeville Ida

20. FILED: Jan 3, 1939 W. B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938 to Dec 16, 1938
I last saw her alive on Dec 16 1938: death is said to have occurred on the date stated above, at 6 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the Cervix Uteri	about Jan 1937
Other **contributory causes** of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Pathologic specimen Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carl Hellmuth M. D.
(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112168

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 30

(No. Home, Grangeville Ida),
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Isabelle Allen 9541

(a) Residence No. Grangeville Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James B. Allen.

6. DATE OF BIRTH (month, day, and year) Mar. 21-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	8	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) ~~Feb. 44~~
11. Total time (years) spent in this occupation ~

12. BIRTHPLACE (city or town) Bentonville
(State or country) Ark.

FATHER
13. NAME John Tittle
14. BIRTHPLACE (city or town) not obt
(State or country) Tenn.

MOTHER
15. MAIDEN NAME Katherine M. Harrison
16. BIRTHPLACE (city or town) not obt
(State or country) Tenn.

17. INFORMANT Mrs. Louis Webber
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 12-20, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED Jan 3, 1939 B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 17 1938

22 I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to Dec 17, 1938
I last saw h[illegible] alive on Dec 17 1938: death is said to have occurred on the date stated above, at 3:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Nephritis	
Other **contributory causes** of importance:	

Name of operation ~ Date of
What test confirmed diagnosis? Sym Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) John T Webber, M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11216

Registration District No. 103
Primary Registration District No. 3181 Local Registrar's No. 26
(No. Lysard Hosp. Grangeville, Ida.
(If death occurred in a hospital or institution, give its name instead of street and number) 108

2. FULL NAME Mr. Ellis Harness
(a) Residence No. Slate Creek Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single
6. DATE OF BIRTH (month, day, and year): Nov 5-1878
7. AGE: Years 60 | Months 1 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: on Ranch
10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1938
11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Roseburg Oregon

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Ellis Painter Slate Creek - Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 12-21, 1938

19. UNDERTAKER (Address): Hancock Funeral Home Grangeville Ida.

20. FILED 1-3-, 1939 B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1938, to Dec 19 -, 1938.
I last saw h[illegible] alive on Dec 18 1938: death is said to have occurred on the date stated above, at 8 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-15-38.
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B Chapman, M. D.
(Address) Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Ferdinand

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
11217
State File No.

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 48
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosey Frederick

(a) Residence. No. Ferdinand, Ida. St. 92a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 17 1868
7. AGE: Years 70 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wis

MOTHER FATHER
13. NAME: John Lush
14. BIRTHPLACE (city or town) (State or country): Bohemian
15. MAIDEN NAME: Katherine
16. BIRTHPLACE (city or town) (State or country): Bohemian

17. INFORMANT (Address): Frank Frederick Ferdinand Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Cottonwood Date 12/21, 1938
19. UNDERTAKER (Address): Glenn Culor Grangeville Ida.
20. FILED 12-21, 1938. W. F. Orr Registrar. By J. B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/19 1938
22. I HEREBY CERTIFY, That I attended deceased from 1933, 193.. to Dec. 19, 1938
I last saw her alive on Dec. 18, 1938.: death is said to have occurred on the date stated above, at 2:30 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Valvular incompetency.	1932
Resulting from old Acute Influenzal Rheumatism	1928
Other **contributory causes** of importance:	

Name of operation: None Date of: None
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? None Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury: None
Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....
(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Whitebird

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1121

Registration District No. 103
Primary Registration District No. 2/81 Local Registrar's No. 28
(No. Home, Whitebird Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar Holbrook

(a) Residence No. White Bird St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma
6. DATE OF BIRTH (month, day, and year): April 20-1867
7. AGE: Years 71 | Months 8 | Days 0 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: general work
10. Date deceased last worked at this occupation (mo. and yr.): 1938
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): near Roseburg Oregon

FATHER
13. NAME: Russell Holbrook
14. BIRTHPLACE (city or town) (State or country): Roseburg Ore.

MOTHER
15. MAIDEN NAME: Kassiah Rice
16. BIRTHPLACE (city or town) (State or country): not obt.

17. INFORMANT (Address): Dang Mrs. Edith Lanningham Grangeville Ida
18. BURIAL, CREMATION OR REMOVAL Place: White Bird Date: 12/22, 1938
19. UNDERTAKER (Address): Hancock Funeral Home Grangeville Ida.
20. FILED: Jan 3, 1939 B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12-20 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938 to Dec 20, 1938
I last saw h..... alive on ..... 193.: death is said to have occurred on the date stated above, at 1:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary hemorrhage probably due to pneumonia.	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Chas Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. A. Wheelwright M. D.
(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11212

RECEIVED JAN 5 1939

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 25 1

(No. Home Grangeville Ida
If death occurred in a hospital or institution, give its name instead of street and number) 186a

2. FULL NAME Mr. Geo. F. Troch

(a) Residence No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4/4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Sarah

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 77 | Months: 3 | Days: 1 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1938
11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (city or town) Jackson Co.
(State or country) Iowa

FATHER

13. NAME Peter Troch
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Sophia (not obt.)
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Roy Troch son
(Address) Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 12-20, 1938

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida

20. FILED 1-3-, 1938 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1938, to Dec. 25, 1938
I last saw h~~im~~ alive on 12-25 1938: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12-19-38
Coma, just before
Due to

Other contributory causes of importance:
Arterio Sclerosis.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 12-18-38
193-
Where did injury occur? Idaho Co., Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Near Tempe Lake Ida.
Manner of injury Fall on head
Nature of injury Cerebral Concussion

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Chapman, M. D.
(Address) Grangeville Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112173

Registration District No. 103
Primary Registration District No. 2481 Local Registrar's No. 27
(No. Grelle Ida 1001)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Garfield Seyfried
(a) Residence No. Riggins Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 11 | Months 6 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grade School
10. Date deceased last worked at this occupation (mo. and yr.): Dec 38
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Riggins Ida.

FATHER
13. NAME: Anton J. Seyfried
14. BIRTHPLACE (city or town) (State or country): Edwardsville Ill

MOTHER
15. MAIDEN NAME: Bessie Boards
16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMANT (Address): Father Anton J. Seyfried Riggins Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Riggins Ida. Date: Jan 1, 1939
19. UNDERTAKER (Address): Hancock Funeral Home Grangeville Ida.
20. FILED Jan 3, 1939 B Chapman, Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): Dec 29 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938 to Dec 29, 1938
I last saw him alive on Dec 29 1938: death is said to have occurred on the date stated above, at 2:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Purpura hemorrhagica (acute idiopathic)	Dec 27
Other **contributory causes** of importance:	

Name of operation: Dental Extraction Date of: Dec 27
What test confirmed diagnosis: Clin. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Lawrence Wright, M. D.
(Address) Grangeville Idaho

11214

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No. 44

If death occurred in hospital or institution give its name instead of street and number.

1. PLACE OF DEATH
County of Jefferson — Registration Dist. No. 98
City of Rigby — Primary Reg. Dist. No. 2176
(Home, Hospital or Institution) In his automobile — Local Registrar's No. 44

Length of residence in County where death occurred: Yrs. — Mos. — Days: Visiting in country

How long in U. S. if of foreign birth? Yrs. 64 Mos. not known Days

2. FULL NAME Jessie Cleverley
(a) Residence: Rigby Dist # 2 Idaho
DEC 10 1938 # 93c
Bonneville
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — Husband of (or) ~~Wife of~~: Mary Cleverley
6. Date of Birth (Month, day and year): June 8, 1852
7. AGE — Years: 86 — Months: 4 — Days: 20 — If less than 1 day — hrs. ____ min. ____

Occupation
8. Trade, profession, or particular kind of work done: Farmer
9. Industry or business in which work was done: Farming
10. Date deceased last worked at this occupation (month and year): Oct 1938
11. Total time (yrs.) spent in this occupation: 65 years

12. BIRTHPLACE (City or Town, County and State, or Country): Wilshire, England

Father
13. NAME: James Cleverley
14. BIRTHPLACE (City or Town, County and State, or Country): England

Mother
15. MAIDEN NAME: Mary Alexander
16. BIRTHPLACE (City or Town, County and State, or Country): England

17. SIGNATURE OF INFORMANT: Clarence Cleverley
(Address) Rigby Dist # 2 Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Shelton Idaho — Date: Oct 30 1938

19. UNDERTAKER: Jack G. Wood
(Address) Idaho Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 11 — 3 1938 by ____ Registrar
(Date)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): October 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1938, to Aug 9 1938
I last saw ____ alive on Aug 9 1938. Death is said to have occurred on the date stated above, at 3:30 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Myocarditis and Arterio Sclerosis			

Contributory causes of importance not related to principal causes: old age

Where was disease first diagnosed? ____
Name of operation ____ date of ____
Condition for which performed ____
What test confirmed diagnosis? ____
Was there an autopsy? ____ Was there an inquest? ____

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____. Where did injury occur? ____
(Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) H. Ray Hatch, M. D.
(Address) Idaho Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Menan

DEC 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112175

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 42

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry Jack Tolley.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/3/1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho Falls, Idaho.
(State or country)

FATHER
13. NAME Perry William Tolley.
14. BIRTHPLACE (city or town) Nephi, Utah.
(State or country)

MOTHER
15. MAIDEN NAME Ella Fowkes.
16. BIRTHPLACE (city or town) Nephi, Utah.
(State or country)

17. INFORMANT Perry W Tolley
(Address) Menan, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 11/27, 1938

19. UNDERTAKER A B Eakersell
(Address) Rigby, Idaho.

20. FILED ..... 193..
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/23 1938

22 I HEREBY CERTIFY, That I attended deceased from 11/23 1938, to 11/23, 1938.
I last saw him alive on 11/23 1938: death is said to have occurred on the date stated above, at 3:15P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal Skull fracture	11/23/38
Injury to brain	11/23/38
Shock	11/23/38
fracture of both femur	11/23/38
fracture of other humerus	11/23/38
Other **contributory causes** of importance:	
Hit by Car	11/23/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury 11/23/38
193.....
Where did injury occur? Menan, Jefferson, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** on highway.
Manner of injury Auto accident.
Nature of injury Basal Skull Fracture

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eldon Tall, M. D.
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson.
City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112176

DEC 6 1938

Registration District No. 98
Primary Registration District No. 2178 Local Registrar's No. 43
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

66b

2. FULL NAME Michael Thomas Williams.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Alma W. Williams.

6. DATE OF BIRTH (month, day, and year) 4/21/1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Town marshall.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. villiage of Roberts.
10. Date deceased last worked at this occupation (mo. and yr.) 12-37
11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) Desmoines
(State or country) Iowa.

FATHER
13. NAME Patrick Williams.
14. BIRTHPLACE (city or town) Ireland.
(State or country)

MOTHER
15. MAIDEN NAME Johanna Mullens.
16. BIRTHPLACE (city or town) Ireland.
(State or country)

17. INFORMANT Mrs. Mick Williams
(Address) Roberts, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Ida. Date 11-28 193 8

19. UNDERTAKER C. C. Eckersell
(Address) Rigby, Ida.

20. FILED DEC 10 1938, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 27, 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1937, to Nov 27, 1938
I last saw h alive on Nov 1, 1938: death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	

Other contributory causes of importance:
Has had a complication of rheumatism (Rheumatoid) and eczema the years.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. H. Williams, M.D.
(Address) Roberts Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112177

DEC. 1 1938

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 45
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

115a2

2. FULL NAME Darlene Purser

(a) Residence No. Clark Ward St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clark-Jeff. Co
(State or country) Idaho

FATHER

13. NAME James Purser
14. BIRTHPLACE (city or town) Clark
(State or country) Idaho

MOTHER

15. MAIDEN NAME Erma Clifford
16. BIRTHPLACE (city or town) Lewisville
(State or country) Idaho

17. INFORMANT James Purser
(Address) Route 2, Rigby, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date Dec. 1, 1938

19. UNDERTAKER Rolland Weiser
(Address) Rigby, Idaho

20. FILED Nov. 30, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/29 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1938, to 11/29, 1938
I last saw her alive on 11/29 1938: death is said to have occurred on the date stated above, at 5:00 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	11/29/38
Nephritis	11/26/38
Edema of Lungs & Pulmonary Tuberculosis	11/20/38

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orlon Hall M. D.
(Address) Rigby Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby V.D.

JAN 3 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112178

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 50
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Beecraft 93c

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) Feb 4 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brickmason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 1929
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) [illegible]
(State or country) England

FATHER
13. NAME John Beecraft
14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER
15. MAIDEN NAME Eliza Frost
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mary Beemer
(Address) Rigby, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rigby Ida. Date 12-12, 1938

19. UNDERTAKER Rolland Weaver
(Address) Rigby, Idaho

20. FILED 12/10, 1938 Mrs A B Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1938, to Dec. 9, 1938
I last saw him alive on Dec 1 1938; death is said to have occurred on the date stated above, at 2:00 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Wayne Cutler, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112179

JAN 3 1939

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 52
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melinda Jane Anderson. 50

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F. M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Dean Anderson.
6. DATE OF BIRTH (month, day, and year): Aug. 3, 1900
7. AGE: Years 38 | Months 4 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (mo. and yr.): Aug. 1937
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Salem, Idaho.

FATHER
13. NAME: Hyrum Bell.
14. BIRTHPLACE (city or town) (State or country): Utah.

MOTHER
15. MAIDEN NAME: Amanda Sandgreen.
16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMANT (Address): Dean Anderson Roberts, Idaho.
18. BURIAL, CREMATION OR REMOVAL Place: Rexburg, Ida. Date: 12/19, 1938
19. UNDERTAKER (Address): C. E. Eckersell Rigby, Idaho.
20. FILED 12-17, 1938 Mona E. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12/15 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1937, to May 23, 1938
I last saw h[illegible] alive on May 23 1938; death is said to have occurred on the date stated above, at 4:55A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent carcinoma of breast.	1937
Other contributory causes of importance:	

Name of operation: Radical breast Date of: 7-28-37
What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. Ray Hatch, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Garfield,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112180

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 51

JAN 3 1939

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1072

2. FULL NAME Rayola Jean Peterson.

(a) Residence No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. 4 (If nonresident give city or town and state) How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/9/1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	4	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Grant, Idaho.
(State or country)

FATHER
13. NAME Ray Harvey Peterson.
14. BIRTHPLACE (city or town) Garfield, Ida.
(State or country)

MOTHER
15. MAIDEN NAME Zelma May Staten.
16. BIRTHPLACE (city or town) Lewisville, Ida
(State or country)

17. INFORMANT Ray Peterson
(Address) Rigby, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Ucon, Ida. Date 12/16, 1938

19. UNDERTAKER A B Eckersell
(Address) Rigby, Idaho.

20. FILED 12-15, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/15 1938

22 I HEREBY CERTIFY, That I attended deceased from August, 1938, to Dec., 1938
I last saw her alive on Oct 20 1938: death is said to have occurred on the date stated above, at 7:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Pneumonia (Bronchial)	Dec 14, 1938
2. Common Cold.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Eldon Call M. D.
(Address) Rigby, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Clark

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112181

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 54
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1072

2. FULL NAME George Washington Briggs

(a) Residence No. Clark Ward -Rigby, Idaho Route 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Etta Briggs

6. DATE OF BIRTH (month, day, and year) Jan. 13, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Little Rock
(State or country) Arkansas

FATHER
13. NAME Ignatius Briggs
14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Etta Briggs
(Address) Rigby, Route 2

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date Dec. 31, 1938

19. UNDERTAKER Roland Weiser
(Address) Rigby, Idaho

20. FILED Dec 31, 1938 Mrs A B Bennett
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 29 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw him alive on ....., 193....: death is said to have occurred on the date stated above, at 6:30 A. m.
Dead upon examination

The principal cause of death and related causes of importance were as follows:

	Date of onset
Died without Medical attention Evidently Pneumonia	
Other contributory causes of importance: Senility	

Name of operation No Date of
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Naomi Jacobson, M. D.
(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Eden

RECEIVED

JAN 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. (No.)

DO NOT WRITE IN THIS SPACE

State File No. 112182

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Carrie B. Varnes

8201

(a) Residence No. Eden, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of A. G. Varnes

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cobden,
(State or country) Illinois

FATHER

13. NAME Charles B. John

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Lora B. Jones,

16. BIRTHPLACE (city or town) Centralia,
(State or country) Illinois

17. INFORMANT A. G. Varnes,
(Address) Eden, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date July 31 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 8-1, 1938 S. Hofstetter
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-28 1938

22 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to July 28, 1938

I last saw her alive on July 27 1938: death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

High blood pressure	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Lamb, M. D.

(Address Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City or ~~RECEIVED~~ Hazelton
JAN 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2017
Primary Registration District No. ~~5023~~ 5023

DO NOT WRITE IN THIS SPACE
State File No. 112183

Local Registrar's No. 108

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Squire Franklin Murphy

(a) Residence No. Hazelton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE~~) of Ruth Ann Murphy

6. DATE OF BIRTH (month, day, and year) March 13, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Monmoth
(State or country) Oregon

FATHER
13. NAME John Murphy
14. BIRTHPLACE (city or town) United States
(State or country)

MOTHER
15. MAIDEN NAME Mary Whitman
16. BIRTHPLACE (city or town) United States
(State or country)

17. INFORMANT Clarence Murphy
(Address) Hazelton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 11-14, 1938

19. UNDERTAKER White Mortuary, Inc
(Address) Twin Falls, Idaho

20. FILED 12-1, 1938 B. Hopkins
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-13 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1938, to Nov 13, 1938
I last saw him alive on 11-13 1938: death is said to have occurred on the date stated above, at 9 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-6-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) S. Hopkins, M. D.
(Address) Hazelton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112184

Registration District No.
Primary Registration District No. Local Registrar's No. 18

JAN 12 1939

(No. 158)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Reece Henry

(a) Residence No. Jerome, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXXXX

6. DATE OF BIRTH (month, day, and year) 12/10/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho

FATHER

13. NAME Max Henry
14. BIRTHPLACE (city or town) Payson Utah
(State or country)

MOTHER

15. MAIDEN NAME Racheal Baney
16. BIRTHPLACE (city or town) Condo
(State or country) N. Dakota

17. INFORMANT Max Henry
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date Dec 14, 1938

19. UNDERTAKER D. H. Heffernan
(Address) Jerome

20. FILED 12/14, 1938 C. E. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/13 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/10, 1938, to 12/13, 1938
I last saw h[illegible] alive on 12/13 1938; death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Debility	
Asthenia weak infant	
no medical person	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Zeller M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City or ~~Precinct~~ Hazelton

RECEIVED
JAN 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112185

Registration District No. [redacted]
Primary Registration District No. [redacted] Local Registrar's No.
(No. [redacted])
(If death occurred in a hospital or institution, give its name instead of street and number)

1860

2. FULL NAME James Edmund Douglas

(a) Residence No. [redacted] St. Hazelton Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dollie Douglas

6. DATE OF BIRTH (month, day, and year) Nov 8 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hunter Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME James Douglas
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Murl Douglas
(Address) Hazelton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Date , 193

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 1/1, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938, to Dec 17, 1938
I last saw him alive on 12-17 1938: death is said to have occurred on the date stated above, at 6:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture of skull	12-17-38
Other **contributory causes** of importance:	
Pulmonary	12-14-38

Name of operation Date of
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following: accident
Accident, suicide, or homicide? Date of injury 12-17-38 193
Where did injury occur? Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Home
Manner of injury Fell
Nature of injury Hit head on floor

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) Hazelton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112186

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sandra Lee Wray 107a

(a) Residence No. St. Jerome Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 3, 1938

7. AGE — Years: — Months: 5 Days: 14 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cal

FATHER
13. NAME Rex Wray
14. BIRTHPLACE (city or town) Burch Ford, Ida (State or country) Idaho

MOTHER
15. MAIDEN NAME Alma Knobbe
16. BIRTHPLACE (city or town) Post Falls (State or country) Idaho

17. INFORMANT Rex Wray (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Dec 23, 1938

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED 12/20, 1938 O. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1938, to Dec 18, 1938
I last saw her alive on Dec 18 1938: death is said to have occurred on the date stated above, at 2:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/17/38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Carlyle Hurd, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112187

JAN 12 1939

Registration District No.
Primary Registration District No. Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 1011

2. FULL NAME Vonda Lee Brown

(a) Residence No. St. Jerome Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 7, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome Idaho
(State or country)

FATHER
13. NAME L C Brown
14. BIRTHPLACE (city or town) Roehler
(State or country) N. Mexico

MOTHER
15. MAIDEN NAME Fannie Muth
16. BIRTHPLACE (city or town)
(State or country) Russia

17. INFORMANT L C Brown
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Dec 29, 1938

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 12/29, 1938 C. B. Zell
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 28 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/21/38, 193..., to 12/28/31, 193...
I last saw her alive on 12/28/38 193...: death is said to have occurred on the date stated above, at 5 00 PM m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/28/38
	(12/21)

Other **contributory causes** of importance: ✓

Name of operation None Date of —
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Carlyle Quail M. D.
(Address) Jerome, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Spirit Lake, Ida

JAN 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112191

Registration District No. 45

Primary Registration District No. ..... Local Registrar's No. 15

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto A. Kaetzke 94 b

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Kaetzke

6. DATE OF BIRTH (month, day, and year) April 2-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Grader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 10-8-38

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Yeltzen
(State or country) Germany

FATHER

13. NAME Louis Fredrick Kaetzke

14. BIRTHPLACE (city or town) Yeltzen
(State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Foster

16. BIRTHPLACE (city or town) Yeltzen
(State or country) Germany

17. INFORMANT Mary Kaetzke
(Address) Spirit Lake Ida

18. BURIAL, CREMATION OR REMOVAL
Place Spirit Lake Date 10-11, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum, Idaho

20. FILED 10-10, 1938 A. C. Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-8 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h... alive on Oct 8 1938: death is said to have occurred on the date stated above, at 8:03 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10-8-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. Spooner, M. D.

(Address Spirit Lake Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Island Park

JAN 15 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112192

Registration District No. 445

Primary Registration District No. ..... Local Registrar's No. 14

(No. ..... 116)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Raymond Gleason

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 27-1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 10-6-38

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Island Park Idaho

FATHER

13. NAME [redacted] Jackson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Eva Nelson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT [redacted] (Address) Island Park Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Fremont Mem. Park Date 1-11, 1939

19. UNDERTAKER Rose Funeral Home (Address) Rexburg Idaho

20. FILED 10-10, 1938 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-9 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 10-9, 1938

I last saw h[redacted] alive on 10-6, 1938; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	10-8-38
Gastro-Enterit[redacted] and meningeal [redacted]	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A C Spooner M. D.

(Address) Spirit Lake Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112193

JAN 26 1939

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 16

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Mary Emma Brooks

(a) Residence No. Spirit Lake, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Henry Brooks

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bloomfield (State or country) Iowa

FATHER
13. NAME John O. Smith
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Mary Frances Elliott
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Dean F. Brooks
(Address) Spirit Lake, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Spirit Lake Date 11-4, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum Idaho

20. FILED 11-11, 1938 A. C. Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-31 1938

22 I HEREBY CERTIFY, That I attended deceased from August 15, 1938, to Oct 20, 1938
I last saw he alive on Oct 20 1938: death is said to have occurred on the date stated above, at 7 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Senility	

Other contributory causes of importance:

Rheumatoid Arthritis	1930
Chronic bronchitis	1935

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A. C. Spooner, M. D.
(Address) Spirit Lake Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112194

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 156
(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Calder Grant.

(a) Residence No. 1504 Pennsylvania ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 11/3/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
0	0	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Coeur d'alene Idaho.

MOTHER FATHER
13. NAME Reed Grant.
14. BIRTHPLACE (city or town) (State or country) Shoemaker Missouri
15. MAIDEN NAME Mable Larson
16. BIRTHPLACE (city or town) (State or country) Minnesota Germany

17. INFORMANT (Address) Reed Grant.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Date 11/12, 1938

19. UNDERTAKER (Address) Cossedey Funeral Home Coeur d'Alene Idaho

20. FILED 11-12, 1938 L. L. Knowlton M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/9 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1938, to Nov 9, 1938
I last saw him alive on Nov 9 1938; death is said to have occurred on the date stated above, at 7:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular of large heart	11/8/38
Other contributory causes of importance: Surgical Shock	11/9/38

Name of operation Exploratory Lap Date of 11/8/38
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify —

(Signed) F. F. Hommedy, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH Kootenai — STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112195

County of Kootenai
City of Medimont
RECEIVED
DEC 27 1938

Registration District No. 126
Primary Registration District No. 1204
Local Registrar's No. 35
(No. Residence 23041)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank John Davey. 93c

(a) Residence No. Medimont Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Mary Dewey

6. DATE OF BIRTH (month, day, and year) July 7 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining Engineer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Iowa.

MOTHER FATHER
13. NAME John Davey.
14. BIRTHPLACE (city or town)
(State or country) Iowa.

MOTHER
15. MAIDEN NAME Hattie Rutherland.
16. BIRTHPLACE (city or town)
(State or country) Iowa.

17. INFORMANT Mrs A. M. Davey
(Address) Medimont

18. BURIAL, CREMATION OR REMOVAL
Place Medimont Date Dec 25, 1938

19. UNDERTAKER J. A. Brown (Words)
(Address) Wallace Ida.

20. FILED Dec 28, 1938 R. Connelley
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 24 1938

22 I HEREBY CERTIFY, That I attended deceased from
11-21 1938, to 11-21, 1938
I last saw him alive on 11-21 1938.; death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Coroner C. H. Needs M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Harrison

RECEIVED

DEC 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112196

Registration District No. 126

Primary Registration District No. 2304

Local Registrar's No. 36

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

175

2. FULL NAME Clarence Lavin

(a) Residence No. _____ Harrison Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Madeline Lavin

6. DATE OF BIRTH (month, day, and year) 1-7-1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer on

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Dist.

10. Date deceased last worked at this occupation (mo. and yr.) 11-22-38

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Haynes Ore.

FATHER

13. NAME John Harry Lavin

14. BIRTHPLACE (city or town) (State or country) Plattsburg. N. Y.

MOTHER

15. MAIDEN NAME Minnie May Coburn

16. BIRTHPLACE (city or town) (State or country) Hamberg Iowa

17. INFORMANT (Address) Delbert Lavin Wallace Wash

18. BURIAL, CREMATION, OR REMOVAL Place Harrison Ida Date 11-29, 1938

19. UNDERTAKER (Address) Cassedy Funeral Home Harrison Idaho

20. FILED Nov 30, 1938 Ruth Connolly Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-26 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-26-, 1938, to 11-26-, 1938

I last saw him alive on 11-26 1938: death is said to have occurred on the date stated above, at 12 0 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A blow on back of head resulting in a fractured skull	
Blow by means or person unknown	
Other contributory causes of importance:	

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following: Homicide

Accident, suicide, or homicide? _____ Date of injury 11-26 1938

Where did injury occur? Harrison Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Not exactly known

Manner of injury Blow on back of head

Nature of injury Fractured skull

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Clarence E. Field M. D.

(Address) Osburn Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112197

REC'D JAN 6 1939

Registration District No. 30

Primary Registration District No. 1051 Local Registrar's No. 171

(No. Lakeside Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Cornell Newkirk.

(a) Residence No. Dalton Gardens St. 93c

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Alice Newkirk

6. DATE OF BIRTH (month, day, and year) 1-9-1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
71	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Abingdon Ill.

FATHER

13. NAME W^m H. Newkirk

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME America Ann Marr

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Myra Arnold

(Address) Box 27 - Coeur d'Alene.

18. BURIAL, CREMATION OR REMOVAL

Place Coeur d'Alene Kootenai Co. Date 12 - 2, 1938

19. UNDERTAKER Cassedy Funeral Home

(Address) Coeur d'Alene, Ida.

20. FILED 12-7, 1938 L. Thatcher, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1938, to 11/29, 1938

I last saw h~~im~~ alive on 11/28 1938; death is said to have occurred on the date stated above, at 2.43 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	4-5 yrs

Other contributory causes of importance:

mild Chronic Pneumonia	4-5 years
Old and one Stroke (moderate)	1 week

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No. If so, specify

(Signed) H. H. Hamming, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112198

JAN 5 1939

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 170

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME James Arthur Nolander

(a) Residence No. 1505 Lincoln Way St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 11/23/1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

FATHER

13. NAME Arthur Nolander

14. BIRTHPLACE (city or town) Minn.
(State or country)

MOTHER

15. MAIDEN NAME Annie Kilbar

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Arthur Nolander
(Address) Coeur d'Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place Forest Cem Date 12/5, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene

20. FILED 12-4, 1938 E. C. Gatchell M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/3 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1938, to Dec 3, 1938

I last saw h-- alive on Dec 2 1938: death is said to have occurred on the date stated above, at 6 45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. H. Reed, M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112195

Registration District No. 30

Primary Registration District No. 2051

Local Registrar's No. 172

JAN 6 1939

(No. at Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Frank Hoffman

(a) Residence No. Post Falls — St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna Hoffman

6. DATE OF BIRTH (month, day, and year) 2-6-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
68	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Jacob Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John J. Hoffman Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL

Place Forest Lawn Date 12-7, 1938

19. UNDERTAKER Fox & Spaulding

(Address)

20. FILED 1-7, 1938. L. Chatcheon M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-4 1938

22. I HEREBY CERTIFY, That I attended, deceased from Nov, 1937, to 12-14, 1938

I last saw h— alive on 12-13 1938; death is said to have occurred on the date stated above, at 2:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	2 to 3 yrs.
Other **contributory causes** of importance: Pyuria (very bad)	10-12 yrs

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Naturc of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) H. H. Hemming, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112200

PLACE OF DEATH
County of Kootenai
City of Harrison
REGISTRATION DISTRICT
DEC 27 1938

Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Earl Richel

(a) Residence. No. Worley Ida St. R F D 92a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 28 1885
7. AGE: Years 53 | Months 4 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own farm
10. Date deceased last worked at this occupation (mo. and yr.): January 1936
11. Total time (years) spent in this occupation: 32 years

12. BIRTHPLACE (city or town) (State or country): Aberbeen Minn

MOTHER
13. NAME: Mrs O Richel
FATHER
14. BIRTHPLACE (city or town) (State or country): Aberdeen Ohio

MOTHER
15. MAIDEN NAME: Margaret Hamilton
16. BIRTHPLACE (city or town) (State or country): Youngstown Canada

17. INFORMANT (Address): Mrs. Earl Richel Worley Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest H. Alene Idaho Date Dec 9 1938

19. UNDERTAKER: EGER FUNERAL HOME, Fairfield, Wash.
(Address)

20. FILED Dec 8, 1938 Ruth Connolly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 193 8., to Dec 5, 193 8.
I last saw him alive on 2 am-12-4, 193 8.; death is said to have occurred on the date stated above, at 2:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr Endocarditis valvularis	
all valves insufficient	
Other **contributory causes** of importance:	

Name of operation ✓ Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury .., 193.
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) H. E. Patton M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112201

Registration District No. 20

Primary Registration District No. 1051 Local Registrar's No. 180

(No. Pettenger Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alex Leitch 232

(a) Residence No. 508 Reid Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Don't know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-3-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
67	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bordeau France

FATHER

13. NAME David Leitch

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Watson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs Emma Pettenger 508 Reid Ave

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 12-9, 1938
Kootenai

19. UNDERTAKER (Address) Cassady Funeral Home Coeur d'Alene, Idaho

20. FILED 12-9, 1938 L. C. Rodeheaver, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1938 to 12/6, 1938

I last saw him alive on Nov 25 1938; death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic lung abscess	about 1935
draining thru back.	
Pulmonary TBC.	

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) J. F. Hennessy, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur D'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112202

Registration District No. 30
Primary Registration District No. 10c, Local Registrar's No. 173
(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude Kliewer

(a) Residence No. 1502 3rd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How ~~long in U.S., if of foreign~~ birth? yrs. mos. ds.

Removed 108

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. H. Kliewer

6. DATE OF BIRTH (month, day, and year) Jan. 18. 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Russia

FATHER

13. NAME Frank F. Jantzen

14. BIRTHPLACE (city or town)
(State or country) Russia

MOTHER

15. MAIDEN NAME Gertrude Penner

16. BIRTHPLACE (city or town)
(State or country) Russia

17. INFORMANT E. M. Unruh
(Address) 1502 - 3rd Coeur d'Alene Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Newport, Wash. Date 12/10, 1938

19. UNDERTAKER Sherman & Davis
(Address) Newport, Idaho

20. FILED 12-7, 1938 L. Chatcken M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/7 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938, to Dec 7, 1938

I last saw her alive on Oct 12 1938: death is said to have occurred on the date stated above, at 8:00 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset:
Lobar Pneumonia.	Dec 1-38

Other **contributory causes** of importance:

Chronic Myocarditis	Gradual.

Name of operation None Date of
What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury None, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. M. Hustad, M. D.
(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Ross Point, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Husted

DO NOT WRITE IN THIS SPACE
State File No. 112203

JAN 6 1939

Registration District No. 80
Primary Registration District No. 2051 Local Registrar's No. 175
(No. AT Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Herbert Montague 9502

(a) Residence No. Ross Point, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cathran Montague

6. DATE OF BIRTH (month, day, and year) 11/12/1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	0	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11/1937
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER
13. NAME Wm. Montague
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Lydia Southworth
16. BIRTHPLACE (city or town) N.Y. State
(State or country)

17. INFORMANT Cathran Montague
(Address) Ross Point, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place Forest Cem. Date 12/13, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d' Alene, Idaho

20. FILED 1-6-13, 1939 L. Rowan M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/9/38 193

22 I HEREBY CERTIFY, That I attended deceased from April 24, 1938, to Dec 9-, 1938
I last saw him alive on Sept 6 1938: death is said to have occurred on the date stated above, at 8:40P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of **onset**
Arteria Sclerosis with hypertension	Gradual
Other **contributory causes** of importance:- Cerebral Hemorrhage	June 38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Chas Husted M. D.
(Address) Coeur d'Alene Ida.

Dr. Horning.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112204

JAN 6 1939

Registration District No. 50
Primary Registration District No. 1051 Local Registrar's No. 17/dc
(No. at Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred B. Norlin

(a) Residence No. Rt. #3. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

9562

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie E.

6. DATE OF BIRTH (month, day, and year) 11/1/1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) Andover, Ill.
(State or country)

FATHER

13. NAME Olaf Norlin
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Catherine Johnson
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Mrs. Nellie E. Norlin
(Address) C.D.A. Rt. #3

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place Forest Cem. Date 12/14, 1938

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED 12/28, 1938 L. C. Rothchild M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/12/38 193

22 I HEREBY CERTIFY, That I attended deceased from 12/11, 1938, to 12/12, 1938
I last saw h[illegible] alive on 12/11 1938: death is said to have occurred on the date stated above, at 12:10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt. Hemiplegia	12/10/38
Hypertensive Heart disease	10-12 yrs
Other contributory causes of importance:	
Senile Dementia	

Name of operation None Date of
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) F. E. Horning M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112205

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 177
(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 1938

2. FULL NAME Albert Busse. 94

(a) Residence No. 1405 - 3rd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Grace Busse

6. DATE OF BIRTH (month, day, and year) 4-15-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
76	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME John Busse
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Louise
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Grace Busse
(Address) 1405 - 3rd. Coeur d'Alene

18. BURIAL, CREMATION OR REMOVAL
Place Forest Lawn Cem. Date 12-17, 1938
Coeur d'Alene

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Idaho.

20. FILED 12-17, 1938 L. C. Loucks M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-13 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to Dec. 13, 1938
I last saw h~~im~~ alive on Dec. 12 1938; death is said to have occurred on the date stated above, at 10:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	1936
Other contributory causes of importance:	
Coronary Thrombosis	1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) John Busse M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Harrison Flats

RECEIVED

DEC 27 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112206

Registration District No. 126

Primary Registration District No. 2304 Local Registrar's No. 38

(No. Harrison)
(If death occurred in a hospital or institution, give its name instead of street and number)

161e

2. FULL NAME Dean Arnold Spicer.

(a) Residence No. ..... Harrison Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) 12/15/38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs or ... min
—	—	—	8 hrs

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Harrison Idaho

FATHER

13. NAME David Foster Spicer

14. BIRTHPLACE (city or town) (State or country) Capistota So. Dak.

MOTHER

15. MAIDEN NAME Bessie Hanks

16. BIRTHPLACE (city or town) (State or country) Dackus Minn.

17. INFORMANT (Address) Edna Hanks Harrison Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Harrison Date 12-19, 1938

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene

20. FILED 12-20, 1938 Rhett Connealy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-15 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1938, to 12-15, 1938.

I last saw him alive on 12-15 1938.: death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxia Pallida	12-15-38
(Cause undetermined)	
Other **contributory causes** of importance:	

Name of operation None Date of None

What test confirmed diagnosis? Clinical was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ....: Date of injury ....., 193...
Where did injury occur? ....
(Specify city or town, county and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Naturc of injury ....

24. Was disease or injury in any way related to occupation of deceased No If so, specify ....

(Signed) O. A. Bros M. D.

(Address) Dr. Marion Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

RECEIVED JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1051

Local Registrar's No. 178

DO NOT WRITE IN THIS SPACE
State File No. 112207

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis A. Schwerdfeger R. 93c

(a) Residence No. 901 Dudleson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Marjorie Schwerdfeger

6. DATE OF BIRTH (month, day, and year) 1-2-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
67	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lumberworker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation 16 yrs.

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Jas. Schwerdfeger

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Mary Beebee

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT (Address) Mrs. Schwerdfeger Same Res.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Calvalle Wash. Date 12-25, 1938

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED 12-24, 1938 L. L. Kreichen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12- 1938 to 12 1938
I ~~last saw~~ did not see him alive on 12 — 1938 death is said to have occurred on the date stated above, at 1 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes of importance:**

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No. If so, specify .....

(Signed) Coroner E. H. Teed M. D.

(Address) Coeur d Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112208

JAN 6 1939

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 181
(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number) 83

2. FULL NAME Joseph G. Schultz
(a) Residence No. 903 Birch St. Coeur d'Alene
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Nellie Schultz

6. DATE OF BIRTH (month, day, and year) 9/17/65

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) Wurtemburg
(State or country) Ill.

FATHER
13. NAME Schultz
14. BIRTHPLACE (city or town)
(State or country) Germany.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) America

17. INFORMANT Mrs. Arnold Brandt
(Address) 903 Birch City.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Date 12/27, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Idaho

20. FILED 12-27, 1938 L. Church Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-23-1938

22 I HEREBY CERTIFY, That I attended deceased from 10-8-, 1936 to 12-23, 1938
I last saw him alive on 12-14 1938: death is said to have occurred on the date stated above, at 9.30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Paresis + Apoplexy.	
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Teed M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112209

Registration District No. 30

Primary Registration District No. 1051 Local Registrar's No. 182

(No. Idaho Cigar Store)

(If death occurred in a hospital or institution, give its name instead of street and number)

8201

2. FULL NAME John G. Spellman

(a) Residence No. 924 - 5th St

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hattie Spellman

6. DATE OF BIRTH (month, day, and year) 11-4-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
51	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gaylord Minn.

FATHER

13. NAME John H. Spellman

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Amelia Boese

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Hattie Spellman 924 5th St

18. BURIAL, CREMATION OR REMOVAL Place Coeur d'Alene Ida Date 12-28, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 12-28, 1933 H. C. Golden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-23-1933, to 12-23, 1933
~~died not~~
I last saw ~~her~~ alive on 12-23 1933; death is said to have occurred on the date stated above, at 9 15 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other **contributory causes of importance:**	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased no If so, specify .....

(Signed) Coroner H. Teed M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112210

Registration District No. 30

Primary Registration District No. 1051 Local Registrar's No. ~~188~~ 187

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

RECEIVED JAN 6 1939

2. FULL NAME Cora E. Gaine

(a) Residence No. 15th & Harrison St. Coeur d'Alene Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Felix N. Gaine

6. DATE OF BIRTH (month, day, and year) May 22-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
61	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 12-14-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sioux City Iowa

FATHER

13. NAME Julius Saulter

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Cleve F. Gaine
(Address) Rathdrum Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place St. Thomas Cemetery Date 12-27 1938

19. UNDERTAKER Crosby Funeral Home
(Address) Rathdrum Ida.

20. FILED 12-28, 1938 E. C. Litchy M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1938, to Dec 22, 1938

I last saw her alive on Dec 22 1938; death is said to have occurred on the date stated above, at 6:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 12, 1938
Other contributory causes of importance:	
Catarrhal Jaundice	Dec 19, 1938
Bronchitis	Dec 16, 1938

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Ken Skeen, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

~~Dr. Van Dorn~~
DO NOT WRITE IN THIS SPACE
State File No. 112211

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 184

JAN 6 1939

(No. 607 Lakeside Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~MRS~~ Miss Josephine Olivia (Eva) Berg

46b

(a) Residence No. 607 Lakeside Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of *********

6. DATE OF BIRTH (month, day, and year) 3/16/1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Norland, Sweden

FATHER

13. NAME Lars Tranberg,

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Nelson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Glenn Wachter
(Address) Coeur d'Alene, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place Forest Cem. Date 12/27, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene Idaho

20. FILED 12-27, 1938 L. C. Rutherford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/25/38

22 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1938, to Dec 25, 1938

I last saw her alive on Dec 19 1938: death is said to have occurred on the date stated above, at 11:40A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1936
myocardial failure	Dec 1938
Other **contributory causes of importance:**	

Name of operation Partial gastrectomy Date of 11-15-38
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. VanDorn M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Husted

DO NOT WRITE IN THIS SPACE
State File No. 112212

JAN 6 1939
Registration District No. 30
Primary Registration District No. 1061
Local Registrar's No. 185

(No. 501 Garden Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Lumira Fitze. 72a

(a) Residence No. 501 Garden Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred W. Fitze

6. DATE OF BIRTH (month, day, and year) 7/24/1873

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) ------
11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

FATHER
13. NAME Joseph Weis.
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Fred W. Fitze
(Address) Coeur d'Alene, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
CDA Place Forest Cem. Date 12/28, 1938

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d'Alene, Idaho

20. FILED 1-2-39, 1938 E. C. Rathbun M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/26/38

22 I HEREBY CERTIFY, That I attended deceased from 5/4, 1938, to 12/26, 1938
I last saw her alive on 12/25 1938: death is said to have occurred on the date stated above, at 11:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aleukemic Leukemia	- 1937

Other **contributory causes** of importance:

Sacroiliac Chronic Myocarditis	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. Husted M.D. M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112213

JAN 6 1939

Registration District No. 30
Primary Registration District No. 2051 Local Registrar's No. 129
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) R- 23a

2. FULL NAME Myrna E. Glover

(a) Residence No. ..... St. Post Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. / mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Chas. H. Glover

6. DATE OF BIRTH (month, day, and year) 6-12-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
73	6	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lehanon Pagan Ill.

FATHER
13. NAME Col. J. B. Nodine
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Myrtha Loveless
16. BIRTHPLACE (city or town) (State or country) Albert Mark N. Y.

17. INFORMANT (Address) Post Falls Hayden Lake, Athol, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Crematory Date 12-29, 1938

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 12/29, 1938 L. C. Kretzler, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Dec 26, 1938
I last saw her alive on Dec 26 1938, death is said to have occurred on the date stated above, at 9:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc	many years
Cardiac debility	

Other contributory causes of importance:
Ruptured duodenal ulcer Dec 1 had surgery except for emergency

Name of operation duodenal ulcer Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) J. F. Hamm M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

JAN 1[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112214

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 18
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cannon C Spooner

(a) Residence No. Spirit Lake, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth A. Spooner
6. DATE OF BIRTH (month, day, and year): Sept 16-1875
7. AGE: Years 63 | Months 3 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 12-31-38
11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) Elginburg (State or country) Ontario Canada

FATHER
13. NAME: Miram Spooner
14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER
15. MAIDEN NAME: Elizabeth Walter
16. BIRTHPLACE (city or town) ..... (State or country) Ontario Canada

17. INFORMANT: Mrs Elizabeth Spooner
(Address) Spirit Lake Ida

18. BURIAL, CREMATION OR REMOVAL
Place Spirit Lake Date 1-3, 1939

19. UNDERTAKER: Cassedy Funeral Home
(Address) Rathdrum Idaho

20. FILED 1-9, 1939 Elizabeth Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-31 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-31 1938, to 12-31, 1938
I last saw him alive on 12-31 1938: death is said to have occurred on the date stated above, at 10 05 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Cornelius E. V. Deed M. D.
(Address) C D A

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Genesee
R[illegible]

DEC 24 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 62
Primary Registration District No. 2142 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 94a

DO NOT WRITE IN THIS SPACE
State File No. 112216

2. FULL NAME William Anderson

(a) Residence No. St.
(Usual place of abode) 50 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year) 10/1/1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nepanese
(State or country) Canada

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs. Mary Emerson
(Address) Genesee, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Feola, Wash. Date 10/27, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 10/27, 1938 C. J. Robertson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/24 1938

22 I HEREBY CERTIFY, That I attended deceased from 10/20, 1938, to 10/27, 1938
I last saw him alive on 10/24 1938: death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	unknown
Chronic myocarditis	

Other contributory causes of importance:

Senility	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. J. Robertson, M. D.
(Address) Genesee, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

REC.

DEC 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
112217
State File No.

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159b

2. FULL NAME Ruth Miriam Berg

(a) Residence No. Troy Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 19, 1938
7. AGE: Years | Months | Days | If LESS than 1 day hrs or 10 min

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Troy Latah County Idaho

FATHER
13. NAME: A. E. E. Berg.
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Agnes Elizabeth Johnson
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): A. E. E. Berg. Troy Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Westdale Cem. Date 11/19, 1938

19. UNDERTAKER (Address): None.

20. FILED Dec 27 1938 Mrs C. A. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/19 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938, to Nov. 19, 1938.
I last saw her alive on Nov. 19. 1938; death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth.	
6 hr neo gestation	
Other contributory causes of importance:	
Exclampsia in mother	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Naturc of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify
(Signed) Chas G. Meyer M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City or Town Moscow

RECEIVED
DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112218

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 390
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tena Veum Cole

(a) Residence No. South Harrison St.
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethan A. Cole
6. DATE OF BIRTH (month, day, and year): 9/29/1899
7. AGE: Years 39 | Months 1 | Days 2e | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sorority House. Confession as result of a fall from a car to pavement
10. Date deceased last worked at this occupation (mo. and yr.): 11/21/38
11. Total time (years) spent in this occupation: 14 yr.

12. BIRTHPLACE (city or town) Troy. (State or country) Idaho

FATHER
13. NAME: John Veum
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Patrina Swatmoore
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT: Ethan A. Cole
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida. Date Nov. 27, 1938

19. UNDERTAKER: H. R. Short
(Address) Moscow, Idaho

20. FILED 11/26, 1938 Harry Linhorst
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 11/23/1938

22 I HEREBY CERTIFY, That I attended deceased from 11-21-, 1938, to 11-23-, 1938

I last saw h[illegible] alive on 11-23 1938: death is said to have occurred on the date stated above, at 8:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fractures Fronto	
& basal	11-21-38
Cerebral hemorrhage	11-21-38
as result of a fall	
from a car to pavement	
Other contributory causes of importance:	
Pregnancy 3 months	

Name of operation none Date of
What test confirmed diagnosis? clinic Was there an autopsy?
autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following: accidental
Accident, suicide, or homicide? Date of injury 11-21-38
1938
Where did injury occur? Moscow, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place on Washington Street
Manner of injury Fell from a car on head
Nature of injury Skull fractures & Cerebral concussion

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Joseph L. Nelson M. D.
(Address) Moscow, Ida

Over

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Harvard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112219

JAN 5 1939

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

82.1

2. FULL NAME Sylvia Elizabeth Queener

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas B. Queener

6. DATE OF BIRTH (month, day, and year) Aug. 8, 1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1938
11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (city or town)
(State or country) Illinois

FATHER

13. NAME Thomas D. Field
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Irene Johnson
16. BIRTHPLACE (city or town) Peoria
(State or country) Illinois

17. INFORMANT Mrs. Harry Smith
(Address) Harvard, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wn Date Dec. 8, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash

20. FILED 1/9/, 1938 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/7 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1938 to Dec. 7, 1938
I last saw her alive on Dec. 6 1938: death is said to have occurred on the date stated above, at 6:15 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct. 1938
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Jacobs, M. D.
(Address) Potlatch, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

RECEIVED

DEC 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE

State File No. 112220

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rachel Chaney

46 b

(a) Residence. No. Troy, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. L. Chaney

6. DATE OF BIRTH (month, day, and year) Aug. 22, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (mo. and yr.) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Wayne County Ill.

FATHER

13. M[redacted]in Long

14. BIRTHPLACE (city or town) (State or country) Not known Ohio

MOTHER

15. MAIDEN NAME Elizabeth Cook

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Wm. L. Chaney
(Address) Troy Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Bethel Cemetery Date Dec. 11, 1938

19. UNDERTAKER A. E. Alden
(Address) Troy, Idaho

20. FILED Dec 27, 1938 Mrs C. A. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1938, to Dec 9, 1938.
I last saw her alive on Dec 7, 1938; death is said to have occurred on the date stated above, at 5:40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Stomach trouble	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas G. Meyer M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Southwick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112221

Registration District No. 66

Primary Registration District No. 2148

Local Registrar's No. 9

DEC 21 1938

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Fredrick Stratton

512

(a) Residence. No. Southwick (Park district) St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Park Idaho

FATHER

13. NAME Charles R. Stratton

14. BIRTHPLACE (city or town) (State or country) Troy Ida.

MOTHER

15. MAIDEN NAME Thelma M. Campbell

16. BIRTHPLACE (city or town) (State or country) Walla Walla Wash.

17. INFORMANT Charles R. Stratton
(Address) Southwick Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Park Cemetery Date Dec. 13, 1938

19. UNDERTAKER None
(Address)

20. FILED 12/13, 1938 Mrs. Earl Alden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/11 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/12-38, 193.., to 12/7-38, 193..

I last saw him alive on 12/7-38, 193..: death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
rhabdomyoma	about
(cancer)	6/1-38
left testicle	

Other contributory causes of importance:

none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lonny J. Klaas M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Princeton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112222

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Clifford Merrill
(a) Residence No. Princeton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewistown
(State or country) Mont.

FATHER
13. NAME Gardner Merrill
14. BIRTHPLACE (city or town) Lewistown
(State or country) Mont.

MOTHER
15. MAIDEN NAME Elsie Becker
16. BIRTHPLACE (city or town) Hilger
(State or country) Mont.

17. INFORMANT Gardner Merrill
(Address) Princeton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wn. Date 12/13, 1938

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED 12/13, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/12 1938

22 I HEREBY CERTIFY, That I attended deceased from May, 1938 to Dec. 10, 1938
I last saw him alive on June 22 1938: death is said to have occurred on the date stated above, at 3 P M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental injury	Dec. 12. 1938
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec. 12, 1938
Where did injury occur? Princeton, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At home
Manner of injury rolled over him
Nature of injury Basal skull fracture

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. F. Jacobs, M. D.
(Address) Potlatch, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112223

Registration District No. 6-1
Primary Registration District No. 1011
Local Registrar's No. 994

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. Hunter Armstrong 107a

(a) Residence No. St. Bovill, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Not known

6. DATE OF BIRTH (month, day, and year): 10/15/1849

7. AGE — Years: 89 | Months: 1 | Days: 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Ontario
(State or country): Canada

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town): Not known
(State or country)

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town): Not known
(State or country)

17. INFORMANT: Frank Mallory
(Address): Bovill, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Moscow Date: 12/13, 1938

19. UNDERTAKER: H. B. Short
(Address): Moscow, Ida.

20. FILED 1-3, 1939 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/12 1938

22 I HEREBY CERTIFY, That I attended deceased from December 9, 1938, to December 12, 1938
I last saw him alive on Dec. 12 1938: death is said to have occurred on the date stated above, at 8:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	11/9-38
Other contributory causes of importance:	
senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Fuch, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112224

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 395

(No. R.F.D. No. 5)
(If death occurred in a hospital or institution, give its name instead of street and number) 560

2. FULL NAME Mary Eliza Heick

(a) Residence No. R.F.D. No. 5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John I. Heick

6. DATE OF BIRTH (month, day, and year) 3/13/1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cottage Grove
(State or country) Ore.

FATHER
13. NAME Henry M. Rogers
14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER
15. MAIDEN NAME Pauline Whited
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT ...rt Heick
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 1/2/15, 1939

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 1-3, 1939 Mary Eubanks
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/12 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-11, 193 8, to 12-13, 193 8
I last saw h[illegible] alive on 12-12 193 8: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause myocarditis	
Other contributory causes of importance:	
Appendicitis	
Name of operation Appendectomy Date of	

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of ~~Moscow~~ Moscow

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112225

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 396
(No. Cor. Adams & Spotswood)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Edward Theo. Christenson

(a) Residence No. Cor. Adams & Spotswood St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mary Christenson
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/2/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oskosh
(State or country) Wis.

FATHER
13. NAME Chris Christenson
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER
15. MAIDEN NAME Mary Anderson
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Mrs. Mary Christenson
(Address) Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 12-16, 1938

19. UNDERTAKER H. R. Short
(Address) Moscow

20. FILED 1-9, 1939 Harry Lenhoff
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/13 1938

22 I HEREBY CERTIFY, That I attended deceased from 9-13, 1938, to 12-13, 1938
I last saw him alive on 9-13 1938: death is said to have occurred on the date stated above, at 1:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cer. Thrombosis.	
Other contributory causes of importance: Chronic nephritis	

Name of operation None Date of
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. O. Gunnhouse M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112226

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 997

(No. Grimman Hospital) 131
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilford McIntosh

(a) Residence No. [illegible] St. Clarkston WASH
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pearl McIntosh

6. DATE OF BIRTH (month, day, and year) 2/16/1876

7. AGE: Years 62 | Months 10 | Days 2 | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary
10. Date deceased last worked at this occupation (mo. and yr.) 11/1938
11. Total time (years) spent in this occupation 12 yr.

12. BIRTHPLACE (city or town) Ontario,
(State or country) Canada

FATHER
13. NAME Geo. McIntosh
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER
15. MAIDEN NAME Ellen Wadell
16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT Mrs. Pearl McIntosh
(Address) Clarkston, Wash.

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Lewiston, Ida. Date Dec. 16, 1938

19. UNDERTAKER E.R. Short
(Address) Moscow Idaho

20. FILED 1-3, 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/14/38

22 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Nov 14, 1938
I last saw him alive on Nov 14, 1938: death is said to have occurred on the date stated above, at Mid a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Dec. 10-38
Chronic nephritis	unknown

Other contributory causes of importance:

Name of operation Exam. Date of
What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward N. Dunn, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City REC Troy

DEC 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112227

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 118)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John McComb

(a) Residence. No. Troy (Rural) St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21, 1842

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
96	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) 1928
11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) a Armgh Armagh Ireland

FATHER

13. NAME John McComb
14. BIRTHPLACE (city or town) (State or country) Not Known Ireland

MOTHER

15. MAIDEN NAME Elizabeth Ewens
16. BIRTHPLACE (city or town) (State or country) Not known Ireland

17. INFORMANT J. O. McComb (Address) Troy Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Burnt Ridge Date Dec. 17, 1938

19. UNDERTAKER A. E. Alden (Address) Troy, Idaho

20. FILED Dec 27 1938 Mrs C. A. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/14 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1938, to Dec. 14, 1938, I last saw h[illegible] alive on Dec 13, 1938; death is said to have occurred on the date stated above, at 7:45 A. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 9 38
Senility	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. A. Meyer M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112228

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 398

JAN 11 1939

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1572

2. FULL NAME Thomas Hoyt Felton

(a) Residence No. Hotel Moscow St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/19/1938

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER
13. NAME Thomas H. Felton
14. BIRTHPLACE (city or town) Grand Forks
(State or country) N. Dak.

MOTHER
15. MAIDEN NAME Eleanor Hoyt
16. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

17. INFORMANT T.H. Felton
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date 12/17, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 1-6, 1939 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/15 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-19-, 1938, to 12-15, 1938
I last saw him alive on 12-15 1938: death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	12-12-38

Other contributory causes of importance: Mental deficiency, malnutrition, because of inability to eat
Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ——, 1938
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury none
Nature of injury none

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Joseph G Wilson M. D.
(Address) Moscow, Ida

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112229

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 999

JAN 11 1939

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Gritman Hospital)

2. FULL NAME Lew Elmer Williamson 82a,

(a) Residence No. 615 No. Hayes St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Williams

6. DATE OF BIRTH (month, day, and year) Mar. 13-1867

7. AGE: Years 71 | Months 9 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 2nd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Seth Williams
14. BIRTHPLACE (city or town) (State or country) not obt.

MOTHER

15. MAIDEN NAME not obt. Richards
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Mrs. Perle Williamson
(Address) Moscow Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida. Date Jan. 17-, 1939

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow, Idaho

20. FILED 1-6, 1939 J. Mangenhouse
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/15 1938

22 I HEREBY CERTIFY, That I attended deceased from January, 1937, to 12/15-38, 1938
I last saw him alive on 12/15-38 1938: death is said to have occurred on the date stated above, at 2:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/2-38
Other **contributory causes** of importance:	
arteriosclerosis	
senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1938
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Conan T. Klaarenn M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Juliaetta

JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63
Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE
State File No. 112230

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 109a

2. FULL NAME Steven Walcher

(a) Residence No. Juliaetta, Idaho St.
(Usual place of abode) 32 (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/3/1868

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
70	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Austria

FATHER

13. NAME Peter Walcher
14. BIRTHPLACE (city or town)
(State or country) Austria

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Papers in his possession
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Juliaetta Date 12/19, 1938

19. UNDERTAKER E. R. Short
(Address) Moscow, Idaho

20. FILED Dec 19 1938 E. R. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 16 1938

22 I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__
I last saw h__ alive on ____ 193__: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
FOUND DEAD IN OWN HOME.	
PROBABLY PNEUMONIA	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) E. R. Short M. D.
(Address) Moscow

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112231

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 401

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roland Hodgins 92a

(a) Residence No. 615 N. VanBuren St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of: Olive Elizabeth Hodgins

6. DATE OF BIRTH (month, day, and year): 10/3/1862

7. AGE: Years 76 | Months 2 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.): 12/38

11. Total time (years) spent in this occupation: 48 yrs.

12. BIRTHPLACE (city or town): Not known (State or country): Ontario, Canada

FATHER

13. NAME: Henry B. Hodgins

14. BIRTHPLACE (city or town): Ireland (State or country)

MOTHER

15. MAIDEN NAME: Mary Deacon

16. BIRTHPLACE (city or town): Scotland (State or country)

17. INFORMANT: Gerald Hodgins (Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Moscow Date 12/28, 1938

19. UNDERTAKER: H.R. Short (Address) Moscow, Ida.

20. FILED 1-6, 1939 Harry Embrey Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12/26/1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1938 to Dec. 26, 1938

I last saw him alive on 12/25 1938: death is said to have occurred on the date stated above, at 4:07A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	14 yrs.
Chronic Myocarditis	14 yrs.
Other contributory causes of importance: Acute Indigestion	

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Rae Embrey, M. D.

(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112232

Registration District No. 6 1
Primary Registration District No. 1011
Local Registrar's No. 402

JAN 11 1939

(No. Moscow Hotel) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie Lee Steele 46b

(a) Residence No. Moscow Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar C. Steele

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan
(State or country) Ohio

FATHER

13. NAME John White

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT E.T. Johnson
(Address) Orofino, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane, Wn. Date 12/28, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 1-6, 1939 Mary Embord Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/27 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1938, to Dec 27, 1938

I last saw h[illegible] alive on Dec 26 1938: death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Carcinoma.	
Cardiac Failure	
Stomach.	
Other contributory causes of importance:	
Tumor.	

Name of operation None. Date of
What test confirmed diagnosis? Clinical Symptoms. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following: No.

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E.O. Smithson, M. D.

(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112233

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 403
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

108

2. FULL NAME Bauge Dyer

(a) Residence No. St. Troy, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nydia Dyer

6. DATE OF BIRTH (month, day, and year) 5/25/1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 12/38
11. Total time (years) spent in this occupation not obt.

12. BIRTHPLACE (city or town) Knoxville
(State or country) Ten.

FATHER
13. NAME Van Dyer
14. BIRTHPLACE (city or town)
(State or country) Ten.

MOTHER
15. MAIDEN NAME Elmina######## Shelton
16. BIRTHPLACE (city or town)
(State or country) Ten.

17. INFORMANT Mrs. E.W. Palmer
(Address) Pasco, Wash.

18. BURIAL, CREMATION, REMOVAL
Place Moscow Date 12/29, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 1-6, 1939 Harry Eastwood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/28/38 193

22 I HEREBY CERTIFY, That I attended deceased from 12/26-38, 193..., to 12/28-38, 193...
I last saw him alive on 12/28-38 193...: death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/26-38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lorin J. Klaasen, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112234

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 404
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Veatch 82a1

(a) Residence No. 515 E. 'A' St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Marharet Veatch
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/19/1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1936
11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) Keytesville
(State or country) Mo.

FATHER
13. NAME B.H. Veatch
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Frank C. Jones
(Address) Moscow, Ida.

18. BURIAL, ~~CREMATION~~, REMOVAL
Place Moscow Date 12/31, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow Ida.

20. FILED 1-6, 1939 J. Hampendorf
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/29 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1933, to Dec 29, 1938
I last saw h— alive on Dec 28 1938: death is said to have occurred on the date stated above, at 3 am. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Other contributory causes of importance:	
Senile arteriosclerosis.	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C.C. Hamilton, M. D.
(Address Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

RL

JAN 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number) 107a

DO NOT WRITE IN THIS SPACE

State File No. 112237

2. FULL NAME James Vernon Palmer

(a) Residence No. Salmon 4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	*****

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Salmon
(State or country) Idaho

FATHER

13. NAME Cecil R. Palmer

14. BIRTHPLACE (city or town) Salmon
(State or country) Idaho

MOTHER

15. MAIDEN NAME Francis Harris

16. BIRTHPLACE (city or town) Harlowton
(State or country) Montana

17. INFORMANT Cecil R. Palmer
(Address) Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 12-21st, 1938.

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED 1/9, 1939 Clio Bellomy
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-20th 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1938, to Dec 20, 1938

I last saw him alive on Dec 19 1938; death is said to have occurred on the date stated above, at 12.15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/17/38
Other **contributory causes** of importance:	
/	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. L. Mulder, M. D.

(Address) Salmon Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112238

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

9311

2. FULL NAME John Gwyther
(a) Residence No. Shoup Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, and year) 9-24th 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	3	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Live stock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher
10. Date deceased last worked at this occupation (mo. and yr.) 11-1938
11. Total time (years) spent in this occupation 6 years

12. BIRTHPLACE (city or town) Spanish Fork
(State or country) Utah

FATHER
13. NAME Mathais Gwyther
14. BIRTHPLACE (city or town) Wales
(State or country)

MOTHER
15. MAIDEN NAME Margret Jones
16. BIRTHPLACE (city or town) Wales
(State or country)

17. INFORMANT William Gwyther
(Address) Price, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date Dec 28 1938

19. UNDERTAKER Wm. T. Doubler
(Address) Salmon

20. FILED 1/9, 1939 Elva Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12- 24th 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to Dec 24, 1938
I last saw h[illegible] alive on Dec 23 1938: death is said to have occurred on the date stated above, at 5.25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1938

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. L. Mulder M. D.
(Address) Salmon Ida.

MARGIN RESERVED FOR BINDING

PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewis
City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112240

Registration District No. 49
Primary Registration District No. 2127 Local Registrar's No.
(No. (If death occurred in a hospital or institution, give its name instead of street and number)

JAN 13 1938

2. FULL NAME Clarence Lee Morris 9301

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie B Morris

6. DATE OF BIRTH (month, day, and year) May 16 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmington Wash

FATHER
13. NAME Nathaniel Morris
14. BIRTHPLACE (city or town) (State or country) (?)

MOTHER
15. MAIDEN NAME Margaret Ann Probst
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) L G. Morris

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Ida Date 1/9, 1938

19. UNDERTAKER Kamiah Undertaking Co
(Address) Kamiah Ida

20. FILED 1-9, 1939 Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/7 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1936, to April 7, 1938
I last saw him alive on April 7, 1938; death is said to have occurred on the date stated above, at 8 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1937
Other contributory causes of importance: Arthritis	1935

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C A Bryan, M. D.
(Address) Kamiah

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 11241

1. PLACE OF DEATH
County of Lewis
City of Kamiah JAN 1
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49
Primary Registration District No. 2127

2. FULL NAME John Boyd Renshaw

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word.)

6. DATE OF BIRTH: July 22 1856 (Month) (Day) (Year)

7. AGE: 82 Yrs. 6 Mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Eugene Oregon

10. NAME OF FATHER: Robert Renshaw

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Nancy Renshaw

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edgar Lucas
(Address) Kamiah Idaho

15. Filed 1-9 1939 Nell Robertson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September 2 1938 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1935 to Sept. 2 1938
that I last saw h[illegible] alive on Sept. 2 1938
and that death occurred on the date stated above, at 1 A M.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Duration) Sudden Yrs. ..... mos. ..... ds.
Contributory (Secondary) Chronic Nephritis
(Duration) ? yrs. ..... mos. ..... ds.

(Signed) C. W. Bryan M. D.
19..... (Address) Kamiah Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Kamiah, Ida — DATE OF BURIAL: Sept 4 1938

20. UNDERTAKER: Kamiah Undertaking Co — ADDRESS: Kamiah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112242

Registration District No. 49
Primary Registration District No. 2127 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 13 19

2. FULL NAME Belle Hoffman 9562

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24 - 1868

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
70	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas City
(State or country)

FATHER

13. NAME G. N. McCall

14. BIRTHPLACE (city or town) U. S. A.
(State or country)

MOTHER

15. MAIDEN NAME Rachel Grissom

16. BIRTHPLACE (city or town) Kansas City Mo
(State or country)

17. INFORMANT Myrtle A. Schaffler
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kamiah Date 9-26 1938

19. UNDERTAKER Kamiah Funeral Home
(Address)

20. FILED 1-9 1939 Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/24 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Sept., 1938
I last saw h[illegible] alive on 9/23, 1938: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	?
Other **contributory causes** of importance:	
Arteriosclerosis	?

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Mayer, M. D.
(Address) Kamiah

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

112243

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. RECEIVED JAN 9 1939

Registration District No. 47

County of Lewis — Primary Registration District No. ____

City of Nyssa — (No. ____, ____ St.)

File No. 235

Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Carlson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widower

6. DATE OF BIRTH. May 24 1866 (Month) (Day) (Year)

7. AGE: 72 Yrs. 6 Mos. 17 ds.

IF LESS than 1 day how many ____ hrs. or ____ min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: merchant
(b) General nature of industry, business, or establishment in which employed (or employer): clothing

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank E. Carlson
(Address) 629 W 8th - Spokane, Wn.

15. Filed Dec 2 1939 — Albert Hoff, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 11 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ____ 191__, to ____ 191__, that I last saw h__ alive on ____ 191__, and that death occured on the date stated above, at ____ M.

The CAUSE OF DEATH* was as follows:
stroke + Clone followed by Heart failure 1 hr.
Pneumonia about 2 yrs ago
(Duration) Yrs. mos. ds.
Contributory (Secondary) County Coroner
(Duration) Yrs. mos. ds.
(Signed) Albert Hoff M. D.
19__ (Address) Nyssa Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____yrs ____mos ____days. In the State ____yrs ____mos ____days
Where was disease contracted if not at place of death? ____
Former or usual residence ____

19. PLACE OF BURIAL OR REMOVAL: Spokane Wash. — DATE OF BURIAL: Dec 20 1938

20. UNDERTAKER: Albert Hoff — ADDRESS: Nyssa Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

STAR - YORK CO., PTRS. & PUBS. 24858

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112244

PLACE OF DEATH
County of Lewis
City of Nezperce

RECEIVED
JAN 9 1939

Registration District No. 47
Primary Registration District No.
Local Registrar's No. 236

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME Hans Knutson

(a) Residence No. Nezperce Idaho Rour 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 5 mos. ds. How long in U. S., if of foreign birth? 48 yrs. 3 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 4, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
52	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 12/15/38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Vaage Gudbrans-
(State or country) dalen, Norway

FATHER

13. NAME Andrew Knutson

14. BIRTHPLACE (city or town) Vaage Gudbrans
(State or country) dalen, Norway

MOTHER

15. MAIDEN NAME Cari Hanson

16. BIRTHPLACE (city or town) Vaage Gudbransdalen, Norway
(State or country)

17. INFORMANT Mrs. Hans Knutson
(Address) Nezperce Idaho R F D 2

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Nezperce Cemty Date Dec 17, 1938

19. UNDERTAKER Albert Hoff
(Address) Nezperce Idaho

20. FILED Jan 7, 1939 Albert Hoff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1938, to 12-15, 1938.
I last saw him alive on 12-15 1938; death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-15-38
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-15 1938
Where did injury occur? Nezperce, Lewis, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gored BY A mad BULL
Naturc of injury Fractured SKULL

24. Was disease or injury in any way related to occupation of deceased Yes If so, specify Farmer - Caring for Cattle

(Signed) Alonzo A. Towner, M. D.
(Address) Nezperce, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewis
City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112245

JAN 4 1939

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wiley Humphrey Acheson., 1316

(a) Residence No. St.
(Usual place of abode) Craigmont, Ida (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertha M. Osburn

6. DATE OF BIRTH (month, day, and year) May 22 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winterset,
(State or country) Iowa

FATHER

13. NAME Ramsey Acheson.,
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Nancy Duncan.,
16. BIRTHPLACE (city or town)
(State or country) Iowa.

17. INFORMANT R R Acheson
(Address) Craigmont, Ida,

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont Date 12/20, 1938

19. UNDERTAKER C.E. Cloon
(Address) Craigmont, Idaho.

20. FILED 12/20., 1938. C.E. Cloon
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 18 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 1930., to Dec 18, 1938
I last saw him alive on Dec 17 1938: death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	1935
Other contributory causes of importance:	
Chronis interstitial nephritis	1936

Name of operation none Date of
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place -
Manner of injury -
Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) R.G. Dunn M. D.
(Address) Craigmont, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Ramey

RECEIVED JAN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
112246
State File No.....

Registration District No. 49

Primary Registration District No. 2127

Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo. M. Roberson

92a

(a) Residence. No.....St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Grace Roberson

6. DATE OF BIRTH (month, day and year) Jan. 7. 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
76	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Texas

FATHER

13. NAME Geo. W. Roberson

14. BIRTHPLACE (city or town) ..... (State or country) Kentucky

MOTHER

15. MAIDEN NAME Van Pool

16. BIRTHPLACE (city or town) ..... (State or country) .....

17. INFORMANT Mrs. Geo. Roberson (Address) Ramey

18. BURIAL, CREMATION OR REMOVAL
Place Dranyon Ida Date 1/22 1938

19. UNDERTAKER Glenn Ailor (Address) Dranyon Ida.

20. FILED 1/22, 1938. Fred Roberson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/20 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. ....., 193.7., to 1.20.38....., 1938...
I last saw him alive on 1.20.38., 193.8.; death is said to have occurred on the date stated above, at 10 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart failure	sudden
(Brain Concussion)	
(Mitral Murmur)	1937
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) C. H. Bryan M. D.
(Address) Ramey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112247

Registration District No. 49
Primary Registration District No. 2127 Local Registrar's No.
(No.) 92a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Berta Marie Hansen

6. DATE OF BIRTH (month, day and year) March 29 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 1918
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fillmore Co. (State or country) Minnesota

MOTHER FATHER
13. NAME Ole Johnson
14. BIRTHPLACE (city or town) (State or country) Norway
15. MAIDEN NAME Clara Carlson
16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT (Address) J. C. Matthews

18. BURIAL, CREMATION OR REMOVAL Place. Kamiah Idaho Date 12/29 1928

19. UNDERTAKER (Address) Kamiah Mort. Co. Kamiah Idaho

20. FILED 1-9 1929 Nell Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1928

22. I HEREBY ~~CERTIFY~~, That I attended deceased from Dec 10 1928, to Dec 27 1928.
I last saw him alive on 12-17-28, 1928; death is said to have occurred on the date stated above, at 1 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1 year
Myocarditis	1 year
Other **contributory causes** of importance:	
arthritis	years

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 192.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) C. H. Haycock M. D.
(Address) Kamiah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Shelley
IC
JAN 5 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112248

Registration District No.
Primary Registration District No. 1617
Local Registrar's No. 131

(No. At home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Merle Matson 159

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Sing.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 14-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.) 1 day.
11. Total time (years) spent in this occupation 1 day

12. BIRTHPLACE (city or town) Shelley Ida
(State or country)

FATHER

13. NAME Chas. B Matson
14. BIRTHPLACE (city or town) Mt. Vernon Wash.
(State or country)

MOTHER

15. MAIDEN NAME Jessie Geraldine Coen
16. BIRTHPLACE (city or town) Spokane Wash
(State or country)

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Date 193

19. UNDERTAKER Geo. A. Harrison
(Address) Shelley Ida

20. FILED 12/16, 193 Myrtle C. Burdett
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12.15 1938

22 I HEREBY CERTIFY, That I attended deceased from 12.14, 1938, to 12.15, 1938
I last saw him alive on 12.15 1938: death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	1 day
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Forrest Howard M. D.
(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112250

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 78
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number) 9562

2. FULL NAME Jannette McCullock

(a) Residence No. .... St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widdowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas. McCullock

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 78 | Months: 5 | Days: 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME Richard Smith
14. BIRTHPLACE (city or town) (State or country) Scottland

MOTHER
15. MAIDEN NAME Helen Hoggan
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Chas Mc Cullock
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 12/8/38 193

19. UNDERTAKER Russel Flamm
(Address) Rexburg, Idaho

20. FILED 1 - 9 -, 1939 Mrs. H E Young Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month) November 5 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Nov 5, 1938
I last saw her alive on Nov 18 1938: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease	1937
Other contributory causes of importance: Senility.	

Name of operation none Date of ....
What test confirmed diagnosis? ....
Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury —
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

12/8/38 (Signed) Louis F Roah M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Thornton R.F.D.
RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112251

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 79
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Lee Bybee
(a) Residence No. Thornton R.F.D. St. 1072
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: m
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mary Senora Booth
6. DATE OF BIRTH (month, day, and year): Oct. 3. 1858
7. AGE: Years 80 | Months 2 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Huntsville Utah

FATHER
13. NAME: Absalom Bybee
14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER
15. MAIDEN NAME: Nancy Walker
16. BIRTHPLACE (city or town) (State or country): N.Y. N.Y.

17. INFORMANT (Address): L. R. Bybee Roberts Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Sutton Date: Dec 12 1938
19. UNDERTAKER (Address): Jesse A. Keller Rexburg Idaho
20. FILED 1-9-1939 Mrs M Haymond Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec 8 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1938, to Dec 8, 1938
I last saw him alive on Dec 6 1938: death is said to have occurred on the date stated above, at 7.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
& Pleuro-pneumonia	2 wks

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Farley Nelson M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Thornton R D 1

JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112252

Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 71
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clinton R[illegible] Dayley 96

(a) Residence No. Thornton R.D.I St. .....
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	white	married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Violet Eskuzell

6. DATE OF BIRTH (month, day, and year) 8/31/05

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	33	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Marysville
(State or country) Fremont - Idaho

FATHER

13. NAME John - Dayley
14. BIRTHPLACE (city or town) Richmond
(State or country) Utah

MOTHER

15. MAIDEN NAME Nanette Huntsdale
16. BIRTHPLACE (city or town) Huntsville
(State or country) Utah

17. INFORMANT John A Dayley
(Address) Thornton R.D. I

18. BURIAL, CREMATION OR REMOVAL
Place Sutton Date Dec 17, 1938

19. UNDERTAKER Jesse A Keller
(Address) Rexburg Idaho

20. FILED 1-8, 1939 Milton Fuyuma
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Probable date 12/12 1938

22 I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ..... 193...

I last saw him alive on Dec. 1 1938; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of thoracic aneurism of the ascending aorta	1

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes - at Rexburg Idaho Dec. 16 1938.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. F. Sutherland M. D.

(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison.
City of Independence.

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178 (No.)

DO NOT WRITE IN THIS SPACE
State File No. 112253

Local Registrar's No. 70

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mable Safford. 108

(a) Residence No. St. Salmon, Ida.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 14 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Oscar Warren Safford

6. DATE OF BIRTH (month, day, and year) 4/8/1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 9/38

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Uintah, Utah.
(State or country)

FATHER

13. NAME Ira Stephen Spaulding.

14. BIRTHPLACE (city or town) Salt Lake City, Utah.
(State or country)

MOTHER

15. MAIDEN NAME Pheobe Zellnora France.

16. BIRTHPLACE (city or town) Salt Lake City,
(State or country) Utah.

17. INFORMANT O. W. Safford
(Address) Salmon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Burton, Ida Date 12/18, 1938

19. UNDERTAKER A B Eckersell
(Address) Rigby, Idaho.

20. FILED 1-8-, 1939 Mrs Hayoung
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/15/1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to 12/15, 1938
I last saw her alive on 12/15/1938: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12/8/38

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. Berg, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Sunneydell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112254

Registration District No. 100
Primary Registration District No. 2128
Local Registrar's No. 72

JAN 11 1939

(No. 108)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey Glen Davis

(a) Residence No. Sunneydell, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male		

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Babe

6. DATE OF BIRTH (month, day, and year) Oct. 24, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sunneydell
(State or country) Idaho

FATHER
13. NAME Glen Davis
14. BIRTHPLACE (city or town) Goshen
(State or country) Idaho

MOTHER
15. MAIDEN NAME Melva Smith
16. BIRTHPLACE (city or town) Lyman
(State or country) Idaho

17. INFORMANT Glen Davis
(Address) Thornton Pl.

18. BURIAL, CREMATION OR REMOVAL
Place Archer, Ida Date Dec. 20 1938

19. UNDERTAKER None
(Address)

20. FILED 1-8, 1939 Mrs Heyrung
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/19 1938

22 I HEREBY CERTIFY, That I attended deceased from 12/17, 1938, to 12/19, 1938
I last saw h.im alive on 12/19 1938: death is said to have occurred on the date stated above, at 2:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12/16/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. F. Peyton M. D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

...—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Salem

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112255

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 73
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Megan Fae Montanen 107a

(a) Residence No. ..... Salem Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single
6. DATE OF BIRTH (month, day, and year): June 12 1937
7. AGE: Years: 1 | Months: 6 | Days: 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salem (State or country) Idaho

FATHER
13. NAME Warren Montanen
14. BIRTHPLACE (city or town) Salem (State or country) Idaho

MOTHER
15. MAIDEN NAME Etta Aldred
16. BIRTHPLACE (city or town) Rexburg (State or country) Idaho

17. INFORMANT (Address) Warren Montanen Salem Idaho

18. BURIAL, CREMATION OR REMOVAL Place Ashton Date Jan 2 1938
19. UNDERTAKER (Address) Jan L. Keller Rexburg Idaho

20. FILED 1-8, 1939 Thos. Haysom Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-23-, 1938, to 12-23-, 1938
I last saw her alive on 12-23 1938: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	few days before death.

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

12/28/38 (Signed) Lorne Diehl M. D.
(Address) Rexburg Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg
REC[illegible]
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112256

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 75
(No. Sutherland Hospital) 146
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Irene Seamons
(a) Residence No. / St. Blackfoot, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Weldon A. Seamons
6. DATE OF BIRTH (month, day, and year): April 14, 1908
7. AGE: Years 30 | Months 8 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: Blackfoot, Idaho.

12. BIRTHPLACE (city or town) (State or country): Blackfoot, Idaho.

FATHER
13. NAME: Adam Earl Carter
14. BIRTHPLACE (city or town) (State or country): Minersville Utah

MOTHER
15. MAIDEN NAME: Sarah Williams
16. BIRTHPLACE (city or town) (State or country): Grenville Utah.

17. INFORMANT (Address): W. Homer Carter Rt 2. Blackfoot, Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Blackfoot Date: Dec. 30, 1938
19. UNDERTAKER (Address): John C. Sandberg Blackfoot Idaho
20. FILED: 1-8-, 1939 Mrs. A. Heyoung Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12-30 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1938, to Dec. 30, 1938
I last saw her alive on Dec 30 1938; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	
Complicated by	9
pregnancy	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. Sutherland, M.D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112258

Registration District No.
Primary Registration District No. Local Registrar's No. 69

REGISTERED JAN 5 19

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guiney R Fish 2079

(a) Residence No. D St. Unknown
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): # Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years # About 40 | Months Unknown | Days . | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Social Security card found on person
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem Date Oct 15, 1938

19. UNDERTAKER Goodman Mortuary
(Address) Rupert Idaho

20. FILED 12-20, 1938 E. E. Emmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on Oct 11 1938: death is said to have occurred on the date stated above, at 9 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull Fracture	
due to riding on R R. box car. Jerked out when train stopped suddenly, door of car closed on head fracturing it and produced Multiple bleeding	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury 10-11 1938

Where did injury occur? Rupert Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Rail Road

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Alan Goodman M. D.
Coroner

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112259

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 68

(No. 108)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jean Pierre Eneca

(a) Residence No. St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) 4/22/190[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shepherd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France.

FATHER

13. NAME Mike Eneca

14. BIRTHPLACE (city or town) (State or country) France.

MOTHER

15. MAIDEN NAME Mary Urrutia

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT John B Eneca
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Vernon Cal Date 12 - 16, 193[illegible]

19. UNDERTAKER Rodney Goodman
(Address) Rupert Idaho

20. FILED 12-12, 193[illegible] [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/10/1938

22 I HEREBY CERTIFY, That I attended deceased from 12-6, 1938, to 12-10, 1938

I last saw h[illegible] alive on 12-10 1938; death is said to have occurred on the date stated above, at 4 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-6-38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. H. Wallace, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112260

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 70
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 107a

2. FULL NAME Sarah Ann Coleman

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hyrum Coleman

6. DATE OF BIRTH (month, day, and year) Jan 10, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Paris
(State or country) Idaho

FATHER
13. NAME Joseph K. Kay
14. BIRTHPLACE (city or town) Council Bluffs
(State or country) Iowa

MOTHER
15. MAIDEN NAME Martha Wilson
16. BIRTHPLACE (city or town) Council Bluffs
(State or country) Iowa

17. INFORMANT Hyrum Coleman
(Address) Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cemetery Date 12-26 1938

19. UNDERTAKER
(Address)

20. FILED 12-23, 1938 E. R. Eldredge
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-22 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938, to Dec 22, 1938
I last saw h er alive on Dec 22 1938.: death is said to have occurred on the date stated above, at 2:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Auricular fibrillation	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Kenagy, M. D.
(Address) Rupert Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Peck

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JAN 6 1939

DO NOT WRITE IN THIS SPACE
State File No. 112261

Registration District No. 93
Primary Registration District No. 2371
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Mc Gee 132a

(a) Residence No. Peck Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boone County
(State or country) Iowa

FATHER
13. NAME John Mc Gee
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Frank Mc Gee
(Address) Peck Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Peck Date Oct 16, 1938

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 10-14-, 1938 Daniel Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10-14 1938

22 I HEREBY CERTIFY, That I attended deceased from ~~Sept 12~~ April 12, 1938, to Oct 12, 1938
I last saw him alive on Oct. 13 1938.: death is said to have occurred on the date stated above, at 6 a.m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis - Cystic Kidney	unknown
Other contributory causes of importance:	
Prostatitis -	unknown
arteriosclerosis -	unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193 ✓
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) W. T. Robertson, M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce

City of Peck

JAN 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2371

DO NOT WRITE IN THIS SPACE

State File No. 112262

Local Registrar's No.

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Rosa Ann Springston

(a) Residence No. St. Peck Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Sprikston

6. DATE OF BIRTH (month, day, and year) Sep 20 1857

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	80	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER FATHER

13. NAME George Duston

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Margert Smith

16. BIRTHPLACE (city or town) Canida
(State or country)

17. INFORMANT John T. Sprinston
(Address) Peck Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date 11/ 10, 1938

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 10-31, 1938 Daniel Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/29 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1938, to Oct. 29, 1938

I last saw he alive on Oct 27 1938.: death is said to have occurred on the date stated above, at 3 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterial-sclerosis	Several years
Other **contributory causes** of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. J. Hoffeins, M. D.

(Address Orofino, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112263

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St Joseph hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 186a

2. FULL NAME Lee Wesley Zehner

(a) Residence No. Winchester Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Zehner

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Little Rock
(State or country) Arkansas

FATHER

13. NAME Zehner

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT John L. Zehner
(Address) Winchester Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Denver Ida. Date Nov. 18, 1938

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston Idaho.

20. FILED Nov. 17, 1938 M. W. Carey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-15 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938, to Nov 15, 1938
I last saw h~~im~~ alive on Nov 15 1938: death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
2 upper lobes of Right lung Type	Nov 10/38
Other contributory causes of importance:	
Fracture Right Femur Subtrochanteric	Nov 6 38

Name of operation Fracture Reduction Date of Nov 9 38
What test confirmed diagnosis? Was there an autopsy? Laboratory

23. If death was due to exter'l ~~causes~~ (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 6, 1938
193.....
Where did injury occur? Stites, Clearwater Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury Fell from Ladder
Nature of injury Fracture

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify Carpenter on Ladder working

(Signed) O. C. Chambers M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston, Idaho

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112264

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 5/a

2. FULL NAME Henry Clarence Morris

(a) Residence No. 8th & Chestnut St. Clarkston, Wn

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/7/1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eugene
(State or country) Oregon

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Austin Morris
(Address) Clarkston, Wn

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn Date 11/25, 1938

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wn

20. FILED Dec 9, 1938 M. M. Easley, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/23 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1938, to Nov 23, 1938

I last saw him alive on Nov 23 1938: death is said to have occurred on the date stated above, at 2:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock	Nov 21/38

Other **contributory causes** of importance:

Hypernephroma	+ Months

Name of operation Exploratory Date of Nov 21/38

What test confirmed diagnosis? Was there an autopsy? No Operative pathological report

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. C. Carlson, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lapwai

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112265

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rex O Riggle

93c

(a) Residence No. Lapwai St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 2, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retiredm
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cattleman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Bedford
(State or country) Iowa

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary E Hughes
16. BIRTHPLACE (city or town) Wanesburg
(State or country) Pennsylvia

17. INFORMANT Mrs Albert Larsen
(Address) Lapwai Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Lewiston Date Dec 11, 1938

19. UNDERTAKER Brower Wann Co
(Address) Lewiston Idaho

20. FILED Dec 15, 1938 L C Hostetler M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) November 29 1938

22 I HEREBY CERTIFY, That I attended deceased from not at all, 193..., to alive, 193...
I last saw him alive on Nov. 29 1938; death is said to have occurred on the date stated above, at 10 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6-1-38
Coronary Thrombosis	11-29-38

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles K. Spear, M. D.
(Address) Fort Lapwai Sanatorium

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112266

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

JAN 9 1939

(No. 1314)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Hubert Lunders

(a) Residence No. St Josephs Hospital St. Reubens, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): January 17 1870
7. AGE: Years 68 | Months 4 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Holland

FATHER
13. NAME: John Louie Lunders
14. BIRTHPLACE (city or town) (State or country): Belgium

MOTHER
15. MAIDEN NAME: Christina Geneegen
16. BIRTHPLACE (city or town) (State or country): Veer Belt Belgium

17. INFORMANT (Address): John L. Lunders Reubens, Ida
18. BURIAL, CREMATION OR REMOVAL Place: Nezperce, Ida. Date: Dec 6, 1938
19. UNDERTAKER (Address): C E Cloon Craigmont Ida
20. FILED: Dec. 9, 1938 M. W. Chaney M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec 3 1938
22 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1938, to Dec 3, 1938
I last saw him alive on Dec 3 1938: death is said to have occurred on the date stated above, at 4:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uraemia	Dec 1 1938
Chronic Nephritis	1936
Hypertension	1930
Cerebral Hemorrhage	1938

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Broadbent M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112267

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

JAN 9 1939

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

92a

2. FULL NAME Wilber Sams

(a) Residence No. Genesee, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 2/30

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER
13. NAME Chester Sams
14. BIRTHPLACE (city or town) (State or country) Tennesee

MOTHER
15. MAIDEN NAME Walker
16. BIRTHPLACE (city or town) (State or country) S.Dak.

17. INFORMANT Hospital Record
(Address) Lewiston, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Genesee, Ida. Date 12/6/38, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Dec 9, 193 8 M. W. Cashy, MD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/3 193 8

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 193 8, to Dec 3, 193 8
I last saw him alive on Dec 3 193 8; death is said to have occurred on the date stated above, at 3:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other **contributory causes** of importance:
Mitral Stenosis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. L. Scott, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Lyle

DO NOT WRITE IN THIS SPACE

State File No. 112268

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number) 162

2. FULL NAME Olive Pennington

(a) Residence No. 315 Adams St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. F. Pennington

6. DATE OF BIRTH (month, day, and year) April, 11, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Madison
(State or country) Indiana

FATHER

13. NAME Samuel Ramsey

14. BIRTHPLACE (city or town)
(State or country) Not known

MOTHER

15. MAIDEN NAME Sarah Hutchison

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs F. M. Rogers
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Lewiston Date Dec 10, 1938

Brower Wann Co

19. UNDERTAKER
(Address) Lewiston Idaho

20. FILED Dec 12, 1938 L. C. Kretchmer M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-8 1938

22 I HEREBY CERTIFY, That I attended deceased from , 1938, to Dec 8, 1938

I last saw her alive on Dec 5 1938: death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility.	

Other **contributory causes** of importance:

No special lesion found but gradual decline

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Kretchmer M.D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Scott

DO NOT WRITE IN THIS SPACE
State File No. 112269

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No St Joseph's Hospital) 93c
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ariel Dumbauld

(a) Residence No. St. Juliaetta, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Louise Dumbauld

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1856

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) 1914
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Johnson Co.
(State or country) Iowa

FATHER
13. NAME Frederick Dumbauld
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs Ariel Dumbauld
(Address) Juliaetta, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Juliaetta, Ida. Date Dec. 11, 1938

19. UNDERTAKER Brauer Mayan Co.
(Address) Lewiston, Idaho

20. FILED Dec. 14, 1938 L C Kramer, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-9 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Dec 9, 1938
I last saw him alive on Dec 9 1938; death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophia of Prostate	?
Chronic myocarditis	?

Other contributory causes of importance:

Hypostatic Pneumonia	Dec 6 '38

Name of operation Transurethral Resection Date of 11/21/38
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Scott, M. D.
(Address Lewiston, Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of # Nesperse
City of Lewiston
RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112270

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. La France Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number) 130

2. FULL NAME Wilbur Sherman Larkin

(a) Residence No. La France Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of Mida L. Larkin
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/3/1869

7. AGE — Years: 68 | Months: 11 | Days: 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmef
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Apr-37
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Forrest Grove
(State or country) OREGON

FATHER
13. NAME Perry Larkin
14. BIRTHPLACE (city or town) Not known
(State or country) Ohio

MOTHER
15. MAIDEN NAME Mary Carins
16. BIRTHPLACE (city or town) Not known
(State or country) Ill.

17. INFORMANT Mrs. W.S. Larkin
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Garfield, Wn. Date 12/1+ 193 8

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED Dec 15 193 8 L.C. Thatcher MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/11 193 8

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 193 8, to Dec 11, 193 8
I last saw h[illegible] alive on Nov 2 193 8: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerular nephritis.	
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C.C. Armstrong, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112271

Registration District No. 1009
Primary Registration District No. 91
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

12201

2. FULL NAME Calvin Mullins Jr.

(a) Residence No. 1442 - Idaho St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/10/38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho.

FATHER

13. NAME Calvin Mullins Sr.
14. BIRTHPLACE (city or town) No Record
(State or country)

MOTHER

15. MAIDEN NAME Clara Zimmerman
16. BIRTHPLACE (city or town) Christine
(State or country) I. D.

17. INFORMANT P.A. Zimmerman
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Ida. Date —, 193

19. UNDERTAKER Vassar-Rawls Co
(Address) Lewiston, Idaho

20. FILED 193
Registrar.

DEC 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/11 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-9-1938 193, to 12-11 -, 1938
I last saw him alive on 12-11 1938: death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis	

Other contributory causes of importance:

Strangulated inguinal hernia	

Name of operation Hernia Date of 12-9-38
What test confirmed diagnosis? Findings Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Nelson Pittard, M. D.
(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Near Culdesac, Idaho

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112272

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Ranch)

(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME George W? Wittman

(a) Residence No. Culdesac, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clara Wittman

6. DATE OF BIRTH (month, day, and year) 1/25/1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Uniontown (State or country) Wash.

FATHER

13. NAME John Wittman

14. BIRTHPLACE (city or town) No Record (State or country)

MOTHER

15. MAIDEN NAME Katherine Smith

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMANT Mrs. Clara Wittman
(Address) Culdesac Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 12/14/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED DEC 28 1938 193

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/10 38

22 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 193 8, to Dec. 11, 193 8

I last saw h~~im~~ alive on Dec 10 193 8: death is said to have occurred on the date stated above, at 2330 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure	12/9/38
Other **contributory causes** of importance:	
Coronary Sclerosis	Unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston, Idaho

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112273

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number) 8221

2. FULL NAME Lillian Heth

(a) Residence No. 1269 Poplar St. Clarkston, Wn

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Heth

6. DATE OF BIRTH (month, day, and year) 10/10/1857

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	81	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield
(State or country) Ill.,

FATHER

13. NAME Samuel Broker

14. BIRTHPLACE (city or town) Liptzig
(State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Weiser

16. BIRTHPLACE (city or town) Pittsburg
(State or country) Penn.

17. INFORMANT Mrs. Nellie Pelton
(Address) Clarkston, Wn

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date 12/14, 1938

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wn

20. FILED Jan 3, 1939 M. B. McGuire M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-12-1938

22 I HEREBY CERTIFY, That I attended deceased from 12-10-, 1938, to 12-12-, 1938

I last saw h.. alive on 12-12- 1938.: death is said to have occurred on the date stated above, at 5:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. M. McGuire, M. D.

(Address) Asotin Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

m c Rae

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 112274

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

8221

2. FULL NAME Usha Elnore Schaeffler

(a) Residence No. Fifth St & seventh ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eugene John Schaeffler

6. DATE OF BIRTH (month, day, and year) Aug 24, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
57	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Hillsboro
(State or country) Kansas

FATHER

13. NAME Hiram Beck

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Emma Grimes

16. BIRTHPLACE (city or town) Hillsboro Kansas
(State or country)

17. INFORMANT Eugene Schaeffler
(Address) Lewiston Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Lewiston Date Dec, 13 1938

19. UNDERTAKER Brower Wannn Co
(Address) Lewiston Idaho

20. FILED Dec. 20, 1938 L. C. Bratton M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 12 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1938, to 12-12, 1938

I last saw her alive on 12-12 1938; death is said to have occurred on the date stated above, at 1:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12-6-38
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Naturc of injury —

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) J. M. McRae, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112275

Registration District No. 1609

Primary Registration District No. 96

Dup. 11B 900

Local Registrar's No.

(No. 1503-9th Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME Nicholas Brocke

(a) Residence No. 1503-9th Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of not obtainable

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	84	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) not known
(State or country) Maryland

FATHER

13. NAME not obtainable

14. BIRTHPLACE (city or town)
(State or country) not known

MOTHER

15. MAIDEN NAME not obtainable

16. BIRTHPLACE (city or town)
(State or country) not known

17. INFORMANT Mrs. Caroline Wilcox
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Juliaetta, Idaho 12/15 1938

19. UNDERTAKER Valsar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED Dec 22, 1938 L. C. Ketchum M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-14-38

22 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1938 to Dec. 14, 1938

I last saw him alive on about Dec 1 1938: death is said to have occurred on the date stated above, at 7:00p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 14th
Other contributory causes of importance:	
arteriosclerosis	4 yrs

Name of operation none Date of

What test confirmed diagnosis? history Was there an autopsy? No. 9 previous attacks

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. J. Barrow M. D.

(Address Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

South

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112276

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
JAN 9 1939

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 329 - 14th Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie Matilda Robinson

(a) Residence No. 329 - 14th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Robison

6. DATE OF BIRTH (month, day, and year): August 18 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
68	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Morgantown Indiana

FATHER
13. NAME: Coonfield
14. BIRTHPLACE (city or town) (State or country): Arkansas

MOTHER
15. MAIDEN NAME: Matilda Gardner
16. BIRTHPLACE (city or town) (State or country): Arkansas.

17. INFORMANT (Address): E. K. Robison Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lewiston Idaho Date: 1/7, 193 8

19. UNDERTAKER (Address): Brown-Wann Co. Lewiston Idaho.

20. FILED Dec 20, 193 8 L. C. Gustafson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 193 8 to Dec 15, 193 8
I last saw he R alive on Dec 14 193 8; death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Naturc of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. L. Scott M. D.
(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112277

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Billings

(a) Residence No. Southwick Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male ~~White~~	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of No record

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME No record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs B. Capwell
(Address) Southwick, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date 12/23/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED DEC 26 1938 193 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/18/38

22 I HEREBY CERTIFY, That I attended deceased from 12/15, 1938, to 12/18, 1938

I last saw her alive on 12/17 1938; death is said to have occurred on the date stated above, at 1:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	1928
Uremia.	12/10/38

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None, 193

Where did injury occur? No injury
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** No injury

Manner of injury None

Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. S. Douglas, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112278

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo Cummings

(a) Residence No. 609- D. St. Lewiston Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/23/1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ben Cummings
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Ida. Date 12/21/38 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED DEC 28 1938 193

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/19/38

22 I HEREBY CERTIFY, That I attended deceased from 12/16, 193 8, to 12/19, 193 8

I last saw him alive on 12/19 193 8: death is said to have occurred on the date stated above, at 10:20A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture Compound Comminuted Tibia and Fibula Bilateral	12/16/38
Other **contributory** causes of importance: Jaundice Arteriosclerosis	1928

Name of operation Reduction fracture & Cast Date of 12/16/38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Date of injury 12/16/38 193

Where did injury occur? Lewiston, Nez Perce, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Public place

Manner of injury Struck by Automobile

Nature of injury As to cause of death

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Dwight M. D.

(Address Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Peck

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112279

Registration District No. 93
Primary Registration District No. 2371
Local Registrar's No.

JAN 6 1939

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

132a

2. FULL NAME Abbie A Whitman

(a) Residence No. Peck Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.....yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Clarence A Whitman
6. DATE OF BIRTH (month, day, and year): Oct 20 1867
7. AGE: Years 71 | Months 8 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Homemaker
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: William Stewart
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Mary Van Horn
16. BIRTHPLACE (city or town) (State or country): Ungascertained

17. INFORMANT (Address): Mrs C A Graham Peck Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date 12-24, 1938

19. UNDERTAKER (Address): Orofino Mortuary Orofino Ida

20. FILED 12/23, 1938 David Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1938, to Dec 22nd, 1938
I last saw h[er] alive on Nov 19th 1938; death is said to have occurred on the date stated above, at 1:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy about	2 yrs ago

Other **contributory causes** of importance:

Brights Disease	Unknown

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 1938 ✓
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** none
Manner of injury ✓
Nature of injury ✓

24 Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) J T Robinson M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

RECEIVED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112280

Registration District No. 1609

Primary Registration District No. 16 Local Registrar's No.

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

92 b

2. FULL NAME Molly Gamble

(a) Residence No. St. Weippe, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ~~Wm.~~ Gamble

6. DATE OF BIRTH (month, day, and year) June 11, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
63	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lansdale
(State or country) West Va

FATHER

13. NAME J. L. White

14. BIRTHPLACE (city or town)
(State or country) W. Va.

MOTHER

15. MAIDEN NAME Susie Helmick

16. BIRTHPLACE (city or town)
(State or country) W. Va.

17. INFORMANT Mrs Rosa Woods
(Address) Weippe, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weippe, Idaho Date Dec. 29, 1938

19. UNDERTAKER Brown Mortuary Co.
(Address) Lewiston Idaho

20. FILED 12/28, 1938 Mark B. McGreen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 26 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Dec 26, 1938
I last saw her alive on Dec 26 1938: death is said to have occurred on the date stated above, at 11:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Jan-37
acute dilation of heart	Dec 26-38
Arteriosclerosis	about 1936
Cerebral Haemorrhage	June 12-38

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad Rt 1

JAN 11 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 112281

Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME Peter Hansen Illum

(a) Residence. No. Malad Idaho Rt I St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Grey Noble

6. DATE OF BIRTH (month, day, and year) Feb 19 1852

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
86	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Builder Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Foborg (State or country) Denmark

FATHER

13. NAME Johann H P Illum

14. BIRTHPLACE (city or town) ..... (State or country) Denmark

MOTHER

15. MAIDEN NAME Margaret Rasmussen

16. BIRTHPLACE (city or town) ..... (State or country) Denmark

17. INFORMANT Elsie Illum (Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial Place St John Idaho Date Dec 5, 1938

19. UNDERTAKER J. Guy Kerman (Address) Malad Idaho

20. FILED Dec 5, 1938 M. J. Kerman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 193 8, to Dec 2, 193 8.

I last saw h... alive on Dec 1, 193 8; death is said to have occurred on the date stated above, at 7:10AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General debility	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) O. A. Smales, M. D.

(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112282

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 37

JAN 11 1939

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

182

2. FULL NAME Dora Evans

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 12 1918

7. AGE: Years 20 | Months 6 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Malad Idaho

FATHER

13. NAME John E Evans

14. BIRTHPLACE (city or town) (State or country): Malad Idaho

MOTHER

15. MAIDEN NAME Pheobe Thomas

16. BIRTHPLACE (city or town) (State or country): Malad Idaho

17. INFORMANT (Address): Phebe Hughes Malad Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Malad Idaho Date Dec 19 1938

19. UNDERTAKER (Address): J. Guy Hansen Malad Idaho

20. Dec 20, 1938 M. J. Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 16 1938

22. I HEREBY CERTIFY, That I attended deceased from not before, 193..., to ..., 193...
I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at unknown
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Patient was found lying on floor Probably fainted and fell forward striking head on	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?.. — .. Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury..✓.....
Nature of injury..✓.....

24. Was disease or injury in any way related to occupation of deceased?.. no If so, specify.....

(Signed) ..... O. O. Garst, M. D.

(Address) ..... Malad, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Owyhee
City of Grand View

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112283

Registration District No. 74
Primary Registration District No. 2-151
Local Registrar's No. 4

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number) 85

2. FULL NAME Veral Enders Bakken (Veral Enders Bakken)

(a) Residence No. Grand View, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 5. 1922

7. AGE 16 Years | Months 11 m | Days 21 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fargo N. D.
(State or country)

FATHER

13. NAME Ernest G. Bakken
14. BIRTHPLACE (city or town) Abercrombia
(State or country) N. D.

MOTHER

15. MAIDEN NAME Lena Olson
16. BIRTHPLACE (city or town) Wild Rice
(State or country) N. D.

17. INFORMANT Father
(Address) Ernest G. Bakken

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grand View Date Dec. 15, 193 8

19. UNDERTAKER Zacher - Berg Funeral Home
(Address) Boise Idaho

20. FILED Dec. 17, 193 8 Alice E. Encenbach
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/12 193 8

22 I HEREBY CERTIFY, That I attended deceased from September 4 193 8, to December 12, 193 8
I last saw him alive on Dec. 12 193 8: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Sepsis - began before	9/ 38 -
Epilepsy	1922
Other contributory causes of importance:	
Spinal meningitis	1924

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 193...
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place no
Manner of injury no
Nature of injury ...

24 Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) R. H. Cooper, M. D.
(Address) Grand View, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Owyhee
City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112284

Registration District No. 107
Primary Registration District No. 2185 Local Registrar's No. 20
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Washington Fenstermaker 94-
(a) Residence. No. .... Homedale St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Elizibeth Fenstermaker

6. DATE OF BIRTH (month, day, and year) March 29-1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Mankato (State or country) Kansas

FATHER
13. NAME Adam Fenstermaker
14. BIRTHPLACE (city or town) Not Known (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Penelope Ball
16. BIRTHPLACE (city or town) Not Known (State or country) Pennsylvania

17. INFORMANT J. A. Fenstermaker (Address) Homedale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Cemetery Date 12-16, 1938

19. UNDERTAKER Peterson & Sons (Address) Caldwell Ida

20. FILED Dec 19, 1938 Jos. Zaltzer M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 13 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
~~I last saw h... alive on ....., 193....~~ : death is said to have occurred on the date stated above, ~~at ... m.~~ in the night
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 13
Cardiac Failure	
Arteriosclerosis	4 years
Other contributory causes of importance:	
Cerebral Vascular Accident (Paralytic Stroke)	3 years ago

Name of operation ..... Date of .....
What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Jos. Zaltzer, M. D.
(Address) Box 456 Homedale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112285

JAN 4 1939

Registration District No. 107
Primary Registration District No. 2185 Local Registrar's No. 21
(No. At home)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME John Sopher
(a) Residence. No. Homedale St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude B. Cotham

6. DATE OF BIRTH (month, day, and year) May 7 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	7	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 3 years ago
11. Total time (years) spent in this occupation All life

12. BIRTHPLACE (city or town) Knox County
(State or country) Ohio

FATHER
13. NAME ? ? Sopher
14. BIRTHPLACE (city or town) ?
(State or country) United States

MOTHER
15. MAIDEN NAME Elizabeth Reily
16. BIRTHPLACE (city or town) ?
(State or country) United States

17. INFORMANT Mrs. John Sopher
(Address) Homedale

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Date Jan 3, 1939

19. UNDERTAKER C. V. Peckham
(Address) Caldwell

20. FILED Dec 31, 1938 Jos. Saltzer M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1938, to Dec 29, 1938
I last saw h.i.m alive on Dec 28, 1938; death is said to have occurred on the date stated above, at 3 00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	5 years
Chronic Vascular Disease	5 yrs.
Other contributory causes of importance: Chronic Nephritis (Arteriosclerotic)	5 years

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Jos. Saltzer, M. D.
(Address) Homedale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

RECEIVED
JAN 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008
(No. ____)

DO NOT WRITE IN THIS SPACE
State File No. 112286
Local Registrar's No. 66

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willis Benson Williams 23a

(a) Residence No. No. Payette St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: Colt
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Jennie Williams
6. DATE OF BIRTH (month, day, and year): Nov. 14-1858
7. AGE: Years: 80; Months: 0; Days: 21; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Mo.

FATHER
13. NAME: Joseph Williams
14. BIRTHPLACE (city or town) (State or country): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (city or town) (State or country): Dont Know

17. INFORMANT: Jennie Williams
(Address) Payette Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date Dec 7, 1938

19. UNDERTAKER: R. C. Northam
(Address) Weiser Ida.

20. FILED 12/10/38 193... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-5-1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1938, to Dec 5, 1938.
I last saw him alive on Dec 5 1938: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis of many years	Standing
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Carlton M. D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Kootenai

RECEIVED
JAN 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112287

Registration District No. 4-1008
Primary Registration District No. ..... Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME Marvel Borders

(a) Residence No. 1107 N 6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Jennie Borders.

6. DATE OF BIRTH (month, day, and year) Feb 8 - 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 20 yrs. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jackson
(State or country) Ohio

FATHER
13. NAME Robt Borders.
14. BIRTHPLACE (city or town) Jackson
(State or country) Ohio

MOTHER
15. MAIDEN NAME Emaline McJesse
16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT Elmer Sickels
(Address) 1107 N 6th St Payette Ida

18. BURIAL, CREMATION OR REMOVAL
Place Payette Ida Date 12-18-, 1938.

19. UNDERTAKER Glenn C. Sanders
(Address) Payette Idaho

20. FILED 12/17/38 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/15 1938

22 I HEREBY CERTIFY, That I attended deceased from April, 1938, to 12/15, 1938
I last saw him alive on 12/15 1938.: death is said to have occurred on the date stated above, at 6 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonic Congestion	
Other contributory causes of importance:	
Chr. Myocarditis Cardiac Asthma	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. T. Clark, M. D.
(Address) Payette, Ida.

NOTE

PLACE OF DEATH
County of Canyon
City of Caldwell
Removed to New Plymouth by Hearse

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112288

Registration District No. 4008
Primary Registration District No. 4008
Local Registrar's No. 68
(No.) RECEIVED
JAN 2 1939
107a

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melissa Van Nostran

(a) Residence No. New Plymouth Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Van Nostran

6. DATE OF BIRTH (month, day, and year) April 14-1857

7. AGE: Years 73 | Months 8 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Mr. Round.
14. BIRTHPLACE (city or town) (State or country) not known.

MOTHER
15. MAIDEN NAME not known.
16. BIRTHPLACE (city or town) (State or country) not known.

17. INFORMANT John Bennett
(Address) New Plymouth Ida.

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida. 12-24-, 1938

19. UNDERTAKER Edith Studer
(Address) Payette Idaho.

20. FILED 12/23/38 1938 J. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-22 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1938, to Dec. 22, 1938
I last saw her alive on Dec. 21 1938: death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec. 12. '38
Other contributory causes of importance:	
Senility.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Geo. E. Davis M. D.
(Address) New Plymouth, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ammon

RECEIVED
JAN 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112289

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 69

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest L Hopper 51 6

(a) Residence. No. Wacker District St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Margaret Elizabeth Hopper

6. DATE OF BIRTH (month, day, and year)
Mar 5 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Midvale
(State or country) Idaho

FATHER
13. NAME Milton Hopper
14. BIRTHPLACE (city or town) Kentucky
(State or country)

MOTHER
15. MAIDEN NAME Mary Briton
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Robert Hopper
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Midvale Date 12-28, 193 8

19. UNDERTAKER J. L. Fenton
(Address) Payette Idaho

20. FILED 12/28/38 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 25 1938

22. I HEREBY CERTIFY, That I attended deceased from August 20 1938, to Dec 25 -, 1938
I last saw him alive on Dec 20, 1938; death is said to have occurred on the date stated above, at 4 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	Cannot Say

Other contributory causes of importance:

Name of operation Cystoscopy & ureters Date of Dec 20 1938
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. L. Fenton, M. D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

...E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information ... be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in ...al terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruc... ...ion on back of certificate.

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112290

REC'D JAN 7 1939

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 92

(No. Schilts Memorial Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME John Henne

(a) Residence No. Am Falls St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Caroline Henne

6. DATE OF BIRTH (month, day, and year) Oct 26 1878

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Romania
(State or country)

FATHER

13. NAME Mike Henne

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Caroline Henne
(Address) American Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls Date Dec. 7, 1938

19. UNDERTAKER A. W. Davis
(Address) Am. Falls Ida.

20. FILED 12-7, 1938 Irene Daling
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 4 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Dec 4, 1938

I last saw him alive on Dec 4 1938: death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	
Other contributory causes of importance:	
Chr. Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No Specify

(Signed) W. H. Farnell, M. D.

(Address) Am. Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
112291
State File No.

Registration District No. 25

Primary Registration District No. 2077 Local Registrar's No. 34

(No. 159 b)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jolley (Twin 2)

(a) Residence. No. St. American Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	-----

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, and year)
Dec. 18, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	--	--	--	0 hrs. 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** -----

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ----

10 Date deceased last worked at this occupation (mo. and yr.) ----

11 Total time (years) spent in this occupation ----

12. BIRTHPLACE (city or town) (State or country) American Falls, Idaho.

FATHER

13. NAME Theron Elmer Jolley

14. BIRTHPLACE (city or town) (State or country) Plano, Idaho.

MOTHER

15. MAIDEN NAME Theressa Lee Palmer

16. BIRTHPLACE (city or town) (State or country) Thomas, Ida.

17. INFORMANT Theron Elmer Jolley
(Address) American Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place American Falls. Date Dec. 18, 1938

19. UNDERTAKER Friends,
(Address) American Falls, Idaho.

20. FILED 12-16..., 1938. Irene Daling
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3:20AM, Dec 18 1938., to 4:05AM, Dec 18 1938.
I last saw him alive on Dec. 18, 1938.; death is said to have occurred on the date stated above, at 4:05AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Labor 25th Week	
(Cause undetermined)	
Other **contributory causes** of importance:	

Name of operation ---- Date of.....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ---- Date of injury.., 193.
Where did injury occur? ----
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ----
Manner of injury ----
Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? No.. If so, specify.....
(Signed) M. C. Grant Kinney, M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of [illegible]
City of [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112292

Registration District No. 123
Primary Registration District No. 3201
Local Registrar's No. 73

JAN 11 1939

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

95-2

2. FULL NAME Mary Mattson

(a) Residence No. ..... Kingston Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Matt Mattson 1865

6. DATE OF BIRTH (month, day, and year) May 7 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Finland
(State or country)

FATHER

13. NAME Dont Know
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Mary Hill
16. BIRTHPLACE (city or town) Finland
(State or country)

17. INFORMANT Matt Mattson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kingston Date Nov. 6, 1938

19. UNDERTAKER R. L. Stout
(Address) Kellogg Idaho

20. FILED Dec 30 1938 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 3 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1938, to Nov 3rd, 1938
I last saw her alive on Nov 2 1938: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

PLACE OF DEATH

County of Shoshone

City of Kellogg.

JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112293

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 75

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 1143

2. FULL NAME George Ondes.

(a) Residence No. 705 S. 1st. (Usual place of abode) Idaho. St. 38 yrs. (In U.S. 48 yrs.) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Ondes

6. DATE OF BIRTH (month, day, and year) Mar. 9. 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine Lease

10. Date deceased last worked at this occupation (mo. and yr.) June 1931

11. Total time (years) spent in this occupation. 48 yrs.

12. BIRTHPLACE (city or town) Vienna (State or country) Austria

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Geo. Ondes (Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Date Nov 16, 1938

19. UNDERTAKER R. L. Stout (Address) Kellogg Idaho

20. FILED Dec 30, 1938 Mrs Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 13 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193 7, to Nov 13, 193 8

I last saw him alive on Nov 13 193 8: death is said to have occurred on the date stated above, at 3:00 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other **contributory causes** of importance:	
Silicosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. B. Lindsay, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

112294

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Shoshone Registration Dist. No. 123

City of Kellogg Primary Reg. Dist. No. 2201

(Home, Hospital or Institution) Local Registrar's No. 76

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? JAN 11 1939 Yrs. | Mos. | Days

2. FULL NAME Larry McCauley 1612

(a) Residence: Kellogg Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of: —

6. Date of Birth (Month, day and year): Aug. 21, 1938

7. AGE — Years | Months: 3 | Days: 28 | If less than 1 day — hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: ✓

9. Industry or business in which work was done: ✓

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (yrs.) spent in this occupation: ✓

12. BIRTHPLACE (City or Town, County and State, or Country): Idaho

Father

13. NAME: Malcolm McCauley

14. BIRTHPLACE (City or Town, County and State, or Country): Washington

Mother

15. MAIDEN NAME: Lola Bancroft

16. BIRTHPLACE (City or Town, County and State, or Country): Washington

17. SIGNATURE OF INFORMANT: Mrs Lola McCauley

(Address): Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Coeur d'Alene Wash. Date: Dec 22 1938

19. UNDERTAKER: P. J. Thornhill

(Address): Kellogg Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 30 1938 (Date) by Mrs. Helen McBride Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December-19-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Dec 19 1938

I last saw him alive on Dec 19, 1938 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
"Convulsions" — Cerebral origin	1938	Nov.	1st

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Kellogg Idaho

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? NO Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ___ home ___ public place ___

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(SIGNED) Glenn McCaffery M. D.

(Address) ____

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112295

Registration District No. 70
Primary Registration District No. 1811 Local Registrar's No. 76
(No. Wallace Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pete Edmerosh 1140 5
(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct-28-1894
7. AGE: Years 44 | Months 1 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Morning Mine
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria.

FATHER
13. NAME: Pat. Edmerosh
14. BIRTHPLACE (city or town) (State or country): Austria.

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Mine Records Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date Dec 31, 1938
19. UNDERTAKER (Address): J.A. Beaver (wards) Wallace Ida
20. FILED Dec 22, 1938 John Beaver Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec 21 1938
22 I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to Dec 21, 1938.
I last saw him alive on Dec 20 1938: death is said to have occurred on the date stated above, at 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Primary Aplastic Anemia	Early in 1938
Other **contributory causes** of importance: Pneumoconiosis (Silicosis)	

Name of operation ..... Date of .....
What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Pascal Wallace, M. D.
(Address Wallace Idaho)

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 112296

RECEIVED JAN 1 1939

1. PLACE OF DEATH

County of Shoshone — Registration Dist. No. 123

City of Kellogg — Primary Reg. Dist. No. 2201

(Home, Hospital or Institution) — Local Registrar's No. 77

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Walter Earl Sommercamp 826

(a) Residence: (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: M

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): June 11 1885

7. AGE — Years: 53 | Months: 6 | Days: 17 | If less than 1 day — hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Draftsman, Bunker Hill & Sullivan

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Silver City Idaho

Father

13. NAME: William F Sommercamp

14. BIRTHPLACE (City or Town, County and State, or Country): California

Mother

15. MAIDEN NAME: Alice Hurley

16. BIRTHPLACE (City or Town, County and State, or Country): Oregon

17. SIGNATURE OF INFORMANT: W. W. Sommercamp

(Address): Kellogg Ida.

18. BURIAL, CREMATION OR REMOVAL

Place: Kellogg, Ida. Date: Dec 26 1938

19. UNDERTAKER: C. F. Thornhill

(Address): Kellogg, Ida.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec. 30 1938 (Date) by Mrs. Helen M. Bird Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1938 to Dec 23 1938

I last saw him alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 1:55 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cerebral Embolus			4
Contributory causes of importance not related to principal cause: Auricular Fibrillation	2		

Where was disease first diagnosed? Home

Name of operation None date of —

Condition for which performed —

What test confirmed diagnosis? —

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry___ home___ public place___

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) Harold T Anderson M. D.

(Address) Kellogg Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112297

Registration District No. 70
Primary Registration District No. 1011
(No. Providence Hospital)
Local Registrar's No. 77
(If death occurred in a hospital or institution, give its name instead of street and number)

11403

2. FULL NAME Joseph Krantel
(a) Residence No. 1 Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mary Krantel

6. DATE OF BIRTH (month, day, and year) Mar 19-87

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
04	9	~~One~~	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soft drink Parlor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME Jos Krantel
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Kath Krantel
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Krantel
(Address) Mullan Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Mullan Ida Date Dec 28, 1938

19. UNDERTAKER John A Bower
(Address) Wallace Ida

20. FILED Dec 27, 1938 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 25 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1938, to Dec. 25, 1938.
I last saw him alive on Dec. 25 1938: death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	Dec. 22 38
Other contributory causes of importance:	
Arteriosclerosis	—
Myocarditis Chronic	—
Glomerulonephritis, acute	Dec 19. 1938
Bilateral	—

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl L Greaves, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112298

Registration District No. 70
Primary Registration District No. 1911
Local Registrar's No. 78
(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hedvig Longstad 95b2
(a) Residence No. Wallace Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John Longstad

6. DATE OF BIRTH (month, day, and year) Oct 22-1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	2	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER
13. NAME Cale Aldrich
14. BIRTHPLACE (city or town) (State or country) Wisc.

MOTHER
15. MAIDEN NAME Nellie Sullivan
16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMANT John Longstad
(Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date Dec 29, 1938

19. UNDERTAKER J. A Bever (Ward)
(Address) Wallace Ida.

20. FILED Dec 27, 1938 John A Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 25 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw h.. alive on Dec 25 1938: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 hrs
Other contributory causes of importance:	
Hypertension	
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. Wallace Ida M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112293

Registration District No. 70
Primary Registration ~~District~~ No. 1011 Local Registrar's No. 80
(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number) 118 C

2. FULL NAME Larry Corregan

(a) Residence No. 1 Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Divorced.

6. DATE OF BIRTH (month, day, and year) Aug 4 - 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	4	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Corrine Corregan
(Address) Salmon Mont.

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date Dec 31, 1938

19. UNDERTAKER J A Beer (works)
(Address) Wallace Ida

20. FILED Dec 29, 1938 Johnna Beer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938, to Dec 28, 1938
I last saw him alive on Dec 28 1938: death is said to have occurred on the date stated above, at 10.30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Indigestion	
Other **contributory causes** of importance:	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H W Pahlow, M. D.
(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Near Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112309

JAN 10 1939

Registration District No. 70
Primary Registration District No. 101
Local Registrar's No. 82

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas Berrish 9381

(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 3 - 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	10	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Relief Office Records
(Address) Wallace Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place, Kellogg Ida Date Dec 30, 1938

19. UNDERTAKER J A Bower (words)
(Address) Wallace Ida

20. FILED Dec 31, 1938 John A Bower

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 29 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ..... 193...: death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dropsy	
Arteriosclerosis	
Heart Failure	Few Weeks

Other contributory causes of importance:

Arteriosclerosis	Several Years
Myocarditis	Yes

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. A. Wood Dep Coroner, M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

County of Shoshone
City of Wallace

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112301

RECEIVED
JAN 10 1939

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 83
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olva Fohle 14a

(a) Residence No. Same St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Wm Fohle

6. DATE OF BIRTH (month, day, and year): July 3 1889

7. AGE: Years 49 | Months 5 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ire.

FATHER
13. NAME: Cyrus Leyde
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Elizabeth Clanton
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT (Address): Wm Fohle Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Mt Hope Wash Date: March 3, 1939

19. UNDERTAKER (Address): J A Bever (Funds) Wallace Ida

20. FILED Jan 2, 1939 John A Bever Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec 30 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw h[illegible] alive on Dec 30 1938.; death is said to have occurred on the date stated above, at 7.45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apparently heart failure as forced fetal expulsion (Premature)	
Other **contributory causes** of importance: Angina Pectoris	One Year

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Wood Ed Co Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
JAN 10 1939

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112302

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 84
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Edward Smith 12 1a

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 3 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace
(State or country) Ida.

FATHER
13. NAME Lewis Smith
14. BIRTHPLACE (city or town) Wallace
(State or country) Ida.

MOTHER
15. MAIDEN NAME Ruth D. Beer
16. BIRTHPLACE (city or town) St Paul
(State or country) Minn.

17. INFORMANT Lewis Smith
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Dec 2, 1938

19. UNDERTAKER J A Bower (Wards)
(Address) Wallace Ida

20. FILED Jan 2, 1938 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 31 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938, to Dec 31, 1938
I last saw him alive on Dec 31 1938: death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	Dec 20 38
Other **contributory causes** of importance:	Dec 7 1938
Appendicitis, Acute Obstruction, Intestinal	" " "

Name of operation Appendectomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. H. Bennett, M. D.
(Address Wallace, Idaho.

PLACE OF DEATH
County of Shoshone
City of Mullan

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112303

Registration District No. 70
Primary Registration District No. 10 11
Local Registrar's No. 68

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Catherine Foss

(a) Residence No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed
6. DATE OF BIRTH (month, day, and year): Oct 20 1866
7. AGE: Years 72 | Months 1 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Long Run Creek Penna.

FATHER
13. NAME: C. Raymond
14. BIRTHPLACE (city or town) (State or country): Hunted Post New York

MOTHER
15. MAIDEN NAME: Catherine Dougue
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: John Foss
(Address): Mullan.

18. BURIAL, CREMATION OR REMOVAL
Place: Mullan Ida Date: Dec 3, 1938

19. UNDERTAKER: J. A. Brown (words)
(Address): Wallace Ida

20. FILED: Dec 2, 1938 John A Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): Nov 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 1, 1938.
I last saw h.e alive on Nov 3 1938: death is said to have occurred on the date stated above, at 3 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Bronch	about 6 mos

Other contributory causes of importance: None

Name of operation: None Date of
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. M. Werle M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace
RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112304

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 69
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

124-1

2. FULL NAME E J Drubb.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 83 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iowa.

FATHER
13. NAME: Not known.
14. BIRTHPLACE (city or town) (State or country): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Friends + Co Hospital Records.
18. BURIAL, CREMATION OR REMOVAL Place: Mullan Ida Date: Dec 5, 1938
19. UNDERTAKER (Address): J A Bowers (Wardle) Wallace Ida
20. FILED Dec 5, 1938 John A Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec 2 1938
22 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938, to Dec 2nd, 1938
I last saw him alive on Dec 1 1938: death is said to have occurred on the date stated above, at 3 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W H Faulkner, M. D.
(Address) Wallace Idaho

PLACE OF DEATH
County of Shoshone
City of Wallace
RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112305

Registration District No. 70
Primary Registration District No. 1911 Local Registrar's No. 70
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marshal Clayton Bellie 1212

(a) Residence No. Millan 2d. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 18 1928

7. AGE: Years 7 | Months 2 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: High School
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sedan Valley Ida

FATHER
13. NAME: John Bellie
14. BIRTHPLACE (city or town) (State or country): Laramie Wyoming

MOTHER
15. MAIDEN NAME: Gertrude Smith
16. BIRTHPLACE (city or town) (State or country): Oakdale Wash

17. INFORMANT: John Bellie
(Address): Millan Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Millan Ida Date: Dec 8, 1938

19. UNDERTAKER: John A Bower Ward
(Address): Wallace Ida

20. FILED: Dec 7, 1938 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1938, to Dec 6, 1938
I last saw h-- alive on Dec 1, 1938: death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Lungs	7-8 da
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Tuberculosis Peritonitis	4-18
Tuberculosis Bronchial Glands	Birth

Name of operation: Laparotomy Date of: 11-30-38
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. H. Mc Werth M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112306

Registration District No. 70
Primary Registration District No. 10 11
Local Registrar's No. 71
(No. Providence Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

121a

2. FULL NAME Shirley Ann Smith
(a) Residence No. Delta Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 24 1934
7. AGE: Years 4 | Months 7 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wallace Idaho

FATHER
13. NAME: Ralph Smith
14. BIRTHPLACE (city or town) (State or country): Galva Kansas

MOTHER
15. MAIDEN NAME: Edna Sherman
16. BIRTHPLACE (city or town) (State or country): Bayka Ida

17. INFORMANT (Address): Edna Smith Delta Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Wallace Ida Date: Dec 14 1938
19. UNDERTAKER (Address): J. A. Bever (Words) Wallace Ida
20. FILED: Dec 13, 1938 Joshua Bever Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec 10 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 193?, to Dec 10, 1938
I last saw h[illegible] alive on Dec 8 1938 death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	6 da
Convulsions	
Ruptured Appendix	4 da
Peritonitis	

Other contributory causes of importance:

Name or operation: [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112367

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 72
(No. Residence.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wayne Wimer. 94 lb

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mable Wimer

6. DATE OF BIRTH (month, day, and year) Jan 14 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. First Natl. Bank.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eugene
(State or country) Ore

FATHER

13. NAME Adam J. Wimer

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Lydia E Waymer

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT John Wimer
(Address) Wallace Ida.

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Mt. Hope Cem. Date Dec 12 1938

19. UNDERTAKER J. A. Bever (Wards)
(Address)

20. FILED Dec 10, 1938 Wallace Ida John A Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10 1938

22 I HEREBY CERTIFY, That I attended deceased from 6-23-, 1938, to Dec 10, 1938.
I last saw him alive on Dec 9 1938: death is said to have occurred on the date stated above, at 12 01 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute coronary occlusion	12-10-38
Generalized arteriosclerosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Ellis M. D.
(Address Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112308

Registration District No. 10
Primary Registration District No. 1014
Local Registrar's No. 73
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles P. Anderson 93c
(a) Residence No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatre Owner
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ted Smith
(Address) Mullan Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Mullan Ida Date Dec 13, 1938

19. UNDERTAKER J. A. Boyer (Wards)
(Address) Wallace Ida

20. FILED Dec 12 1938 John A. Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) December 10 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-23, 1938, to 12-10, 1938

I last saw him alive on 12-10 1938: death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Hall M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112309

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 74
(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael Mahoney. 46 d

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rest Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Relief Camp.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Hospital Records
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Dec 21, 1938

19. UNDERTAKER John A Boyer (Wards)
(Address) Wallace Ida

20. FILED Dec 26, 1938 John A Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 15 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938, to Dec. 15, 1938
I last saw him alive on Dec. 15 1938: death is said to have occurred on the date stated above, at 11 A.: m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rectum, Carcinoma of	1937
Other **contributory causes** of importance:	

Name of operation Abdominal perineal resection of Rectum Date of Dec 15 1938
What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. Pickerell, M. D.
(Address Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112310

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 75
(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Dalama

(a) Residence No. Wallace Ida St. 114a
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ella Dalama

6. DATE OF BIRTH (month, day, and year) May - 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	7	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Ella Dalama
(Address) Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida Date Dec 27, 1938

19. UNDERTAKER J. A. Bower (Words)
(Address) Wallace Ida

20. FILED Dec 21, 1938 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 20 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 6.45 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Silicosis Pneumonia Bronchitis	2 days

Other **contributory causes** of importance: Alcoholism Severe Grade

Name of operation..... Date of.....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, what?.....

(Signed) H. E. McDevitt Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112311

Registration District No. 70 123
Primary Registration District No. 70 220 Local Registrar's No. 78 79
(No. Wardner Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes Mary Snyder 122a1
(a) Residence No. Smelterville Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Married.
5a. If married, widowed, or divorced (or) WIFE of: Simon Snyder
6. DATE OF BIRTH (month, day, and year): Feb 14 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER FATHER
13. NAME: John Thomas
14. BIRTHPLACE (city or town) (State or country): Kentucky
15. MAIDEN NAME: Catherine Thomas
16. BIRTHPLACE (city or town) (State or country): Not known.

17. INFORMANT: Dick Hopkins. (Address) Mullan Ida
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Mullan Ida Date: Jan 4, 1939
19. UNDERTAKER: J A Boyer (Works) (Address) Wallace Ida
20. FILED ~~Jan 9, 1939~~ Jan 9 - 1939 John A. Bartz Registrar By Bride

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): Dec 31 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938 to Dec 31, 1938
I last saw her alive on Dec 31 1938: death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction from strangulated umbilical hernia	Dec 24
Other contributory causes of importance: Senility	
Resection of gangrenous ileum	Dec 30

Name of operation: Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. J. Galloway, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112312

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Lucretia Beatrice Dennis

(a) Residence. No. 221 - 13th. Ave. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thos. Dennis

6. DATE OF BIRTH (month, day, and year) Jan. 9-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lebanon Mo.
(State or country)

FATHER
13. NAME D. F. Moorhead
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME Susan Smittle
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT John Dennis
(Address) Buhl,

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 12/8, 1938

19. UNDERTAKER Evans & Johnson
(Address) Buhl

20. FILED 12/7, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/5 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Dec 5, 1938
I last saw h[illegible] alive on Dec 5, 1938; death is said to have occurred on the date stated above, at 7:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis several years ago	
Other contributory causes of importance:	
Heart Failure	Dec 1, 38

Name of operation no Date of
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to ext'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Vern H. Anderson M. D.
(Address) Buhl, Idaho.

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 112313

1. PLACE OF DEATH

County Twin Falls, Registration Dist. No. 37
City Twin Falls, Primary Reg. Dist. No. 1085
Home Local Registrar's No. 244
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 26 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Mrs. Clara O. Schwinn,

(a) Residence: 336 - 4th Ave. E. Twin Falls, Idaho, (If non-resident give city or county and state)

93C

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
Husband of (or) Wife of: widowed (Henry J. deceased)

6. Date of Birth (Month, day and year): Oct., 17, 1859

7. AGE: Years 79 | Months 1 | Days 23 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): South Hamboyy, New Jersey

Father

13. NAME: John Bastow,
14. BIRTHPLACE (City or Town, County and State, or Country): England

Mother

15. MAIDEN NAME: Marks
16. BIRTHPLACE (City or Town, County and State, or Country): England

17. SIGNATURE OF INFORMANT: C B Schwinn

(Address): Wendell, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Twin Falls Cem Date: 12-13-1938

19. UNDERTAKER: White Mortuary, Inc.
(Address): Twin Falls, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on 12-13-1938 (Date) by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec., 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19____, to Su 12-12 1938
I last saw h__ alive on ____ 19 38 Death is said to have occurred on the date stated above, at 9:50 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Senility	1937	-	-

Contributory causes of importance not related to principal causes: Probable chr myocarditis, 1938 June ?

Where was disease first diagnosed? Mortuary
Name of operation none date of ____
Condition for which performed none
What test confirmed diagnosis? Autopsy
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury None ____ 19____ Where did injury occur? Twin Falls
(Specify city or town, county and state)
Check whether injury occurred in industry__ home__ public place__
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) George C Hadley M. D.
(Address) Twin Falls Ida

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

Dr. R. Weaver

112314

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37

City or Village Twin Falls — Primary Reg. Dist. No. 1085

(Home, Hospital or Institution) — Local Registrar's No. 246

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
	30		

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Mrs. Mary E. Grieve — 9562

(a) Residence: 429 5th Ave North (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — Husband of (or) Wife of: Fred Grieve

6. Date of Birth (Month, day and year): September 12, 1857

7. AGE — Years: 81 — Months: 3 — Days: 5 — If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Guthrie County, Iowa

Father

13. NAME: T. E. Chantry

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Ruth Ann Coleman

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Frank Grieve

(Address) 429 5th Ave North

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls Cem. Date 12/20 1938

19. UNDERTAKER White Mortuary, Inc.

(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 22 1938 (Date) by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1931, to December 12 1938

I last saw her alive on December 1938 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Vascular Apneal Cardiac Arrest	1928		
Cerebral Haemorrhage	37	1	13
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Twin Falls Idaho

Name of operation None date of

Condition for which performed —

What test confirmed diagnosis? —

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) E. R. Weaver M. D.

(Address) Twin Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

112315

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

JAN 16 1939

Registered No. 7562

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37

City of Twin Falls — Primary Reg. Dist. No. 1085

345 Van Buren St (Home, Hospital or Institution) — Local Registrar's No. 249

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Mrs Mahalia Jane Coonfield Brownell

(a) Residence: 345 Van Buren St (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — Husband of (or) Wife of: -----

6. Date of Birth (Month, day and year): December 6, 1871

7. AGE — Years: 67 | Months: 0 | Days: 7 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Retired Housewife

9. Industry or business in which work was done: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Shibley Point - Missouri

Father

13. NAME: John Coonfield

14. BIRTHPLACE (City or Town, County and State, or Country): Missouri

Mother

15. MAIDEN NAME: Malissia Tade

16. BIRTHPLACE (City or Town, County and State, or Country): Missouri

17. SIGNATURE OF INFORMANT: Mrs Gladys Cannon

(Address) 345 Van Buren

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls, Idaho Date 12-16 1938

19. UNDERTAKER: S.C. Phillips

(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Jan. 13 1939 (Date) by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1938 to ____ 19____

I last saw her alive on Nov. 17 1938 Death is said to have occurred on the date stated above, at 3:50 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hypertensive cardio
Vascular renal
disease & senility

Date of Onset	Yr.	Mo.	Day

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? Clinical

Name of operation ____ date of ____

Condition for which performed ____

What test confirmed diagnosis? ____

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) R. A. Drake M. D.

(Address) Twin Falls, Ida.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Castleford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112316

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

JAN 11 1939

(No. 826) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard Myers

(a) Residence. No. St.
(Usual place of abode). (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dina Myers.

6. DATE OF BIRTH (month, day and year) April 1st. 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	8	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Winnsboro (State or country) Texas

MOTHER FATHER
13. NAME Jasper Myers
14. BIRTHPLACE (city or town) Winnsboro (State or country) Texas
15. MAIDEN NAME Adalene Burgess
16. BIRTHPLACE (city or town) Winnsboro (State or country) Texas

17. INFORMANT Clyde Myers (Address) Castleford

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl Date Dec 20, 1938

19. UNDERTAKER Evans & Johnson (Address) Buhl, Ida.

20. FILED 12/20, 1938 Anabelle Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/17 1938

22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased from 12/18, 1938, to ....., 193...
I last saw him alive on 12/18, 1938; death is said to have occurred on the date stated above, at 9 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	12/17/1938
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to ~~external causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Hally, M. D.
(Address) Twin Falls Co Twin Falls Idaho

112317

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Twin Falls Registration Dist. No. 37

City of Twin Falls Primary Reg. Dist. No. 1085

Twin Falls Co. Gen. Hospital Local Registrar's No. 247

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 29 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

1939

2. FULL NAME LeNelle Breckenridge Yagnich 1396

(a) Residence: 137 - 7th Ave. N. City

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — Husband of ~~(or) Wife of~~: Steve Yagnich

6. Date of Birth (Month, day and year): Dec., 29, 1899

7. AGE: Years 38 | Months 11 | Days 20 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Music Teacher

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Hooper, Colorado

Father

13. NAME L. L. Breckenridge

14. BIRTHPLACE (City or Town, County and State, or Country): Pardoe, Penn

Mother

15. MAIDEN NAME Effie Crumley

16. BIRTHPLACE (City or Town, County and State, or Country): Jefferson, Iowa

17. SIGNATURE OF INFORMANT: L. L. Breckenridge

(Address) 137 - 7th Ave. N. Twin Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Twin Falls Cem. Date 12-21-1938

19. UNDERTAKER White Mortuary, Inc.

(Address) Twin Falls, Idaho.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec. 20 1938 (Date) by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec., 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1938, to Dec., 19 1938

I last saw her alive on Dec., 19 1938 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

Embolism - pulmonary

Date of Onset	Yr.	Mo.	Day
	19	Dec.	19

Contributory causes of importance not related to principal causes,

Bowel lowering

Surgery

Where was disease first diagnosed? 12-19-1938

Name of operation Laparotomy date of 12-10-1938

Condition for which performed Salpingitis chr.

What test confirmed diagnosis? Clinical & Lab.

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury No

, 19 Where did injury occur? None

(Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) Chas. B. Reymer M. D.

(Address) Twin Falls, Idaho.

Write Plainly with Unfading Ink—This is a permanent record

Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

112318

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Twin Falls Registration Dist. No. 37

City of Twin Falls Primary Reg. Dist. No. 2085

Twin Falls General Hospital Local Registrar's No. 254
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days

How long in U. S. if of foreign birth?

Yrs.	Mos.	Days

11 b

2. FULL NAME Bazil Layfayette Orrell

(a) Residence: Buhl, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced Husband of ~~or Wife of~~ Mrs. Elma Orrell

6. Date of Birth (Month, day and year) January 7- 1875

7. AGE

Years	Months	Days	If less than 1 day
63	11	13	hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Farmer

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country) Blue Ridge - Texas

Father

13. NAME William Orrell

14. BIRTHPLACE (City or Town, County and State, or Country) Missouri

Mother

15. MAIDEN NAME Thamer Barnett

16. BIRTHPLACE (City or Town, County and State, or Country) Texas

17. SIGNATURE OF INFORMANT J. F. Orrell

(Address) Chico, California

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls, Idaho Date 12-24 1938

19. UNDERTAKER S.C. Phillips

(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 24 1938 (Date) by J. F. Orrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 20- 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1938 to Dec. 20 1938.

I last saw him alive on Dec. 20 1938 Death is said to have occurred on the date stated above, at 11:20 Pm.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Influenza			
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? Hospital

Name of operation None date of No.

Condition for which performed No

What test confirmed diagnosis? Physical

Was there an autopsy? No Was there an inquest? No.

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury No. ____, 19____ Where did injury occur? No.
(Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury No

Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(SIGNED) J. N. Murphy M. D.

(Address) Buhl

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11231

Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 248
(No. Twin Falls County Home)
(If death occurred in a hospital or institution, give its name instead of street and number) 108

2. FULL NAME Donald Eltsman Kimball

(a) Residence No. ____ St. Rossevelt, Idah
(Usual place of abode) (If not a resident give city or town and state)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mrs. Dale Kimball

6. DATE OF BIRTH (month, day, and year) May 9, 1905

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	33	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 38
11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

FATHER
13. NAME Elmer Kimball
14. BIRTHPLACE (city or town) (State or country) Unknown "

MOTHER
15. MAIDEN NAME Maltzie Collins
16. BIRTHPLACE (city or town) (State or country) Unknown "

17. INFORMANT Mrs. Alice Kimball
(Address) Rossevelt, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Co. Cemetery Date Dec. 23, 1938

19. UNDERTAKER Ed Albertson
(Address) Buhl, Idaho

20. FILED Dec. 27, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1938, to Dec. 21, 1938
I last saw him alive on Dec 21 1938: death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Rt. Type 1	Dec. 19, 1938

Other contributory causes of importance:

None	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ____, 193____
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Reymer M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112320

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 251
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 4 1938

82a

2. FULL NAME James Madison Hawkins

(a) Residence. No. Buhl, Ida. (Peck Edition) St. Twin Falls Co.Gen'l Hosp.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Hawkins

6. DATE OF BIRTH (month, day, and year) Jan. 1st- 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Grundy Hawkins

14. BIRTHPLACE (city or town) (State or country) Ark.

MOTHER

15. MAIDEN NAME Cathrine Howard

16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMANT (Address) Steve Hawkins Buhl, Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Buhl. Date 12/23/ 1938

19. UNDERTAKER (Address) Evans & Johnson, Buhl, Ida.

20. FILED Jan 7 1938 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24/1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1938, to Dec 24, 1938
I last saw ~~him~~ alive on Dec 21, 1938; death is said to have occurred on the date stated above, at 12 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/24/38
Senile Cataract	about July 1937
Other contributory causes of importance:	

Name of operation none, Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Floyd E Oaks, M. D.
(Address) Twin Falls Idaho

112321

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37

City of Twin Falls — Primary Reg. Dist. No. 1085

Trailer house (Home, Hospital or Institution) — Local Registrar's No. 256

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 16 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME John B. Dow

(a) Residence: Twin Falls, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If divorced Husband of (~~WIFE~~): Sarah Dow

6. Date of Birth (Month, day and year): October 10, 1861

7. AGE: Years 77 | Months 2 | Days 14 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Gunsmith

9. Industry or business in which work was done: Own shop

10. Date deceased last worked at this occupation (month and year): Dec. 1938

11. Total time (yrs.) spent in this occupation: Unknown

12. BIRTHPLACE (City or Town, County and State, or Country): Iowa

Father

13. NAME: John B. Dow

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Cintha Dodd

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OF INFORMANT: Ira O Dow

(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Sunset Mem. Park Date 12/28 19 38

19. UNDERTAKER White Mortuary, Inc.

(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 29 (Date) 193 8 by ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1938 to Dec. 24, 1938

I last saw him alive on 12/24 1938. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cerebral Hemorrhage	1938	12	24
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? His Home

Name of operation None date of ____

Condition for which performed ____

What test confirmed diagnosis? Exam. + History

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____ (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(SIGNED) George C Halley M. D. Coroner

(Address) Twin Falls, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

PLACE OF DEATH
County of Twin Falls.
City of Buhl.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11232

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 107a

RECEIVED
JAN 11 1939

(No. Buhl Hospital Clinic (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clifford F. Goodwin

(a) Residence No. Buhl Hosp. & Clinic St. Castleford, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 1, 1938
7. AGE: Years | Months: 5 | Days: 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Twin Falls.
(State or country) Idaho

FATHER
13. NAME Frank C. Goodwin
14. BIRTHPLACE (city or town) Trenton
(State or country) Utah

MOTHER
15. MAIDEN NAME Julia Ellis
16. BIRTHPLACE (city or town) Smithfield
(State or country) Utah

17. INFORMANT Frank C. Goodwin
(Address) Castleford, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Overton, Ida. Date Jan. 24, 1939

19. UNDERTAKER B. L. Albertson
(Address) Buhl, Idaho

20. FILED 12-28, 1938 Anastasia Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-25 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1938, to Dec. 25, 1938
I last saw him alive on Dec. 25 1938: death is said to have occurred on the date stated above, at 8:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
B.C. pneumonia	12/24/38
Other contributory causes of importance:	
Infancy	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John A. Wheeler M. D.
(Address) 12/27/38

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112323

JAN 14 1939

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 253

(No. Twin Falls Co. Gen. Hospital) 108

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Grant James

(a) Residence No. Twin Falls, Idaho R.R. #3 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/4-1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Olean, (State or country) Mo.

FATHER

13. NAME U. G. James

14. BIRTHPLACE (city or town) California, (State or country) Mo.

MOTHER

15. MAIDEN NAME Sarah Kelsay

16. BIRTHPLACE (city or town) Califronia, (State or country) Mo.

17. INFORMANT Mrs U. G. James
(Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date Jan 19, 1939

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED Jan 28, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/25 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1938, to 12/25/, 1938.

I last saw him alive on 12/25/ 1938.: death is said to have occurred on the date stated above, at 3:50p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 28/38
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Pe ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Dr [illegible] Reese, M. D.

(Address Twin Falls, Idaho

112324

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37

City of Twin Falls — Primary Reg. Dist. No. 1085

Home — Local Registrar's No. 255

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 30 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

9311

2. FULL NAME Mrs. Sarah Ann McDole

(a) Residence: 1202 6th Ave E

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — Husband of (or) Wife of: -----

6. Date of Birth (Month, day and year): June 18, 1847

7. AGE — Years: 91 | Months: 6 | Days: 9 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Retired Housewife

9. Industry or business in which work was done: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Brighton, Iowa

Father

13. NAME: Martin T. Prather

14. BIRTHPLACE (City or Town, County and State, or Country): Unknown

Mother

15. MAIDEN NAME: Jane Rowan

16. BIRTHPLACE (City or Town, County and State, or Country): Unknown

17. SIGNATURE OR INFORMANT: Edith Brown

(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Creston, Iowa Date 12-29 1938

19. UNDERTAKER S.C. Phillips

(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 29 (Date) 1938 By [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1938, to Dec 22, 1938

I last saw her alive on Dec 22 1938 Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Myocarditis	1934	—	—

Contributory causes of importance not related to principal causes: — — — —

Where was disease first diagnosed? — —

Name of operation — — date of ____

Condition for which performed — —

What test confirmed diagnosis? Clinical symptoms

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____

(Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify — —

(SIGNED) Mrs. F Passell M. D.

(Address) Twin Falls, Ida.

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JAN 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112325

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 257
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Jackson Daum 46 f

(a) Residence No. Filer, Idaho Rural Route # St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of ~~WIFE OF~~ Mary C. Daum
6. DATE OF BIRTH (month, day, and year) 7/7-1857
7. AGE: Years 81 | Months 5 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marrystown, Wis.

FATHER
13. NAME John Daum
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Martha Reimers
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Paul Daum
(Address) Washington, D. C.
18. BURIAL, ~~CREMATION~~ REMOVAL Filer, Idaho Date 12/28/, 1938
19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho
20. FILED Dec 30, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/27 1938
22 I HEREBY CERTIFY, That I attended deceased from 12/16/38, 1938, to 12/27/, 1938
I last saw him alive on 12/21 1938: death is said to have occurred on the date stated above, at 2:55a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Obstructive jaundice	12/16/38
Circulatory failure	12/25/38

Other **contributory causes** of importance:

Senility	
Prostatectomy for Benign Tumor	1927

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? Under Bags

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) John W. Murdock, M. D.
(Address) Buhl, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

REC JAN 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112326

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 252

(No. Wards Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number) 50

2. FULL NAME Charlotte Anna Purdy

(a) Residence No. ... St. Jerome Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: A A Purdy

6. DATE OF BIRTH (month, day, and year): July 9 1858

7. AGE: Years 60 | Months 5 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boise Idaho

FATHER
13. NAME: Adolph Fieloff
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Anna Eckelt
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Bill Purdy
(Address): Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Jerome Cem. Date: Dec 30, 1938

19. UNDERTAKER: J R Wiley
(Address): Jerome Idaho

20. FILED: Dec 28, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12-28 1938

22 I HEREBY CERTIFY, That I attended deceased from September, 1938, to Dec. 28, 1938

I last saw h.eq. alive on 12-27 1938: death is said to have occurred on the date stated above, at 7 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt breast	1933
Other **contributory causes** of importance:	
Metastasis to Liver	Nov. 1938

Name of operation: Radical amputation of breast Date of: Oct. 1938
What test confirmed diagnosis? xrs. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** —
Manner of injury —
Nature of injury —

24 Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Dean H. Affleck M. D.
(Address 118 Main Ave S. Twin Falls, Idaho

112327

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

RECEIVED JAN 14 1939

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

1. PLACE OF DEATH

County of Twin Falls — Registration Dist. No. 37
City of Twin Falls — Primary Reg. Dist. No. 1985
Twin Falls General Hospital (Home, Hospital or Institution) — Local Registrar's No. 258

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 12 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. 30 | Mos. | Days

46 6

2. FULL NAME Mrs. Martha Maria Gustafson

(a) Residence: 136 Lincoln St (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (Husband or) Wife of: A.E. Gustafson

6. Date of Birth (Month, day and year): August 30, 1866

7. AGE: Years 72 | Months 4 | Days 0 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done:
10. Date deceased last worked at this occupation (month and year):
11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Sweden

Father

13. NAME: S.A. Svensen
14. BIRTHPLACE (City or Town, County and State, or Country): Sweden

Mother

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (City or Town, County and State, or Country): Sweden

17. SIGNATURE OF INFORMANT: A.E. Gustafson
(Address): 136 Lincoln St

18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls, Idaho Date: 1-3 19 39

19. UNDERTAKER: S.C. Phillips
(Address): Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Jan 5 (Date) 193 9 by [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26 19 38, to December 30 19 38
I last saw her alive on December 30 19 38 Death is said to have occurred on the date stated above, at 11:35 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Coronary Thrombosis			Immediately
Contributory causes of importance not related to principal causes: Carcinoma of Stomach	1937		

Where was disease first diagnosed? Twin Falls, Idaho
Name of operation: Blood Transfusion Date of: 12-30-38
Condition for which performed: following hemorrhage
What test confirmed diagnosis? clinical and lab.
Was there an autopsy? no. Was there an inquest? no.

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury: none. 19 ____ Where did injury occur? none.
(Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(SIGNED) Chas. B. Beymer M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Castleford

RECEIVED
JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112328

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. 107a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry Lyle Williams

(a) Residence. No. St. Castleford
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 3 / 38

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	✓	✓	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Castleford Ida

MOTHER FATHER

13. NAME Wm. E. Williams

14. BIRTHPLACE (city or town) (State or country) Buhl Ida

15. MAIDEN NAME Gladys Fremd Bowden

16. BIRTHPLACE (city or town) (State or country) N. Dak

17. INFORMANT Isaac Todd
(Address) Castleford Ida

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date Jan 1st 1938

19. UNDERTAKER Evans Johnson
(Address) Buhl, Ida Johnson

20. FILED 12/31, 1938 Annabelle Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1938, to 12-31-38, 1938
I last saw h[illegible] alive on 12-31-38, 1938: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12-26-38 ?

Other contributory causes of importance:
Symptoms suggestive of Pneumococcic Meningitis Infection Father died Dec 28 of Lobar Pneumonia

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. A. Wrale, M. D.
(Address) Buhl, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of McCall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112325

JAN 10 '39

Registration District No. 5
Primary Registration District No. ____ Local Registrar's No. 17
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

9562

2. FULL NAME John S Johnson

(a) Residence. No. Near McCall Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widdiwed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Finland

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) Finland (State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Finland (State or country)

17. INFORMANT Arthur Johnson
(Address) McCall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Finish Cem. Date 12/22, 1938

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Jan 12, 1939 Myrtle M. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/6, 1938, to 12/6, 1938
I last saw h..... alive on ____, 193..: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Samuel J. S. Johnson on the above date found a compound fracture which evidently was the cause of his death

Other contributory causes of importance:
Cardiac decompensation

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) Dr. W. J. Hawkins, M. D.
(Address) McCall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Cascade Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112330

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 16
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

161a

2. FULL NAME Lorin Joseph Breidenbach

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 18-38

7. AGE — Years | — Months | — Days | If LESS than 1 day 3 hrs. or 40 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cascade Idaho
(State or country)

FATHER
13. NAME Otto Breidenbach
14. BIRTHPLACE (city or town) Augusta
(State or country) Montanna

MOTHER
15. MAIDEN NAME Cececial Curkey
16. BIRTHPLACE (city or town) Simonis
(State or country) Montanna

17. INFORMANT Otto Breidenbach
(Address) Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Margaret Cem. Date Dec 19th 1938

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Jan 12, 1939 Maydelle M. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH. 18-38

21. DATE OF DEATH (month, day and year) Dec 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1938, to Dec 18, 1938
I last saw h. alive on Dec 18 1938: death is said to have occurred on the date stated above, at A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Atelectasis	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Lorne L. Davis M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of McCall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112331

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 18

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75b

2. FULL NAME Edward James Abbott

(a) Residence. No. McCall Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carolyn Wanda Abbott

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Said to be about 46 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Pool halloperator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Payette Idaho

FATHER

13. NAME Not Given

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Not Known/Present name Sarah C Lamme

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Carolyn Wanda Abbott McCall Idaho

18. BURIAL, CREMATION, OR REMOVAL Place McCall Cem. Date 12/24, 1938

19. UNDERTAKER (Address) A.D.Robb Cascade Idaho

20. FILED Jan 12, 1939 Myrtle M. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/22, 1938, to ____, 1938
I last saw h alive on 12/22, 1938: death is said to have occurred on the date stated above, at 5 4/9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure.	12-22.
Very Erratic contraction for 2 yr.	

Other contributory causes of importance: apparently over dose of Narcotics. (Chronic alcoholism.)

Name of operation none Date of ____

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1938.
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Right Lung Consumption

(Signed) Dr. F. Armstrong, M. D.
(Address) McCall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Cambridge

RECEIVED

JAN 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 88

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

DO NOT WRITE IN THIS SPACE

State File No. 112332

(If death occurred in a hospital or institution, give its name instead of street and number)

95-2

2. FULL NAME John James Barclay

(a) Residence No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Maried

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Ann Barcley

6. DATE OF BIRTH (month, day, and year) May 28 1858

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	80	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Summer Set Kentucky

FATHER

13. NAME Joseph Barcley

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME Mary Call,

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Mrs Ethel Gordon
(Address) Cambridge Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge Date Nov 15, 1938

19. UNDERTAKER .....
(Address) .....

20. FILED ....., 193.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/12/38 1938

22 I HEREBY CERTIFY, That I attended deceased from October 21 1938, to Nov 12th, 1938

I last saw him alive on Oct 30 1938: death is said to have occurred on the date stated above, at 2:00 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Bronchial Asthma about	10/1/38
Pan-oarditis	1936
Other **contributory causes** of importance:	
Senility	1930

Name of operation no Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.. no

Where did injury occur? no
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** no

Manner of injury no

Nature of injury no

24 Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm S Thurston M.D., M. D.

(Address) Council, Idaho

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112333

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 30

(No. JAIL)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Josephine Porter 59

(a) Residence No. 208 W Liberty St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Oliver W. Porter

6. DATE OF BIRTH (month, day, and year) Nov. 4, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Silford Moore

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Thursey Do Ane
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 12-12-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Jan. 4, 1939 Marie Hawthorn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/10-1938

22 I HEREBY CERTIFY, That I attended deceased from December 5, 1938, to Dec-10-, 1938
I last saw her alive on 12/10 1938: death is said to have occurred on the date stated above, at 5 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage with right hemiplegia	12-7-38
Other **contributory causes** of importance:	
Diabetes	1920

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical & Clinical Were an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. L. Richardson, M. D.
(Address) Weiser, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112334

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 31
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Jean Petty
(a) Residence No. 747 E Court St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Sept 25 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
13. NAME Minnie Cox
14. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
15. NAME George Petty
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT George Petty
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 12-13-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Jan 4, 1939 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-12-1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938, to Dec 12, 1938
I last saw her alive on Dec 12 1938: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Dec 9-38
Other **contributory causes** of importance:	
Congenital Cardiac Insufficiency Valvular	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W A Marshall, M. D.
(Address) Weiser, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JAN 5 1939

DO NOT WRITE IN THIS SPACE
State File No. 112335

Registration District No. 86
Primary Registration District No. 1010, Local Registrar's No. 32
(No. Weiser General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Dutton 107a

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht.	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Jessie Dutton

6. DATE OF BIRTH (month, day, and year) Nov. 5 - 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 35 yr.

12. BIRTHPLACE (city or town) ..... (State or country) Iowa

FATHER
13. NAME Don't Know
14. BIRTHPLACE (city or town) Don't Know (State or country)

MOTHER
15. MAIDEN NAME Jessie Dawson
16. BIRTHPLACE (city or town) ..... (State or country) West Virginia

17. INFORMANT Harold Dutton
(Address) Weiser, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 12-15-, 1938

19. UNDERTAKER R. L. Hawthorn
(Address) Weiser Idaho

20. FILED Jan 4, 1939 Marie Hawthorn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/13 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1938, to Dec. 13, 1938
I last saw him alive on Dec. 13 1938 death is said to have occurred on the date stated above, at 5:30A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Dec. 11, 1938
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyden Hendricks, M. D.
(Address) Weiser - Idaho

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112336

JAN 5 1939

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 34
(No. Weiser General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Robert Burrows 108

(a) Residence No. 735 E Liberty St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 31-1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Ashland
(State or country) Wisconsin

FATHER

13. NAME Wm B. Burrows

14. BIRTHPLACE (city or town)
(State or country) Canada

MOTHER

15. MAIDEN NAME Nora May Thompson

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT Wm B. Burrows
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida Date 12-24-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Jan 4, 1939 Mary Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-21-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Dec 21, 1938
I last saw h[illegible] alive on Dec 21 1938: death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/19/38
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Coats M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112337

Registration District No. 86
Primary Registration District No. 1212
Local Registrar's No. 35

JAN 5 1939

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Griffith Veal

(a) Residence No. County Road. St. 95 Fr
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced — ~~HUSBAND of~~ (or) WIFE of: Louis Veal
6. DATE OF BIRTH (month, day, and year): Mar. 14 - 1864
7. AGE — Years: 74 — Months: 9 — Days: 7 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER
13. NAME: Chas Walter Griffith
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Clarissa Beckland
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Clara Veal Lawson
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 12-24-, 1938

19. UNDERTAKER: L. B. Hawthorne
(Address) Weiser, Idaho

20. FILED Jan 4, 1939 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12-21-1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1938 to Dec 21, 1938
I last saw her alive on Dec 21 1938: death is said to have occurred on the date stated above, at 6:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/19/38
Hypertension	
Generalized Arteriosclerosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) M. L. McGrath M. D.
(Address) Weiser, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

S

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112338

Registration District No.
Primary Registration District No. Local Registrar's No. 36
(No. Lulu Flower Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lulu Catherine Underwood 11a

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced (or) WIFE of: John Underwood
6. DATE OF BIRTH (month, day, and year): Dec. 7-1877
7. AGE: Years 61 | Months 0 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Knox Co. (State or country) Illinois

FATHER
13. NAME Henry Eldridge
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Mrs Cola Reininger
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 12-27-, 1938

19. UNDERTAKER L. C. Northrup
(Address) Weiser Idaho

20. FILED Jan 4, 1939 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-24-1938

22 I HEREBY CERTIFY, That I attended deceased from 12-18-, 1938, to 12-24-, 1938
I last saw h[illegible] alive on 12-24 1938: death is said to have occurred on the date stated above, at 2 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	12-18-38
Other **contributory causes** of importance: Chronic Bronchitis	1900

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D. F. Fahrni, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112339

RFC JAN 5 1939

Registration District No. 86
Primary Registration District No. 1212 Local Registrar's No. 37
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Hawkins 95-4

(a) Residence No. Unmarried Ward St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M | 4. Color or Race Wht | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10-1862

7. AGE — Years 76 | Months 6 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Ohio

FATHER
13. NAME Don't Know
14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT John Myers
(Address) Weiser, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cleveland, Ohio Date ....., 193..

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED Jan 4, 1939 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-26 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in bed Md. who had attended him. said had very bad heart.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. C. Northam Coroner M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112340

Registration District No. 86
Primary Registration District No. 1910 Local Registrar's No. 38
(No. Weiser General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wesley Beckham 92a

(a) Residence No. 1285 W. 7 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Maude Beckham

6. DATE OF BIRTH (month, day, and year) Nov. 19-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 25-

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME John Beckham
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Mary Langrell
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Floyd Beckham
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 12-29-, 1938

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Jan 4, 1939 Marie Hawthorn
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-27-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 193-, to Dec 27, 193-
I last saw h~~im~~ alive on Dec 27 193-; death is said to have occurred on the date stated above, at 12:15 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Dec 27-38
Other **contributory causes** of importance:	
Embolic Pneumonia	Dec 21, 1938
Chronic Endocarditis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193-
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ryden Hancher, M. D.
(Address) Weiser - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Curtis

DO NOT WRITE IN THIS SPACE
State File No. 112341

Registration District No. 86
Primary Registration District No. 1212 Local Registrar's No. 39
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Effie Welsow 93c

(a) Residence No. Crystal Beatrice St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Wilson

6. DATE OF BIRTH (month, day, and year) Aug. 29

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT F. M. Welsow
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Midvale Ida Date 12-30-, 1938

19. UNDERTAKER L. C. Northrop
(Address) Weiser Idaho

20. FILED Jan 4, 1939 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec 28 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1938, to Dec. 27, 1938
I last saw h[er] alive on Dec 27 1938: death is said to have occurred on the date stated above, at 10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-22-38
Other **contributory causes** of importance:	
Chronic myocardial degeneration	?
Secondary anemia	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Curtis, M. D.
(Address) Weiser Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

RECEIVED JAN 5 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112342

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 40
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alta Inez Archey 93c

(a) Residence No. 918 E. Liberty St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: John Archey

6. DATE OF BIRTH (month, day, and year): July 7 1867

7. AGE: Years 71 | Months 5 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER
13. NAME: George Lo Rue
14. BIRTHPLACE (city or town) (State or country): France

MOTHER
15. MAIDEN NAME: Mary Van Zile
16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT (Address): Mayme Thomas Cadwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Riverview Cemetery Date: 1-2-, 1939
Ontario, Oregon

19. UNDERTAKER (Address): L. C. Northam Weiser Idaho

20. FILED Jan 4, 1939 Marie Hawthorne Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-30-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to Dec 30, 1935
I last saw h[er] alive on Dec 30 1935 death is said to have occurred on the date stated above, at 3:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	9
Senility	2

Other **contributory causes** of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyden Hawker, M. D.
(Address) Weiser Idaho

Custer

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112343

JAN 5 1939

Registration District No. 8C
Primary Registration District No. 1010 Local Registrar's No. 4
(No. Weiser General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

59

2. FULL NAME Emma Bertha Langley

(a) Residence No. Keine Oregon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. A. Langley

6. DATE OF BIRTH (month, day, and year) Sept. 9-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

13. NAME Merriet Griffith

FATHER

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Emma Hartley

16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMANT A. A. Langley
(Address) Keine, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Keine, Oregon Date Jan. 1st, 1939

19. UNDERTAKER L. B. Northrop
(Address) Weiser Idaho

20. FILED Jan 4, 1939 Marie Hawthorne
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-30-1938

22 I HEREBY CERTIFY, That I attended deceased from 1-10, 1938, to Dec. 29, 1938
I last saw h— alive on Dec. 29 1938 death is said to have occurred on the date stated above, at 7:20 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic glomerulo nephritis	?
Terminal bronchopneumonia	Dec 28

Other **contributory causes** of importance:

Hypertension	?
Myocardial degeneration	?
diabetes mellitus	?

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. Hunter, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item or ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DE... plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112344

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

JAN 12 1939

(If death occurred in a hospital or institution, give its name instead of street and number)

95-2

2. FULL NAME Rasmus, Eriksen,

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Maried

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Marie Eriksen

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Odder
(State or country) Denmark

FATHER

13. NAME Errik Rasmussen

14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Ewald C. Eriksen
(Address) Cambridge

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge Date Jan 1, 1939

19. UNDERTAKER [illegible]
(Address) Cambridge

20. FILED 1-10-1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-30 1938

22 I HEREBY CERTIFY, That I attended deceased from July, 1936, to 12/28/38, 193...

I last saw h/M alive on 12-28- 1938: death is said to have occurred on the date stated above, at 9:00 A.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	9/30/38
Pancarditis	1936
Other contributory causes of importance:	
Senility	10 yrs

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury, 193...

Where did injury occur? -
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** -

Manner of injury -

Nature of injury -

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Council, Idaho.

112345

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

St Alphonsus Hospital — Local Registrar's No. REGISTERED

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

DEC 13 1938

2. FULL NAME Joseph Andre Gavin. 765c

(a) Residence: 925 No 8th. St. Boise Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): Nov. 7th. 1938.

7. AGE: Years 0 | Months 0 | Days 0 | If less than 1 day: hrs. 1 min. 0

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Boise Idaho

Father

13. NAME: William B. Gavin

14. BIRTHPLACE (City or Town, County and State, or Country): William B. Gavin Mass. Boston

Mother

15. MAIDEN NAME: Marie Louise Marion

16. BIRTHPLACE (City or Town, County and State, or Country): Elgin Illionis

17. SIGNATURE OF INFORMANT: Wm B. Gavin

(Address): Eagle Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: St. John's Date: 11/8/ 1938

19. UNDERTAKER: Schreiber & McCann

(Address): 11/8/1938

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 11-9 1938 by R. Sharp

(Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 6 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1938 to — 19—

I last saw h/m alive on Nov 6 1938 Death is said to have occurred on the date stated above, at 6 P M.

The principal cause of death and related causes of importance in order of onset were as follows:

Stillborn

Breech delivery

& compression of cord.

Date of Onset	Yr.	Mo.	Day

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? at birth

Name of operation — date of —

Condition for which performed —

What test confirmed diagnosis?

Was there an autopsy? no Was there an inquest? no

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury —, 19— Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry— home— public place—

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(SIGNED) Howard M Chalcraft

(Address) 414 Eastman Bldg Boise

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

FEB 14 1939

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 112394

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City or Town Boise — Primary Reg. Dist. No. 1004

St. Lukes Hospital (Home, Hospital or Institution) — Local Registrar's No. 6

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days: 8

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Andrew Johnson

(a) Residence: Avery Missouri (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced Husband of (or) Wife of

6. Date of Birth (Month, day and year): 1884

7. AGE: Years 54 | Months | Days | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Truck Driver

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Missouri

Father

13. NAME: Don't Know

14. BIRTHPLACE (City or Town, County and State, or Country): Don't Know

Mother

15. MAIDEN NAME

16. BIRTHPLACE (City or Town, County and State, or Country)

17. SIGNATURE OF INFORMANT: Records Of St. Lukes Hos

(Address): Boise Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place: Morris Hill — Date: 1/6 1939

19. UNDERTAKER: Schreiber & McCann

(Address): Boise Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 1-6 1939 (Date) by R Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1938 to Dec 24 1938

I last saw him alive on Dec 24 1938 Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Cardiac Decompensation	3		
Aortic Stenosis			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) W. A. Koelsch M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

112395

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

FEB 14 1939

Registered No.

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

513½ North 15th Street (Home, Hospital or Institution) — Local Registrar's No. 3

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. ~~70~~ 69 | Mos. 2 | Days 10

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Edward Halleck Hasbrouck

(a) Residence: 513½ North 15th Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, Husband of (or) Wife of: Bessie Eldred Hasbrouck

6. Date of Birth (Month, day and year): Oct. 18th, 1869

7. AGE: Years 69 | Months 2 | Days 10 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Mining engineer

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year):

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Boise, Idaho

Father

13. NAME: Sol Hasbrouck

14. BIRTHPLACE (City or Town, County and State, or Country): New York

Mother

15. MAIDEN NAME: Ann Eliza Van Wagenen

16. BIRTHPLACE (City or Town, County and State, or Country): New York

17. SIGNATURE OF INFORMANT: Bessie E. Hasbrouck

(Address) 513½ N. 15th St.

18. BURIAL, CREMATION OR REMOVAL: Mausoleum

Place: Morris Hill — Date: 12/30/ 1938

19. UNDERTAKER: Summers Funeral Home

(Address): Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 1-3 (Date) 1939 by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1938, to Dec 28, 1938

I last saw him alive on 12-28 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Gastric hemorrhage			
(over)			

Contributory causes of importance not related to principal causes: Left Sided Hemiplegia

Where was disease first diagnosed? Boise, Idaho

Name of operation None date of

Condition for which performed

What test confirmed diagnosis? Clinical findings

Was there an autopsy? No Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry___ home___ public place___

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) Fred A. Tellenger M. D.

(Address)

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

112396

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No.

FEB 14 1939

1. PLACE OF DEATH

County of Ada — Registration Dist. No. 2

City of Boise — Primary Reg. Dist. No. 1004

St. Lukes Hospital (Home, Hospital or Institution) — Local Registrar's No. 4

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. 9 | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Inez Frances Shaw Kipper

(a) Residence: 102 South 17th Street (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): May 19, 1897

7. AGE: Years 41 | Months 7 | Days 12 | If less than 1 day hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done: Office attendant for Dentist

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation (month and year): Dec. 15-38

11. Total time (yrs.) spent in this occupation:

12. BIRTHPLACE (City or Town, County and State, or Country): Caldwell Idaho

Father

13. NAME: Colombus R. Shaw

14. BIRTHPLACE (City or Town, County and State, or Country): Missouri

Mother

15. MAIDEN NAME: Mable Stucker

16. BIRTHPLACE (City or Town, County and State, or Country): Silver City, Idaho

17. SIGNATURE OF INFORMANT: Inez Shaw Kipper

(Address) Boise Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Cemetery Date Jan 3 1939

19. UNDERTAKER: Summers Funeral Home

(Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 1-3 1939 (Date) by R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-31-38

22. I HEREBY CERTIFY, That I attended deceased from 12-16 1938, to 12-31- 1938

I last saw her alive on 12-31- 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Chronic Endocarditis	1909		

Contributory causes of importance not related to principal causes: none

Where was disease first diagnosed? [illegible]

Name of operation none date of

Condition for which performed

What test confirmed diagnosis? Clinical

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry____ home____ public place____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) O. J. Summers M. D.

(Address) Boise Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

112440

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

County of Bannock — Registration Dist. No. 64
City of Grace — Primary Reg. Dist. No. 2161
(Home, Hospital or Institution) — Local Registrar's No. 30

JAN 6 1939

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Not named - died one hour after birth 1594

(a) Residence: (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: Husband of (or) Wife of

6. Date of Birth (Month, day and year): 10-29-38

7. AGE: Years | Months | Days | If less than 1 day: hrs. 1 min.

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Grace, Idaho

Father

13. NAME: Earl William Troppett
14. BIRTHPLACE (City or Town, County and State, or Country): Grace, Idaho

Mother

15. MAIDEN NAME: Cynthia Crandall
16. BIRTHPLACE (City or Town, County and State, or Country): Idaho Falls, Idaho

17. SIGNATURE OF INFORMANT: Earl Troppett
(Address): Grace, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Grace, Idaho Date: 10-29-1938

19. UNDERTAKER: None
(Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Jan 2 1939 (Date) by Mrs. G. G. Fish Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-29-38

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1938 to 10-29 1938

I last saw her alive on 10-29 1938 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
6 months premature			1
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed?

Name of operation ____ date of ____

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? ____ Was there an inquest? no

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ____ home ____ public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify

(SIGNED) J. F. Koellen M. D.
(Address) Grace, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112474

Registration District No. 124
Primary Registration District No. 2194
Local Registrar's No. 180

JAN 12

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nils Larsen

(a) Residence No. State Hospital South St. 1 Jerome
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S., if of foreign birth? ....yrs. ....mos. ....ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mrs Nils Larsen

6. DATE OF BIRTH (month, day, and year): 1888

7. AGE: Years 50 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Mayville
(State or country): North Dakota

FATHER
13. NAME: Ingebret Larsen
14. BIRTHPLACE (city or town): Norway
(State or country)

MOTHER
15. MAIDEN NAME: Martha Larsen
16. BIRTHPLACE (city or town): Norway
(State or country)

17. INFORMANT: State Hospital
(Address): Records

18. BURIAL, CREMATION OR REMOVAL
Place: Date 11-10-38, 193....

19. UNDERTAKER: D. A. L. Henson
(Address): Jerome

20. FILED Jan 11 1939 W. H. Baldwin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-10 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937, to Nov 10, 1938
I last saw h.m alive on Nov. 10 1938: death is said to have occurred on the date stated above, at 6 00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hunting tons chorea	1920?

Other **contributory causes** of importance:

Psychosis, dementia.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Brownwell, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

RECEIVED
JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. D 2475

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 168

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 167

2. FULL NAME Ed Howard

(a) Residence No. Rt 3. St. Owyhee, Nevada.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Bannock	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Camas Racehorse

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 68			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toney Co. Oregon

FATHER
13. NAME Doctor Howard
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Seehagga
16. BIRTHPLACE (city or town) (State or country) Boise Idaho

17. INFORMANT (Address) James Howard (Brother) Owyhee, Nevada.

18. BURIAL, CREMATION OR REMOVAL
Place Owyhee, Nevada Date Dec 6, 1938

19. UNDERTAKER (Address) John C. Langley. Blackfoot Idaho

20. FILED Dec 6, 1938 W. W. Nalen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 4 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at about 830 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shotgun wound in head	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12-4, 1938
Where did injury occur? Blackfoot, Rt 3 Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home or in public place Home on Ft. Hall Reservation
Manner of injury Shotgun discharged under Chin
Nature of injury Face + part of head shot away.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. C. Langley. Coroner
(Address) Blackfoot, Idaho

Fort Hall Agency, Fort Hall, Idaho On R. DELAYED 112475

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1940

1. PLACE OF DEATH:
County Bingham State Idaho Reg. Dist No 121
Township ____ or Village Fort Hall P. Reg Dist. No 2194 or
City ____ No. ____ Local Reg. No. 19 St., ____ Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 1 mos. 24 days. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ days.

2. FULL NAME Wilford TOL

Residence: No. Fort Hall, Idaho St., ____ Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Shoshone Indian 1/4	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): November 4, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ mins.
		1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc: -

10. Date deceased last worked at this occupation (month and year): -

11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (city or town and State or country): Fort Hall, Idaho

FATHER

13. NAME: Grover TOL

14. BIRTHPLACE (city or town and State or country): Fort Hall, Idaho

MOTHER

15. MAIDEN NAME: Essie FISHER

16. BIRTHPLACE (city or town and State or country): Fort Hall, Idaho

17. INFORMANT (name and address): Hospital records, Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Fort Hall, Idaho Date December 2, 1939

19. UNDERTAKER (name and address): Agency Carpenter, Fort Hall, Idaho

20. FILED Feb. 9, 1939 Wm Nathan E. Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Not attended, 193 , to ____, 193

I last saw h____ alive on ____, 193 ; death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown, no attending Physician	Unknown

Other **contributory causes** of importance:

Unknown	Unknown

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (**violence**), fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**:

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? Unknown

If so, specify ____

(Signed) Norman A. Chenoweth

(Address) Fort Hall, Idaho

8—209g

U. S. GOVERNMENT PRINTING OFFICE: 1938 o11—3184

E. on R.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham,

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1 2476

FEB 6 1937

Registration District No. 12I- R
Primary Registration District No. 2I94-R
Local Registrar's No. 19

(No. Reservation. (Home))
(If death occurred in a hospital or institution, give its name instead of street and number)

2006

2. FULL NAME Adrian Tom.

(a) Residence No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone Ind.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	IO	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER

13. NAME Grover Tom.

14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME Essie Fisher.

16. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

17. INFORMANT Hospital Records
(Address) Fort Hall Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fort Hall Ida Date Dec. 3I, 1938

19. UNDERTAKER Agency Carpenter,
(Address) Fort Hall Idaho

20. FILED Feb. 3, 1939 Wm Hales Eames
Registrar.

MEDICAL CERTIFICATE OF DEATH.

8

21. DATE OF DEATH (month, day and year) Dec. 28 1938

22 I HEREBY CERTIFY, That I attended deceased from - - - - -, 193..., to - - - - -, 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at - - - m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause unknown,	
No attending physician	
Other **contributory causes** of importance:	
- - - -	

Name of operation - - - Date of

What test confirmed diagnosis? - - Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? - - Date of injury ....., 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry W. Schmoyer, M. D.

(Address Fort Hall Idaho.

Last year, Adrian TOM was reported dead on Dec. 28, 1939 in error, and a death certificate was executed in his name. At this time, it is learned that the parent had reported the wrong child dead. The report should have been for Wilford TOM. Adrian TOM is still alive. In order to clarify matters, and to set the records aright, please substitute the inclosed death record of Wilford TOM for the one of Adrian TOM, and destroy the death record of Adrian TOM.

Herman W. Schweizer

January 1, 1940.

HERMAN W. SCHWEIZER
Agency Physician.

Corrected my record Mrs. M.E. Parris.

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 12497

1. PLACE OF DEATH

County of Boise — Registration Dist. No.

City of Idaho City — Primary Reg. Dist. No.

(Home, Hospital or Institution) — Local Registrar's No. 12

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

JAN 23 1939

2. FULL NAME Gale Dean Warden (Twin) — 159

(a) Residence: Idaho City, Idaho

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year): Dec. 19, 1938

7. AGE — Years | Months | Days | If less than 1 day: hrs. 2 min.

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Idaho City, Idaho

Father

13. NAME: Clarence Warden

14. BIRTHPLACE (City or Town, County and State, or Country): Muir Michigan

Mother

15. MAIDEN NAME: Barbara Earl

16. BIRTHPLACE (City or Town, County and State, or Country): Milwaukee, Wisconsin

17. SIGNATURE OF INFORMANT: Clarence Warden

(Address) Box 19, Idaho City, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Idaho City — Date: 12-19-1938

19. UNDERTAKER: None

(Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 1/24 (Date) 1939 by Mrs E B Robson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 19 1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__

I ~~last saw him~~ ~~died~~ alive on Never saw him 19__ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Prematurity			

Contributory causes of importance not related to principal causes

Where was disease first diagnosed?

Name of operation ____ date of

Condition for which performed

What test confirmed diagnosis?

Was there an autopsy? Was there an inquest?

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ____, 19__ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry__ home__ public place__

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(SIGNED) I E Shaw a/han Co. Co. Phys.

(Address) Boise County

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Morton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. L 2498

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 82
(No. Morton, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

93c

2. FULL NAME JOHN FARRELL

(a) Residence No. Morton, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 14, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	8	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT L. G. Moon
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morton, Ida. Date Dec. 4, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Dec 10, 1938 Virgil E. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) November 29th 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Nov 29, 1938
I last saw him alive on Nov 15, 1938; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation No, Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm F Taylor M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JAN 20 1939

DO NOT WRITE IN THIS SPACE
State File No. 112499

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 89

(No. 515 S. Lavina)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mae Florence Paxton

(a) Residence No. 515 S. Lavina St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Paxton

6. DATE OF BIRTH (month, day, and year) Jan. 8, 1887

7. AGE: Years 51 | Months 10 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) 1937
11. Total time (years) spent in this occupation many years

12. BIRTHPLACE (city or town) Clifton
(State or country) Kansas

FATHER

13. NAME Elhanen Winchester Dean Dickinson
14. BIRTHPLACE (city or town) Bristol
(State or country) New Hampshire

MOTHER

15. MAIDEN NAME Olive Rosella Sutton
16. BIRTHPLACE (city or town) Ontario
(State or country) New York

17. INFORMANT Mrs. Ed Wick
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint, Ida Date Dec. 6, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Jan 19 1939 M. Tarleton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) December 3, 1938

22 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938, to Dec 4, 1938
I last saw her alive on Dec 1 1938: death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ascending Paralysis & Cord degeneration	July 1938
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. E. Kendall, M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112500

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 90

(No. 1003 N. fifth Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

93C

2. FULL NAME Minnie Barnby

(a) Residence No. 1003 N. Fifth Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Barnby

6. DATE OF BIRTH (month, day, and year) Sept. 9, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) 1937

11. Total time (years) spent in this occupation Many years

12. BIRTHPLACE (city or town) Davisville
(State or country) Michigan

FATHER

13. NAME Samuel Marin

14. BIRTHPLACE (city or town) Davisville
(State or country) Michigan

MOTHER

15. MAIDEN NAME Myra Allen

16. BIRTHPLACE (city or town) Davisville
(State or country) Michigan

17. INFORMANT Mrs. E. A. Chamberlain
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem. Sandpoint, Ida Date Dec. 5, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED January 10, 1939 W. E. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 3, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Dec. 3, 193.8
I last saw her alive on Dec 3 193.8: death is said to have occurred on the date stated above, at 12:00p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1935

Other contributory causes of importance:

Senility	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Floyd G. Wendle M. D.
(Address) Sandpoint, Idaho.

PLACE OF DEATH
County of BONNER
City of MIDAS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No 112501

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 93

(No. MIDAS, IDAHO.)
(If death occurred in a hospital or institution, give its name instead of street and number)

930

2. FULL NAME FRED HARTMAN

(a) Residence No. MIDAS, IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Needham Hartman

6. DATE OF BIRTH (month, day, and year) Apr. 5, 1840

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
98	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamboat Line
10. Date deceased last worked at this occupation (mo. and yr.) 1912
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Utica
(State or country) New York

FATHER
13. NAME Joseph Hartman
14. BIRTHPLACE (city or town) Switzerland
(State or country)

MOTHER
15. MAIDEN NAME Mary ---------
16. BIRTHPLACE (city or town)
(State or country) France

17. INFORMANT Mrs. Rose Osborne
(Address) Midas, Idaho.

18. BURIAL, CREMATION OR REMOVAL Newman Cemetery
Place Broten, Ida. Date Dec. 20 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Jan 10 1939 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) December 17 1938 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937, to Dec. 17, 1938
I last saw him alive on Dec. 5 1938: death is said to have occurred on the date stated above, at 3:30a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1935
Other contributory causes of importance:	
Arteriosclerosis	1930

Name of operation NO Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) Wm F. Tyler, M. D.
(Address Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See MARGIN RESERVED FOR BINDING tion on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 92
(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 12502

2. FULL NAME Nancy Elizabeth Hopkins

(a) Residence No. Rural Route St. Samuels, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward W. Hopkins

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 47 | Months 7 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1938
11. Total time (years) spent in this occupation 27 yrs.

12. BIRTHPLACE (city or town) Albany
(State or country) Missouri

FATHER

13. NAME James Beck
14. BIRTHPLACE (city or town) Unknown
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Elizabeth Mc Ginley
16. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

17. INFORMANT E. W. Hopkins
(Address) Samuels, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date Dec. 21, 193 8

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Jan 10, 1939 W. C. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) December 19, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 4:00p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Struck by falling tree	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 12-19-38 193.....
Where did injury occur? Samuels, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Place
Manner of injury Struck by falling tree
Nature of injury Skull Fracture

24 Was disease or injury in any way related to occupation of deceased? no (If so, specify.....)

(Signed) L. G. Moon Coroner M. D.
(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112503

JAN 20 1939

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 7

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman Homer

(a) Residence No. 724 N. Florence Ave St. ,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Homer

6. DATE OF BIRTH (month, day, and year) Jan. 7, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) 1928
11. Total time (years) spent in this occupation Many Years

12. BIRTHPLACE (city or town) Smithfield
(State or country) West Virginia

FATHER

13. NAME Thomas Homer
14. BIRTHPLACE (city or town) Unknown
(State or country) West Virginia

MOTHER

15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (city or town) Smithfield
(State or country) West Virginia

17. INFORMANT J. L. Homer
(Address) Sagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date dec. 29, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Jan 20, 1939 O. C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Dec. 28, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1938, to Dec. 28, 1938
I last saw him alive on Dec 28 1938.: death is said to have occurred on the date stated above, at 7:30a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other **contributory causes** of importance:	
Arterio Sclerosis	1935

Name of operation NO Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm F. Tyler, Idaho., M. D.
(Address Sandpoint,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BIN.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112534

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 10
(No. Mercy Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Grace Johnson
(a) Residence No. St Louis Mo St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm B. Johnson

6. DATE OF BIRTH (month, day, and year) 9-5-89

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minn
(State or country)

MOTHER FATHER
13. NAME E. R. Bruce
14. BIRTHPLACE (city or town) Md
(State or country)
15. MAIDEN NAME Beall
16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mrs Lee Cooke
(Address) Nampa Ida
18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 2/1/39
19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida
20. FILED Feb. 1, 1939 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/30 1938
22 I HEREBY CERTIFY, That I attended deceased from August, 1937, to Dec. 30, 1938.
I last saw her alive on 12-27 1938: death is said to have occurred on the date stated above, at 9:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General carcinomatosis finally involving the brain centers,	3/1/37.
Other **contributory causes** of importance:	
Carcinoma of the breast	about 1931.

Name of operation ..... Date of .....
What test confirmed diagnosis? Ex. Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Wm. D. A. Killeen Jr., M. D.
(Address Nampa Idaho.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 12535

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 22

FEB 9 1939

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

92a

2. FULL NAME Wilhelmina Schulz

(a) Residence No. 311-19 ave So Nampa Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/22/56

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Ballet
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Poffenfuss
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Schulz
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 1 - 1, 1939

19. UNDERTAKER F. K. Peterman
(Address) Nampa Idaho

20. FILED Feb. 8, 1939 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/30 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1938, to Dec. 30, 1938
I last saw her alive on Dec. 30 1938: death is said to have occurred on the date stated above, at 1:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Old age	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Theo E. Mangum M.D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Raft River Dist.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. [illegible]

RECEIVED FEB 14 1939

Registration District No. 119
Primary Registration District No. 2196
Local Registrar's No. Sixteen
(No. Res. Geo. W. Harrell 2196) 108
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Samuel Johnson Shown

(a) Residence No. Raft River Dist. St. Raft River Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Jane Shown

6. DATE OF BIRTH (month, day, and year) May 14-1864

7. AGE: Years 74 | Months 7 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 12-24-1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) No. Data

FATHER
13. NAME No. Data
14. BIRTHPLACE (city or town) (State or country) No Data

MOTHER
15. MAIDEN NAME Dorkes McMullain
16. BIRTHPLACE (city or town) (State or country) No Data

17. INFORMANT Geo. W. Harrell
(Address) Raft River, Cassia Co. American Falls N.D.

18. BURIAL, CREMATION OR REMOVAL
Place Raft River Date [illegible], 193[illegible]

19. UNDERTAKER Peter B. McCullough
(Address) Burley-Idaho

20. FILED Feb 6, 193[illegible] C. D. Bates Registrar
Laura E. Spencer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31/1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 193[illegible] to Jan 3, 193[illegible]
I last saw him alive on Dec 26 193[illegible]: death is said to have occurred on the date stated above, at 10 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	12/25/38
Other **contributory causes** of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: No
Accident, suicide, ~~or homicide~~? Date of injury, 193[illegible]
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. D. Bates, M. D.
(Address) Albion Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Fairview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 12605

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 2

FEB 14 193

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

1092

2. FULL NAME Diane Whittle

(a) Residence No. Fairview, Idaho St.
(Usual place of abode) 4 months. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug. 1, 1938
7. AGE: Years | Months: 4 | Days: 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan
(State or country) Utah

FATHER
13. NAME Merlin Whittle
14. BIRTHPLACE (city or town) Fairview
(State or country) Idaho

MOTHER
15. MAIDEN NAME Mildred Dunkley
16. BIRTHPLACE (city or town) Franklin
(State or country) Idaho

17. INFORMANT Merlin Whittle
(Address) R. 1 Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fairview, Ida Date Dec. 24, 1938

19. UNDERTAKER M.W. Hendricks
(Address) Preston, Idaho

20. FILED Feb 8, 1939 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from 12/21, 1938, to 12/23, 1938
I last saw h.. alive on 12/23 1938: death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	12/21/38
# Primary cause	
Other contributory causes of importance:	
None	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. W. Eyre Cragun M. D.
(Address) Lamanton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony
FEB 14

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 12609

Registration District No. 99
Primary Registration District No. 217 Local Registrar's No. 328
(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Evans Goulding 56b

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Barbara Goulding

6. DATE OF BIRTH (month, day, and year) July 3 1867

7. AGE: Years 72 | Months 5 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pleasant Grove
(State or country) Utah

FATHER
13. NAME Daniel Goulding
14. BIRTHPLACE (city or town) Wales
(State or country)

MOTHER
15. MAIDEN NAME Hannis Evans
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Barbara Goulding
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Milford Date 12/13, 1938

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Feb 8, 1939 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/10 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938, to Dec 10, 1938
I last saw him alive on Dec 10 1938: death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	Dec 7
Other contributory causes of importance:	
Rheumatism	20 yrs.

Name of operation None Date of
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Soule, M. D.
(Address) St Anthony Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

FEB 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 2610

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 377
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Reardon 94

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Ida M. Reardon

6. DATE OF BIRTH (month, day, and year) Sept. 24-1871

7. AGE — Years: 67 | Months: 7 | Days: 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waterloo
(State or country) Iowa

FATHER

13. NAME Dennis Reardon
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Ida M. Reardon
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Date 12/15, 1938

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Feb 8, 1939 Sadie B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/12 1938

22 I HEREBY CERTIFY, That I attended deceased from 11-25, 1938, to 12-12, 1938

I last saw h[illegible] alive on 12-11 1938: death is said to have occurred on the date stated above, at 9:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12-12-38

Other **contributory causes** of importance:

Angina Pectoris

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Wellewell, M. D.
(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

FEB 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 12611

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 396
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number) 46 f

2. FULL NAME Rio Fountain Main

(a) Residence No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Lizzie Main

6. DATE OF BIRTH (month, day, and year) Apr. 10 1888

7. AGE — Years: 50 | Months: 8 | Days: 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME A. C. Main
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Elizabeth Abesley
16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Lizzie Main
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nielson Date Dec 27, 1938

19. UNDERTAKER N. M. Hansen
(Address) St. Anthony Idaho

20. FILED Feb 8, 1939 Sander B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/23 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to 12/24, 1938
I last saw him alive on 12/23 1938: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Head & Pancreas	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Burrell M. D.
(Address St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1252

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 375

FEB 14 1939

(No. 6)
(If death occurred in a hospital or institution, give its name instead of street and number)

54d

2. FULL NAME Emma Mabel Hendricks

(a) Residence No. St. Anthony St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Glen Hendricks

6. DATE OF BIRTH (month, day, and year) Mar 16-1905

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	33	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Groves
(State or country) Idaho

FATHER

13. NAME Thomas N. Richards
14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Anna Eliza Bird
16. BIRTHPLACE (city or town) Devon
(State or country) Utah

17. INFORMANT Anna E. Richards
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pinecrest Date Dec. 29, 1938

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Jan 2, 1939 Sandie B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/26/1938

22 I HEREBY CERTIFY, That I attended deceased from 3/29, 1938, to 12/25, 1938
I last saw he alive on 12/25 1938: death is said to have occurred on the date stated above, at 6 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Brain Tumor.	10/15/37
Other **contributory causes** of importance:	

Name of operation Craniotomy Date of 11/8/38
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) W. F. Rigby, M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 14613

FEB 14 1939

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 374
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etty Helena Broadhurst

(a) Residence No. 1 St. Anthony Route 2 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of David Broadhurst

6. DATE OF BIRTH (month, day, and year) Aug. 14-1861

7. AGE: Years 77 | Months 4 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lawrence Mass.

FATHER
13. NAME Moses Wilkinson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Anna B. Adams
(Address) St. Anthony Route 2

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date Dec 30, 1938

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED Feb 8, 1939 Sarah B. Munde Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1938, to Dec. 29, 1938
I last saw her alive on 12/29 1938: death is said to have occurred on the date stated above, at 1:15 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other **contributory causes** of importance:	
Old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms Were an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr. H. D. Broadhurst M. D.
(Address Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112621

REC'D FEB 7 1939

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. 2100) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar Ellsworth Dorie

(a) Residence No. Emmett (Usual place of abode) Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Eliza Dorie

6. DATE OF BIRTH (month, day, and year) May 16, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) Oct 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) New Hampton (State or country) Mo

FATHER

13. NAME Scott Dorie

14. BIRTHPLACE (city or town) ____ (State or country) Missouri

MOTHER

15. MAIDEN NAME Medora Weldon

16. BIRTHPLACE (city or town) New Hampton (State or country) Mo

17. INFORMANT [illegible] (Address) R 2 Emmett, Ida

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 12/22, 1938

19. UNDERTAKER O D Buckmaster (Address) Emmett Idaho

20. FILED 12/22, 1938 J R Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/20 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1938, to Dec 20, 1938

I last saw h[illegible] alive on 12/20 1938: death is said to have occurred on the date stated above, at 3:00 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Run into by automobile	12/11/38
Fracture left forearm	12/11/38
Fracture of tibia + fibula both legs	12/11/38
Internal injuries - extent unk	12/11/38

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, ~~suicide~~, ~~or homicide~~? Accident Date of injury 12/11/38

193[illegible]

Where did injury occur? Emmett, Ida (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** On street

Manner of injury Run into by automobile

Nature of injury Fractures + internal injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify ____

(Signed) [illegible] M. D.

(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112622

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. 0)
(If death occurred in a hospital or institution, give its name instead of street and number) 108

2. FULL NAME James Samuel Holman
(a) Residence No. Emmett Idaho St.
(Usual place of abode) 23 (If nonresident give city or town and state)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of Mary Jane Holman
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/28-1863

7. AGE: Years 75 | Months 1 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nightwatch
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Lumber Mill
10. Date deceased last worked at this occupation (mo. and yr.) 12/20/38
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER
13. NAME Elijah Holman
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Martha Walker
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT A. H. Norman
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Cem. Date 12/27, 1938

19. UNDERTAKER C. D. Buckenmyer
(Address) Emmett Idaho

20. FILED 12/[illegible], 193[illegible] J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/25 1938

22 I HEREBY CERTIFY, That I attended deceased from June, 1938, to 12-25-, 1938
I last saw h[illegible] alive on 12-25 1938: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia c	4 days.
Arteriosclerotic Heart disease.	2 yrs.

Other contributory causes of importance:
Old age -

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) H. L. Bullock, M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
Salmon
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112681

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

106a

2. FULL NAME Mattie Grimes

(a) Residence No. Salmon, Idaho St.
(Usual place of abode) Johnson Rooming house (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lowell Grimes

6. DATE OF BIRTH (month, day, and year) 3-12-1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A Relief Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1938

11. Total time (years) spent in this occupation 10 Months

12. BIRTHPLACE (city or town) Sheridan
(State or country) Montana

FATHER

13. NAME Frank Selander

14. BIRTHPLACE (city or town) Penn
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) to Relatives

17. INFORMANT Myrtle Longley
(Address) Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 1-3rd, 1939.

19. UNDERTAKER William C. Doebler
(Address) Salmon, Idaho

20. FILED Jan 11, 1939 Clio E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938, to Dec 31, 1938
I last saw h. alive on Dec 30 1938: death is said to have occurred on the date stated above, at 4-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	12/31/38
Acute Bronchitis	12/21/38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Mulder M. D.
(Address) Salmon Ida

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 12685

Registered No. 1

1. PLACE OF DEATH

County of Lewis

City of Winchester (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 50

Primary Registration District No. 2129

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Deane Theresia Wilkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
F.	W.	

6. DATE OF BIRTH December 20 1938
(Month) (Day) (Year)

7. AGE ..... Yrs. — Mos. — ds.

IF LESS than 1 day how many 5 hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Winchester Idaho

10. NAME OF FATHER Geo. L Wilkins

11. BIRTHPLACE OF FATHER (State or Country) Fresno California

12. MAIDEN NAME OF MOTHER Freda Sipla Sonnen

13. BIRTHPLACE OF MOTHER (State or Country) Cottonwood Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. L Wilkins

(Address) Winchester, Ida.

15. Filed ..... 19..... C. E. Clovis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 20 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-20 1938, to 12-20 1938, that I last saw her alive on 12-20 1938 and that death occurred on the date stated above, at 12:10 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) Difficult Labor

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Orr M.D. by W. H. Pierce M. D.

12-20 1938 (Address) Cottonwood, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenerck, Idaho	Dec 21 1938
20. UNDERTAKER	ADDRESS
Fa. Baerlocher	Greenerck Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

RECEIVED
FEB 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

J. F.

DO NOT WRITE IN THIS SPACE
State File No. 112697

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 9
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number) 820 N.

2. FULL NAME Emma Christiaens Meulemans

(a) Residence No. _____ St. Rupert Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F.
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed or Divorced (write the word)~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gustave Meulemans 1865

6. DATE OF BIRTH (month, day, and year) 4-19-1865

7. AGE: Years 73 | Months 7 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ocatcamp
(State or country) Belgium

FATHER
13. NAME John Christiaens
14. BIRTHPLACE (city or town)
(State or country) Belgium

MOTHER
15. MAIDEN NAME don't know
16. BIRTHPLACE (city or town)
(State or country) Belgium

17. INFORMANT Burton Degenhardt
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 12-13, 1938

19. UNDERTAKER Rodney Gardner
(Address) Rupert Idaho

20. FILED 2-7, 1939 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-10-1938

22 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938, to Dec 10, 1939
I last saw her alive on Dec 10 1939: death is said to have occurred on the date stated above, at 6 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy (?)	

Other **contributory causes** of importance:

Arteriosclerosis cerebral	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193_____
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** _____
Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) F. F. Kinney, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112698

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 6

FEB 9 1939

(No. 210 D)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christ Deitz

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced (write the word)~~
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-20-1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) South Russia

FATHER
13. NAME Andrew Deitz
14. BIRTHPLACE (city or town) .....
(State or country) South Russia

MOTHER
15. MAIDEN NAME Magdalena Smith
16. BIRTHPLACE (city or town) .....
(State or country) South Russia

17. INFORMANT Gottlieb Schenk
(Address) Rupert Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 12-15, 1938

19. UNDERTAKER Anderson Bros
(Address) Rupert Idaho

20. FILED 2-7, 1939 E. H. Elsmore
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-11 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Auto Collission	
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 12-11, 1938.
Where did injury occur? Rupert Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** yes
Manner of injury Auto Accident.
Nature of injury Crushed Pelvis

24 Was disease or injury in any way related to occupation of deceased? Yes. If so, specify On Way to work
(Signed) Alan Goodman Coroner
(Address) Rupert Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED
FEB 9 1939

DO NOT WRITE IN THIS SPACE
State File No. 112699

Registration District No. 19
Primary Registration District No. 20 15
Local Registrar's No. 3
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number) 138

2. FULL NAME Ronald Juman Long.

(a) Residence No. (Usual place of abode) St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child.

6. DATE OF BIRTH (month, day, and year) Dec. 7-37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho.

FATHER

13. NAME Allen Long.

14. BIRTHPLACE (city or town)
(State or country) Rupert.

MOTHER

15. MAIDEN NAME Lena Elizabeth Stanbar

16. BIRTHPLACE (city or town) Rupert
(State or country) Idaho.

17. INFORMANT Lena Elizabeth Stanbar
(Address) Rupert Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 12-30, 1938

19. UNDERTAKER Boardman Mortuary
(Address) Rupert, Idaho

20. FILED 2-7, 1939 A. Palmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-27 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-16, 1938, to 12-21, 1938

I last saw h[illegible] alive on 12-21 1938; death is said to have occurred on the date stated above, at 7 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-17-38
Other **contributory causes** of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. W. Moellmann M. D.

(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert
REC'D
FEB 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112700

Registration District No. 19
Primary Registration District No. 20.15 Local Registrar's No. 4
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Neiman

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 15 1874
7. AGE: Years 64 | Months 7 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Joe C. Neiman (Address) Rupert, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Rupert Date: 12-20, 1938
19. UNDERTAKER: Goodman Mortuary (Address) Rupert Idaho
20. FILED: 2-7, 1939 E. E. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year): Dec 27 1938
22. I HEREBY CERTIFY, That I attended deceased from 6—10, 1938, to 12—20, 1938
I last saw h[illegible] alive on 12-20 1938; death is said to have occurred on the date stated above, at 1.0 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	June 1937

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. A. Woodbury, M. D.
(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

RECEIVED
FEB 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1127U1

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 8
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joe Conner

(a) Residence No. ..... St. Paul Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, ~~Married, Widowed or Divorced (write the word)~~

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year) 11-11-1900

7. AGE: Years 38 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rossville
(State or country) Kansas.

FATHER

13. NAME Eric Conner
14. BIRTHPLACE (city or town) .....
(State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Hoff
16. BIRTHPLACE (city or town) Enid
(State or country) Kansas.

17. INFORMANT Clarence Conner
(Address) Kansas City Mo

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 12-30, 1938

19. UNDERTAKER Rodney Gardner
(Address) Rupert Idaho

20. FILED 2-7, 1939 Ethel Lance
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938, to Dec 28, 1938
I last saw h-alive on Dec 28 1938: death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	
Cerebro-Spinal	

Other contributory causes of importance:

Pneumonia Lobar	
Spinal Fluid	
Hydrocephalus	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Kerr, M. D.
(Address) Rupert

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Minidoka

City of Rupert

RECEIVED

FEB 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112702

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

186a

2. FULL NAME Ola Gassett Goodman

(a) Residence No. Rupert St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed or ~~Divorced~~ (write the word)
F	W.	

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of W. G. Goodman

6. DATE OF BIRTH (month, day, and year) 3-11-65

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cora Kansas.

FATHER

13. NAME M. Dudley Gossett

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Mary C Phillips

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Alma Goodman
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date Jan 3, 1939

19. UNDERTAKER Goodman Mortuary
(Address) Rupert Idaho

20. FILED 2-7, 1939 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/29 1938

22 I HEREBY CERTIFY, That I attended deceased from 12-25, 1938, to 12-29, 1938.

I last saw h.w alive on 12-29 1938.: death is said to have occurred on the date stated above, at 1009 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture of the hip	
Other **contributory causes** of importance:	
Internal injuries	
Shock (Enormous uterine fibroid	

Name of operation Plaster Cast Date of 12-26-38

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 12-25-38 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Home

Manner of injury Slipped on waxed linoleum in kitchen

Nature of injury Fracture of Neck of femur

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Rupert Idaho

FORM V. S. No. 5-A—25 M. 1-19.

11206

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

FEB 9 1939

Registration District No. 62
Primary Registration District No. 2142

File No. 12706 also
Registered No. 10927

1. PLACE OF DEATH
County of Nez Perce
City of Genesee
(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry Bielenberg

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
male	white	Married

6. DATE OF BIRTH
Jan (Month) 17 (Day) 1850 (Year)

7. AGE
88 Yrs. 5 Mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) New Holstein, Wis.

10. NAME OF FATHER
Henry Bielenberg

11. BIRTHPLACE OF FATHER
(State or Country) Germany

12. MAIDEN NAME OF MOTHER
Gretchen Glae

13. BIRTHPLACE OF MOTHER
(State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Florence Bielenberg
(Address) Genesee

15.
Filed July 2 1938
A. J. White M.D.
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July (Month) 1 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 5 1938, to July 1 1938
that I last saw h. i. m. alive on July 1 1938,
and that death occurred on the date stated above, at 6:15 A.M.
The CAUSE OF DEATH* was as follows:
Carcinoma of the stomach

(Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary) Bronchopneumonia, senility
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Keeler M. D.
7/2 1938 (Address) Genesee Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Genesee, Idaho	7-4 1938

20. UNDERTAKER Vassar-Rawls Co. ADDRESS Lewiston Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112707

PLACE OF DEATH JAN 31 1939
County of Nez Perce
City of Gifford
Registration District No. 92
Primary Registration District No. 2170
(No. .....)
Local Registrar's No. 54
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

92b

2. FULL NAME Charles Henry Hauchens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora Hauchens

6 DATE OF BIRTH (month, day and year) 5-1-1862

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	5	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Mo

PARENTS
10 NAME OF FATHER Jerard Hauchens
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER —
13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Leslie Hauchens
(Address) Clarston Ida

15 Filed 10-4, 1938 E. E. Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 4 1938
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to Oct 4, 1938, that I last saw him alive on Oct 2, 1938, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
End carcinoma
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) E. E. Watts, M. D.
....., 19..... (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Lewiston Ida	10-5 1938
20. Undertaker H. Merchant	Address

N. B.—Every item of information must be given. Exact statement of occupation is very important. See instructions on back of certificate. Should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 12708

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 10 (illegible)

2. FULL NAME Mrs. Mary Tegoh

82a

(a) Residence No. Lewiston, Orchards, Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Fred Teach

6. DATE OF BIRTH (month, day, and year) 12/25/1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME A. Prain
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Fred Teach
(Address) Lewiston Orchards

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 1/3/39, 193

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Jan 17, 193 9 W. B. M. Queen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/31/38

22 I HEREBY CERTIFY, That I attended deceased from Nov, 1, 1938, to Dec, 31, 1938
I last saw her alive on Dec, 31 1938: death is said to have occurred on the date stated above, at 11:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/31/38
Other **contributory causes** of importance:	
High blood pressure	4 years

Name of operation none Date of
What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O. C. Vassar, M. D.
(Address Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette
FEB 1 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 12725

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 1
(No. 92a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Clifford Sanger.

(a) Residence No. 1264 Center Ave. St. Billings Mont.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jo Ella Sanger.

6. DATE OF BIRTH (month, day, and year): July 22 1904

7. AGE: Years 34 | Months 5 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pharmacist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Sept 20 '38
11. Total time (years) spent in this occupation: 12 yrs

12. BIRTHPLACE (city or town) (State or country): White Lake S. Dak.

MOTHER FATHER

13. NAME: J. H. Sanger.
14. BIRTHPLACE (city or town) (State or country): West Branch Iowa.
15. MAIDEN NAME: Capitol Hann.
16. BIRTHPLACE (city or town) (State or country): Madison Wis.

17. INFORMANT: J. H. Sanger
(Address): Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Payette Ida. Date: 1-2-, 193 9

19. UNDERTAKER: Elijah Sanders
(Address): Payette Ida.

20. FILED: 1/31/1939 193 J. E. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year): 12/30 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938, to Dec 30, 1938
I last saw him alive on 12/30 1938: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	12/29/38

Other contributory causes of importance: Mitral regurgitation 10 yrs ago

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. R. Woodward M. D.
(Address) Payette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City or Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 88

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
State File No. 112787

FEB 1 1939

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rasmus Erikson.

(a) Residence. No. Cambridge, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of — Erikson.

6. DATE OF BIRTH (month, day, and year) ? ? 1855.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
84	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Erik Rasmussen.

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unascertained.

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Eva L. Erikson.

18. BURIAL, CREMATION OR REMOVAL. No. 1
Place Cambridge Date 1-1-39

19. UNDERTAKER (Address) J. A. Hudelson

20. FILED 1-10-39 R. W. Hickman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1-36, 193..., to 12-30-39, 193...

I last saw him alive on 12-30-39: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage.	
Other **contributory causes** of importance:	
Senility	

Name of operation 0 Date of 0

What test confirmed diagnosis? Clinical. Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. S. Davison, M. D.

(Address) Council, Ida.

Glenn S. Hunter MD Council Ida

STATE OF ~~WYOMING~~ Idaho

CERTIFICATE OF DEATH

11-28-27

BUREAU VITAL STATISTICS
CAPITOL BUILDING
CHEYENNE, WYOMING

Do Not Write in This Space
File No. 112827
Registered No. .....

Local Reg. No 10

1. PLACE OF DEATH
County Conbar FEB 17 1939
Township ..... Registration Dist. No. 82
City ..... No. ..... Street
(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred ...yrs....mos.....ds. How long in U. S. if of foreign birth?.....yrs.....mos.....days

2. FULL NAME Ethel Rankin 59

(a) Residence: No. Logan Hotel St., ... Ward .....
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wenda Parks Rankin

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day .....hrs, or ..... min.
49	8	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER
13. NAME Allen Rankin
14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER
15. MAIDEN NAME Adamson
16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT (Address) Albert B. Barnes Deputy Sheriff

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Idaho Date January 31, 1939

19. UNDERTAKER Hot Valley Mortuary
(Address)

20. FILED ..... 19..... ..... County Registrar.

Feb. 18, 1939 D. Rhinehart Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19....; death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	DATE OF ONSET
No Medical Attendance but was a Diabetic and was found dead in Shop	
Other contributory causes of importance:	

Name of operation ....., Date of .....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

.....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?...

If so, specify .....

(Signed) D. J. Priest M. D.

(Address) Preston Idaho

Form V. S. 12
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

112834

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112834

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 3

MAR 4 1939

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

9321

2. FULL NAME William H. Reichard

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): ~~Single~~ Divorced

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) ~~WIFE~~ of Jane Howith

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	65			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) ~~Unknown~~

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) ~~Unknown~~

No information is available

17. INFORMENT (Address)
18. BURIAL, CREMATION, OR REMOVAL Place Hailey, Ida Date 12-28, 1938
19. UNDERTAKER (Address) L. Harris Hailey Idaho.
20. FILED 3-2, 1939 Peter H. Wright. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 26 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1938, to Dec 26, 1938
I last saw him alive on Dec 26, 1938; death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 year

Other contributory causes of importance:
Alcoholic intoxications

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. W. Lot, M.D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112883

RECEIVED FEB 6 1939

Registration District No. 84 83
Primary Registration District No. 2464 2169 Local Registrar's No. 331

(No. Home of her daughter Mrs. Nellie Green
(If death occurred in a hospital or institution, give its name instead of street and number)

82a

2. FULL NAME Mary B. Marble Gittens

(a) Residence. No. McCammon, Idaho. St. McCammon, Idaho.
(Usual place of abode) Resident of Idaho 54 years (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~Husband of~~ (or) ~~WIFE of~~ Edwin Gittens

6. DATE OF BIRTH (month, day, and year) Jan. 10, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brigham
(State or country) Utah

FATHER
13. NAME Henry Lyman Marble
14. BIRTHPLACE (city or town) Geoga, Ohio
(State or country)

MOTHER
15. MAIDEN NAME Mary Burbank
16. BIRTHPLACE (city or town) Madison County
(State or country) Illinois

17. INFORMANT Mrs. Nellie G. Green
(Address) McCammon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dewey, Utah Date Dec. 4, 1938

19. UNDERTAKER Arthur W. Hall
(Address)

20. FILED Dec. 3, Pocatello, 1938 Mrs. G. F. Fitz
Ada L. Roffing Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 1, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938, to Dec 1, 1938
I last saw h~~is~~ alive on Dec 1, 1938; death is said to have occurred on the date stated above, at 6:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Brain	
Other contributory causes of importance:	
Senility	

Name of operation None Date of —
What test confirmed diagnosis? ~~Was there an autopsy?~~ No

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. A. Rich M. D.
(Address) Lava Hot Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112884

RECEIVED FEB 6 1939

Registration District No. 84 83
Primary Registration District No. 2761 2160 Local Registrar's No. 42

(No. Residence McCammon, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Alice Jane Forrey

(a) Residence. No. McCammon, Idaho. St. McCammon, Idaho.
(Usual place of abode) Seven years (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of P. E. Forrey

6. DATE OF BIRTH (month, day, and year): April 27, 1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown.

FATHER
13. NAME: Lewis Fay
14. BIRTHPLACE (city or town) (State or country): New York State

MOTHER
15. MAIDEN NAME: Mary Barker
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Thomas S. Farrey McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Inkom, Idaho. Date: Dec. 9, 1938.

19. UNDERTAKER (Address): Arthur W. Hall Mortuary Pocatello, Idaho.

20. FILED: Dec. 9, 1938. Mrs. G. G. Fitz Registrar.
Ada L. Cobb

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): December 5, 1938.

22. I HEREBY CERTIFY, That I attended deceased from On Dec 5, 1938 to Dec 5, 1938
I last saw her alive on Dec 5, 1938: death is said to have occurred on the date stated above, at 4.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of breast	
(No Lab Diagnosis)	
Other contributory causes of importance:	
Senility	

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. A. Rich M. D.
(Address) Lava Hot Springs, Idaho.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 112885
Registered No. 7 3

1. PLACE OF DEATH
County of Bannock Registration District No. 84 83
Primary Registration District No. 2-46 2160
City of Mc. Cammon (If outside limits, give township.) FEB 6 1939 St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Laurine Jorgensen Turleson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: July (Month) 14 (Day) 1848 (Year)

7. AGE: 90 Yrs. 5 Mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Copenhagen Denmark

10. NAME OF FATHER: Jorgen Olson

11. BIRTHPLACE OF FATHER (State or Country): Denmark.

12. MAIDEN NAME OF MOTHER: Ellen Jensen

13. BIRTHPLACE OF MOTHER (State or Country): Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James T. Turleson
(Address) Mc Cammon

15. Filed Feb - 3 - 1939 Mrs. A. L. Coffin
Local Registrar
Ada L. Coffin

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 30 (Day) 1938 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 19 1936, to Dec 30 1938, that I last saw her alive on Dec 28 1938, and that death occurred on the date stated above, at 7:10 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Gall bladder & Liver

(Duration) 4 Yrs. mos. ds.
Contributory (Secondary): Senility
(Duration) yrs. mos. ds.

(Signed) C. A. Rich M. D.
12-30 1938 (Address) Lava Hot Springs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Smithfield Utah
DATE OF BURIAL: 1-3- 1939

20. UNDERTAKER: Lindquist & Sons
ADDRESS: Logan Utah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SHR

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bear Lake

City of Montpelier

MAR 3 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112905

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

194 bt.

2. FULL NAME Clare Matthews Austin

(a) Residence. No. St. Liberty Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 28 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liberty Idaho

FATHER

13. NAME Samuel M. Austin

14. BIRTHPLACE (city or town) (State or country) Liberty Idaho

MOTHER

15. MAIDEN NAME Elizabeth Matthews

16. BIRTHPLACE (city or town) (State or country) Liberty Idaho

17. INFORMANT Samuel M. Austin (Address) Liberty Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Liberty Idaho Date Dec 30 1938

19. UNDERTAKER (Address) Montpelier Idaho

20. FILED Jan 2nd 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 193 8, to Dec 29, 193 8

I last saw him alive on Dec 29, 193 8.: death is said to have occurred on the date stated above, at 8:10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis coronaria	Dec 11 1938
Septicemia	

Other contributory causes of importance: 36

Thrombophlebitis of right knee	Dec 4 1938

Name of operation Opened right knee Date of Dec 4 1938

What confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Dec 29 1938

Where did injury occur? Farm Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. High School Gym.

Manner of injury Jumping on Gym mat

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Spencer H Rich M. D.

(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112920

Registration District No. 12

Primary Registration District No. 21-H

Local Registrar's No. 37

MAR 7 1939

(No. State Hospital South Blackfoot R.ver, just east of Hospital)

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy E. Noyer (Residence claimed at Portland, Oregon)

(a) Residence No. Idaho State Pen. St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 24 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of Pearl Noyer
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/12/88

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Molala
(State or country) Oregon

FATHER

13. NAME T. P. Noyer

14. BIRTHPLACE (city or town) No data
(State or country)

MOTHER

15. MAIDEN NAME Pearl Shelton

16. BIRTHPLACE (city or town) No data
(State or country)

17. INFORMANT Records, State Hospital South
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. So. Date Mar 7, 1939

19. UNDERTAKER Eastern Idaho Undertaking Co.
(Address) Blackfoot, Idaho

20. FILED Mar 9, 1939 Wm. Wallace Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Approximately Nov. 25, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to Nov. 25, 1938

I last saw him alive on Nov. 25 1938.: death is said to have occurred on the date stated above, at Unknown m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning	Probably Nov. 25-38

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide Probably Suicide Date of injury Nov. 25 1938

Where did injury occur? Bingham County, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** Public Reservoir Public place

Manner of injury Drowning

Nature of injury Suicide

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible], M. D.

(Address Blackfoot, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

H. L. McMARTIN, M. D. DIRECTOR
ECHO DELL WATSON, CHIEF CLERK

C. A. Bottolfsen,
[redacted] GOVERNOR
EX-OFFICIO COMMISSIONER
OF PUBLIC WELFARE

March 9, 1939

MAR 13 1939

J. O. Cromwell, M.D.,
State Hospital South,
Blackfoot, Idaho.

Dear Doctor Cromwell,

We have a death certificate for Roy E. Noyer, died about November 25, 1938. On this certificate it gives the place of death in one place as State Hospital South and in another place as a public reservoir in Bingham County. Did this man commit suicide by drowning in a reservoir on the State Hospital grounds?

Your answer on the bottom of this letter will be sufficient.

Very truly yours,

DIVISION OF PUBLIC HEALTH
Mae G. Atwood
Mae G. Atwood,
Registrar of Vital Statistics.

MGA:CB

This man eloped from State Hospital South & his body was found in Blackfoot river just east of institution property. We presume he committed suicide. It may have been accidental drowning

RECEIVED
JAN 3 1939

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH

113000

Registered No. 87

1. PLACE OF DEATH
County of Caribou — Registration Dist. No. 2-16-7159
City of Soda Springs Hospital — Primary Reg. Dist. No. 29
(Home, Hospital or Institution) — Local Registrar's No. 2

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred	Yrs.	Mos.	Days
		0	1

How long in U. S. if of foreign birth?	Yrs.	Mos.	Days

2. FULL NAME Janiak Wilson
(a) Residence: Thatcher Idaho
(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female
4. White, Black, Yellow, Red: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: Husband of (or) Wife of
6. Date of Birth (Month, day and year): June 16, 1938
7. AGE: Years — Months: 5 — Days: 1 — If less than 1 day: hrs. ____ min. ____

Occupation
8. Trade, profession, or particular kind of work done
9. Industry or business in which work was done
10. Date deceased last worked at this occupation (month and year)
11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Soda Springs, Idaho

Father
13. NAME: Henry William Wilson
14. BIRTHPLACE (City or Town, County and State, or Country): La Grande, Oregon

Mother
15. MAIDEN NAME: Ruby Louise Gunnel
16. BIRTHPLACE (City or Town, County and State, or Country): Soda Springs, Idaho

17. SIGNATURE OF INFORMANT: Henry William Wi
(Address) Thatcher Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grace, Idaho — Date 1-19 1938

19. UNDERTAKER Mr. Whitman
(Address) Soda Springs, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Jan 3 (Date) 1939 by Mrs. G. A. Fox (Registrar)
Dr. Pfost Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 16 1938, to November 17 1938
I last saw him alive on November 17 1938 Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Bilateral lobar pneumonia	1938	11	15
Contributory causes of importance not related to principal causes			

Where was disease first diagnosed? November 16, 1938
Name of operation ____ date of ____
Condition for which performed ____
What test confirmed diagnosis? ____
Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury ____, 19____ Where did injury occur? ____
(Specify city or town, county and state)
Check whether injury occurred in industry ____ home ____ public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) J. B. Kaelker M. D.
(Address) Grace, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

113042

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 371 B2

1. PLACE OF DEATH

County of Fremont — Registration Dist. No. 99

City of Parker — Primary Reg. Dist. No. 2177

(Home, Hospital or Institution) — Local Registrar's No.

FEB 28 1939

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Sarah E. Munro Mynroe 21 0 a

(a) Residence: Ste. Anthony Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Female

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — Husband of (or) Wife of

6. Date of Birth (Month, day and year) Dec. 4-1879

7. AGE: Years 59 | Months — | Days 22 | If less than 1 day: hrs. ____ min. ____

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country) Oxford Idaho

Father

13. NAME Charles E. Foster

14. BIRTHPLACE (City or Town, County and State, or Country) Idaho

Mother

15. MAIDEN NAME Sarah E. Clements

16. BIRTHPLACE (City or Town, County and State, or Country) Utah

17. SIGNATURE OF INFORMANT Mrs Seneda Howard

(Address) Chester Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Riverview Cem. Date 12/29 1938

19. UNDERTAKER W. M. Hansen

(Address) Ste. Anthony Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 28 1938 by Sarah B Smith

(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 26-1938

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__

I last saw h[illegible] alive on Dec 24 1938 Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Skull fracture

Date of Onset	Yr.	Mo.	Day

Contributory causes of importance not related to principal causes

Struck by Car

Where was disease first diagnosed? ✓

Name of operation ✓ date of —

Condition for which performed ✓

What test confirmed diagnosis? ✓

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident — Suicide — Homicide? Date of injury Dec 26-1938

19__ Where did injury occur? On Highway

(Specify city or town, county and state)

Check whether injury occurred in industry — home — public place

Manner of injury Collision on Highway

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(SIGNED) W. M. Hansen Co. Coroner

(Address) Ste. Anthony Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendel

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 113069

Registration District No. 22
Primary Registration District No. ____ Local Registrar's No. 18
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 158

2. FULL NAME Eugene Collier

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-11-38

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wendel
(State or country) Idaho

FATHER
13. NAME Glen W Collier
14. BIRTHPLACE (city or town) Arkansas
(State or country)

MOTHER
15. MAIDEN NAME Golda Smith
16. BIRTHPLACE (city or town)
(State or country) Arkansas

17. INFORMANT G W Collier
(Address) Jerome

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date 12-15 1938

19. UNDERTAKER D. L. Stevenson
(Address) Jerome

20. FILED 12-15 1938 E. L. Simonton Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-14-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1938, to Dec 14, 1938
I last saw h[illegible] alive on Dec 14 1938: death is said to have occurred on the date stated above, at 6:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxemia due to uremic poisoning of mother	Dec 11-38
Other **contributory causes** of importance:	

Name of operation no Date of
What test confirmed diagnosis? ← Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reuben C. Matson M. D.
(Address) Jerome Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Heyburn.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 113141

MAR 4 1939

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 14
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Lewis Young.

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: M
4. Color or Race: W
5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Ruth Young.

6. DATE OF BIRTH (month, day, and year) May 16 1884

7. AGE: Years 54 | Months 4 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver
(State or country) Colorado.

FATHER
13. NAME Swan Young.
14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER
15. MAIDEN NAME Josephine Anderson
16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Mrs. H. D. Smith.
(Address) Heyburn Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Date 10-16, 1938

19. UNDERTAKER Rodney Boardman
(Address) Rupert Idaho.

20. FILED 9-28, 1938 E. E. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938, to Oct 13, 1938
I last saw h[illegible] alive on Oct 11 1938: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	10-13-38

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Elmore M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 113142

Registration District No. 19
Primary Registration District No. 2012
Local Registrar's No. 15

MAR 4 1939

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lilla Bell Easton

111a

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Easton

6. DATE OF BIRTH (month) Aug (day) 9 (year) 1874

7. AGE — Years: 64 — Months: 2 — Days: 20 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Whitley (State or country) Indiana

FATHER

13. NAME James Rumble
14. BIRTHPLACE (city or town) St Paris (State or country) Ohio

MOTHER

15. MAIDEN NAME Malinda Pence
16. BIRTHPLACE (city or town) St Paris (State or country) Ohio

17. INFORMANT Howard Easton (Address) Jane Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Jane Date 10-26, 1938

19. UNDERTAKER Rodney Hardman (Address) Rupert Idaho.

20. FILED 2-28, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/28 1938

22 I HEREBY CERTIFY, That I attended deceased from 10-28, 1938, to 10-28, 1938

I last saw her alive on 10-28 1938; death is said to have occurred on the date stated above, at 11:00 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	10-28-38

Other **contributory causes** of importance:

Name of operation Injection Varicose Date of ?
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. C. Jensen M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

RECEIVED APR 3 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 113418

Registration District No. 2007
Primary Registration District No. 3 Local Registrar's No. 129

(No. 920 at home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Terrance Martin

(a) Residence. No. Parma Street Idaho R.D. #2
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joel Martin

6. DATE OF BIRTH (month, day, and year) July 4 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Philetus E. Dare

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Serena E. Stevens

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs K I Colson
(Address) Parma Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cemetery Date 12-8, 1938

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED March 7, 1939 Mrs. Alice Rose
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to 12-6-, 1938
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 2—8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Valve	
Heart disease	
Other contributory causes of importance:	
Myocarditis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Mc... M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 113473

FILED APR 4 1939

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 27
(No. White Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Enoc Karvi

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years: about 69 | Months: | Days: | If LESS than 1 day ..... hrs. or ..... min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Finland

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Papers found on body
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida. Date Dec. 29, 1938

19. UNDERTAKER: Orofino Mortuary
(Address) Orofino, Ida.

20. FILED 4/6, 1939 H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/25 1938

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h..... alive on ..... 193...: death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart trouble	
Other contributory causes of importance:	
Alcoholism	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Maurice L. Ferris, M. D.
(Address) Orofino Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. [redacted] 113501

Registration District No. 99

Primary Registration District No. 2199

Local Registrar's No. 385

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sharen Faye Henrickson

(a) Residence. No. St Anthony St. 92
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20, 1938

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Anthony Ida.
(State or country)

FATHER

13. NAME John Rulon Henrickson

14. BIRTHPLACE (city or town) St Anthony
(State or country) Ida.

MOTHER

15. MAIDEN NAME Valetta Margaret

16. BIRTHPLACE (city or town) Parker Nebraska
(State or country)

17. INFORMANT John Rulon Henrickson
(Address) St Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 3-29, 1938

19. UNDERTAKER
(Address)

20. FILED April 1, 1938 Sarah B Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1938, to 3-28, 1938

I last saw her alive on 3-28, 1938: death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) A. Rutherford M. D.

(Address) St Anthony, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WELFARE
TATISTICS

OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 113601

Co.

City of [illegible] RECEIVED APR 12 1939

To 49

Primary Registration District No. 2127 Local Registrar's No. 5 1939

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey Hayes

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Hayes

6. DATE OF BIRTH (month, day, and year) March 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanover
(State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT H. Robertson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Ida Date 12/18, 1938

19. UNDERTAKER Kamiah Mortuary
(Address) Kamiah Ida

20. FILED 12/19, 1938 Neil Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/16 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 193.6., to about, 193...
I last saw him alive on 12/1/15, 193.8.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious P. Anemia	4 1
Other **contributory causes** of importance:	
	Date

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. S. Bergen, M. D.
(Address) Kamiah Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 6 1939

DO NOT WRITE IN THIS SPACE
State File No. 113648

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 16
(No.) Wallace Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Erickson
(a) Residence. No. Burke St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 14 yrs. — mos. — ds. How long in U. S if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 9th 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18	7	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Air Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada

PARENTS
10. NAME OF FATHER Ole Erickson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Barbara Wilbaby
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant (Address) Ole Erickson Burke Id
15. Filed Mar 31, 1939 John A Burr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 27, 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 '38, to Dec 27, 1938
that I last saw him alive on Dec 26, 1938
and that death occurred, on the date stated above, at 8 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute glomerular nephritis
Acute upper respiratory infection
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Wm T. Smith, M. D.
12-30-38, 19 (Address) Wallace, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Wallace Ida	Dec 29, 1938
20. Undertaker	Address
B.G. Marshall	Wallace Id.

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 113699

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 11

APR 5 1939

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lydia Hampsey

(a) Residence No. Russell Kansas St. Russell Kansas

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 wks yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: F

4. Color or Race: Wht

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Eugene T Hampsey

6. DATE OF BIRTH (month, day, and year) July 8-1865

7. AGE: Years 73 | Months 1 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indeard

FATHER

13. NAME Isaac Betts

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Elysbeth Burbaker

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Wm Wilkerson

(Address) Weiser Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL

Place Russell, Kas. Date 8-24-, 1938

19. UNDERTAKER L. C. Northam

(Address) Weiser Idaho

20. FILED 4, 3, 1939 Maria Hawthorne Registrar.

MEDICAL CERTIFICATE OF DEATH 8-24-38

21. DATE OF DEATH (month, day and year) 8-24 1938

22 I HEREBY CERTIFY, That I attended deceased from 7-14, 1938, to 8-24, 1938.

I last saw her alive on 8-24 1938: death is said to have occurred on the date stated above, at 5:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	?
Other **contributory causes** of importance:	
Chronic Pulmonary Tuberculosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Stern Hawker M. D.

(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

RECEIVED JAN 20 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

(No. Graham Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 113849

Local Registrar's No. 8 8

1592

2. FULL NAME Infant Boyles

(a) Residence No. Sandpoint, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1938

7. AGE	Years	Months	Days	If LESS than 1 day 22 hrs. or ..... min.
	~~Stillbirth~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandpoint, Idaho

FATHER

13. NAME Darrell Martin Boyles

14. BIRTHPLACE (city or town) (State or country) Shelbysville, Mo.

MOTHER

15. MAIDEN NAME Lavonn Schaffer

16. BIRTHPLACE (city or town) (State or country) Ritzville, Wash.

17. INFORMANT Dr. C. C. Wendle,
(Address) Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida. Date Dec. 1, 1938

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT, IDAHO.

20. FILED Jan. 20, 1939 W. E. Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov. 22 1938

22 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1938, to Nov. 22, 1938.

I last saw him alive on Nov. 22 1938: death is said to have occurred on the date stated above, at 4:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
5 mo gestation.	
Prematurity	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? el ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Wendle, M. D.

(Address Sandpoint, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 114410

PLACE OF DEATH

County of Gooding
City of Wendell APR
Registration District No. 22
Primary Registration District No. 2018 . Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 d.

2. FULL NAME Baby Boy Ginther

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 30, 1938

7. AGE Years	Months	Days	If LESS than 1 day, 20 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Wendell, Ida
(State or country)

PARENTS

10. NAME OF FATHER Pete Ginther
11. BIRTHPLACE OF FATHER (city or town) Russia
(State or Country)
12. MAIDEN NAME OF MOTHER Elsie Fryback
13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or County)

14. Informant Pete Ginther
(Address)

15. Filed Apr 1, 1939 C. L. Simmenten
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 3, 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

probably Cerebral hemorrhage

dead when examined

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) W. A. Butler, M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Wendell, Ida	
20. Undertaker	Address
X	

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 114411

APR 6 1939

PLACE OF DEATH
County of Gooding
City of Wendell
Registration District No. 22
Primary Registration District No. 2018
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

82a

2. FULL NAME Julia Thompson

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of James Tyler Thompson

6. DATE OF BIRTH (month, day and year) Mar 17, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Boston (State or country) Mass.

PARENTS

10. NAME OF FATHER Hugh Norton

11. BIRTHPLACE OF FATHER (city or town) Belfast (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Marie O'Brian

13. BIRTHPLACE OF MOTHER (city or town) Belfast (State or County) Ireland

14. Informant Mrs. Carrol Somers
(Address)

15. Filed Apr 1, 1939 E. L. Simonton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
(Month) aug (Day) 1 (Year) 1938

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to aug 1, 1938
that I last saw her alive on aug 1, 1938
and that death occurred, on the date stated above, at 3:15 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Examination
(Signed) W. A. Publicover, M. D.
aug 1, 1938 (Address) Wendell, Ida

19. Place of Burial, ~~Cremation, or Removal~~ Wendell Cemetery — Date of Burial aug 3 1938

20. Undertaker Thompson — Address Gooding, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1939

PLACE OF DEATH

County of Madison

City of Rexburg Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 114577

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 38

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Stowell

(a) Residence. No. General Hospital, St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 18, 1938

7. AGE: Years | Months | Days | If LESS than 1 day, 0 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** none

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rexburg, Ida.

FATHER

13. NAME Harold B. Stowell

14. BIRTHPLACE (city or town) (State or country) Juarez, Mexico

MOTHER

15. MAIDEN NAME Maxine Hudson

16. BIRTHPLACE (city or town) (State or country) Kellogg, Ida

17. INFORMANT (Address) Harold B. Stowell Rigby Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Robin, Ida Date 8.19., 1938

19. UNDERTAKER (Address) none

20. FILED 6-6., 1939 Mia N. Ellsworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/18 1938

22. I HEREBY CERTIFY, That I attended deceased from 8.1.8., 193.8., to 8.18.1., 1938.

I last saw him alive on 8.15., 1938.; death is said to have occurred on the date stated above, at 3:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Pre mature Infant	
2. Malformation of Placenta	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..No. If so, specify.....

(Signed) Orldon Hall, M. D.

(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada Lake
City of E. Charles Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 114681

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. ____
JUN 16 1939
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number) 162

2. FULL NAME Mrs. Anna Olson Matteson

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 67 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Neils Matteson.

6. DATE OF BIRTH (month, day, and year) Jan 13, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	8 9	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Keeper until 1933.
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Skarby Sweden.

FATHER
13. NAME Peter Olson
14. BIRTHPLACE (city or town) (State or country) Skarby Sweden

MOTHER
15. MAIDEN NAME Elna Anderson
16. BIRTHPLACE (city or town) (State or country) Skarby Sweden

17. INFORMANT (Address) Alice M Linford

18. BURIAL, CREMATION OR REMOVAL
Place E. Charles Ida Date Nov. 9, 1938

19. UNDERTAKER None
(Address)

20. FILED Nov 11, 1938 Hannah J. Nelson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1938 to Nov 7, 1938
I last saw her alive on Nov. 7, 1938; death is said to have occurred on the date stated above, at 4:30 a.m.
~~The principal cause of death and related causes of importance~~ were as follows:

	Date of onset
General Debility.	1932
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Theodora Hoyt M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 114652

PLACE OF DEATH
County of Bear Lake
City of Fish Haven

FILED JUN 16 1938

Registration District No. 55
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Frances Merkley Virgin

(a) Residence. No. ..... Fish Haven Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Amos Virgin

6. DATE OF BIRTH (month, day, and year) May 19 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Christopher Merkley
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Rissa Fairbanks
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Alfred Howell (Address) Fish Haven, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Fish Haven Cem. Date Dec 21, 1938

19. UNDERTAKER ..... (Address) Fish Haven Idaho

20. FILED 12-21, 1938 Hannah J. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 12.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Deceased found in bed.	
Unknown but natural	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) O. L. Moore, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

St Charles

RECEIVED JUN 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 114683

Registration District No. 55

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes Christina Nelson Esterholdt

(a) Residence. No. ____ St. St Charles Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 4 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) St Charles Idaho

FATHER

13. NAME Christian Esterholdt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Andenstadt

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Hannah J Nelson (Address) St Charles Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place St Charles Date Dec 22, 1938

19. UNDERTAKER Thos Whittaker (Address) Montpelier Idaho

20. FILED 12-22, 1938 Hannah J Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 18 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to Dec 18, 1938

I last saw h[illegible] alive on Dec 18, 1938: death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease	
Mitral Insufficiency	
Other contributory causes of importance:	

Name of operation Autopsy findings Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193...

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C O Moore, M. D.

(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 115232

Registration District No. 30
Primary Registration District No. 1051
Local Registrar's No. 171

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Gruber

(a) Residence No. Silver Beach — ; CDA RT. 4
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Near 75	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) unknown
(State or country) Unknown

FATHER

13. NAME unknown Gruber

14. BIRTHPLACE (city or town) unknown
(State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country) unknown

17. INFORMANT Mrs. Ora Craig
(Address) Coeur d'Alene Idaho

18. BURIAL, CREMATION OR REMOVAL
Mother Place Coeur d'Alene Date 6/15, 1938

19. UNDERTAKER Cassidy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 7/31, 1938 H. C. Newcombe M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-8 1938

22 I HEREBY CERTIFY, That I attended deceased from attended 6-8-, 1938, to 6-8-, 1938
I last saw h— alive on attended 6-8 1938.: death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-7-38
1938.....
Where did injury occur? City of Coeur d'Alene Id a
(Specify city or town, County, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury Blow on side of head
Nature of injury Fractured skull

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Coroner C. B. Reed M. D.
(Address) Coeur d'Alene Idaho

(was over Rookesby Undertaker)

PLACE OF DEATH
County of Ada
City of Rural
Meridian Rt #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7 343
Primary Registration District No. 2006
(No.)

DO NOT WRITE IN THIS SPACE
State File No. 115790

Local Registrar's No. 173

OCT 9 1939

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vilns Junior Sage

(a) Residence No. Route #1 - Meridian St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 18 37

7. AGE — Years: — Months: 5 — Days: 16 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER

13. NAME: Vilns Sage
14. BIRTHPLACE (city or town) (State or country): Colorado

MOTHER

15. MAIDEN NAME: Hellen L. Wood's
16. BIRTHPLACE (city or town) (State or country): Pocatella Idaho

17. INFORMANT: Vilns Sage
(Address) Meridian - Rt. #1

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Nampa Date Feb. 6, 1938

19. UNDERTAKER: Fred K. Robinson
(Address) Nampa Idaho

20. FILED Oct 3, 1939 Lyda Rodgers, Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/4 1938

22 I HEREBY CERTIFY, That I attended deceased from Feb. 1 St., 1938, to Feb. 4 th, 1938.
I last saw him alive on 2-3 1938: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphixia due to Bronchio-pneumonia.	1-26-38
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Phy. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jos. M. Thomas, M. D.
(Address) Meridian, Ida Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 11646

1. PLACE OF DEATH

County of Twin Falls, Registration Dist. No. 39

City of Buhl, Ida. Primary Reg. Dist. No. 2089

Local Registrar's No.

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 1 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

RECEIVED NOV 8 1939

2. FULL NAME Columbus A. Snelson,

(a) Residence: Buhl, R.F.D.

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE / FEMALE: Male

4. White, Black, Yellow, Red: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced Husband of (or) Wife of: X

6. Date of Birth (Month, day and year): November, 30th. 1875

7. AGE: Years 63 | Months 10 | Days 18 | If less than 1 day hrs. min.

Occupation

8. Trade, profession, or particular kind of work done: Farmer

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year): 1 yr.

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country): Arkansas,

Father

13. NAME: James W. Snelson

14. BIRTHPLACE (City or Town, County and State, or Country): Tennessee

Mother

15. MAIDEN NAME: Margaret Black

16. BIRTHPLACE (City or Town, County and State, or Country): No. Carolina.

17. SIGNATURE OF INFORMANT: Kenneth Shank

(Address) Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Filer, Ida. Date 10/20 1939

19. UNDERTAKER: Davis & Johnson L. L. Johnson

(Address) Buhl, Ida.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 10/18 1939 (Date) by Anastasia Wilcox Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 18 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1939 to Oct 17 1939

I last saw him alive on Oct 14 1939 Death is said to have occurred on the date stated above, at 6 55 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Apoplexy			17
Contributory causes of importance not related to principal causes: Gastritis (Chronic)			

Where was disease first diagnosed? Buhl Ida

Name of operation ✓ date of ✓

Condition for which performed ✓

What test confirmed diagnosis? ✓

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ✓

, 19 Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(SIGNED) G. G. Parkinson M. D.

(Address) Buhl Ida

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 121187
Local Reg. No. 53
Reg. Dist. No. 240

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Kooskia NOV 1
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X.
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County
(c) City or town Weiser
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. X yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Weiser, Idaho

3. (a) **FULL NAME** Grover Laurence Wray

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 9, 1913

8. AGE	Years	Months	Days	If less than 1 day
	25	9	23	hrs min.

9. Exact Occupation Labor — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Bozeman, Montana (City or town) (State or foreign country)

Father
12. Name Grover Wray
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Agnes Leueck
15. Birthplace Gering Minesota (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address Weiser, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/20/40 (Month) (Day) (Year)
(c) Place: Weiser, Idaho
18. Funeral Director's **OWN** Signature [signature] and Address Grangeville, Idaho
19. (a) Oct. 24-1940 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 2, 1938 ✓ 19
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental lost — Duration
Due to Hunting trip
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? Homicide?
Occurred Nov 2 1938 City, county, state where violence occurred Idaho Co. Idaho
Place of Violence: Home Farm Industry
Public Place yes While at work? Hunting
Means of injury gunshot wound

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Grangeville Date 10/20 1940

If Death Occurred in Idaho County, Coroner (Over additional space, use reverse side.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH.
County of Gooding
City of Hagerle

DEC 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 320
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)

DO NOT WRITE IN THIS SPACE
State File No. 121843

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Morgan P Hager

(a) Residence No. Wendell Ida (Usual place of abode) St. ____ (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wh	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Della Hager

6. DATE OF BIRTH (month, day, and year) Nov 18-67

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Logan Co (State or country) W. Va

FATHER

13. NAME G. W. Hager

14. BIRTHPLACE (city or town) ____ (State or country) W. Va

MOTHER

15. MAIDEN NAME Ann Baisden

16. BIRTHPLACE (city or town) ____ (State or country) Va

17. INFORMANT Mrs Della P Hager (Address)

18. BURIAL, CREMATION OR REMOVAL Place Wendell Date 11-22, 1940

19. UNDERTAKER A G Thompson (Address)

20. FILED Nov. 30, 1940 Sister M. Rose O.S.S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/19 1940

22 I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw h... alive on ____ 193...: death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Death	
Struck by Truck	
Other **contributory causes** of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? ____ Date of injury 11/19, 193...

Where did injury occur? Wendell Idaho (Specify city or town, county, and state)

Specify whether injury occurred in ~~industry~~, ~~in home~~, or in public place ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) A G Thompson M.D.

(Address) Gooding

976

124999

United States Department of Commerce
Bureau of the Census

AUG 15 1941

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 124999
Local Reg. No. 197
Reg. Dist. No. 170

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise.
(c) Street Address or R. F. D. No. 103. West Idaho.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R F. D. No. 103. W. Idaho.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Ohio.

3. (a) **FULL NAME** Anna Mary Ford Pursell.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) February. 27. 1860.

8. AGE	Years	Months	Days	If less than 1 day
	81.	4.	17.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Mainville Ohio. (City or town) (State or foreign country)

Father
12. Name Nathanial Ford.
13. Birthplace Maine. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Smith.
15. Birthplace Maine, (City or town) (State or foreign country)

16. Informant's **OWN** Signature Helen Harvey and Address 103 Idaho St.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 10. 1941. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyd E. Summers and Address Boise, Idaho.

19. (a) 7-11-41 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 30 1938
about 3 o'clock a. M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 20 1938, to July 8 1938
I last saw h.. alive on July 7 1938; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
1. Arterio sclerosis
2. Aortic aneurism
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Ernest Newton M.D. (M. D. or other)
and Address Boise Idaho Date ..... 19.....

(For additional space, use reverse side)

United States Department of Commerce
Bureau of the Census

AUG 8 1942

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 129903
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? # city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 5 years months days
   Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? # city or town
   (f) If foreign born, in U. S yrs. Citizen of U. S ?
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Julia Adams

3. (b) If veteran, name war
3. (c) Social Security No. [redacted]
4. Sex Female
5. Color or race Indian
6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 17 1933

8. AGE	Years	Months	Days	If less than 1 day
	5	7		hrs min.

9. Exact Occupation child — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Bonners Ferry Idaho (City or town) (State or foreign country)

Father
12. Name Alexander Adams
13. Birthplace Bonners Ferry Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jacob
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary Adams and Address Bonners Ferry Idaho 2/16/38
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
   (c) Place: Indian Cemetery
18. Funeral Director's **OWN** Signature Indians and Address Bonners Ferry Idaho
19. (a) 7-13-42 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 15 1938
   at o'clock M.
21. I **HEREBY CERTIFY,** That I attended deceased from Jan 19 38 to Feb 15 19 38
   I last saw her alive on Feb 14 19 38; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary tuberculosis	1 7r
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
   Occurred 19 City, county, state where violence occurred
   Place of Violence: Home Farm Industry
   Public Place While at work?
   Means of injury
23. Attendant's **OWN** Signature [signature] and Address Bonners Ferry (M. D. or other) Date 7-13 1942
   (For additional space, use reverse side)

MAR 15 1946 147378

State File No. 147378

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 14 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Ingrid Magnuson 055E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife E. J. Magnuson 6. (c) Age of husband or wife if alive 81 years
7. Date of Birth (Month, Day, Year) Jan. 14. 1870

8. AGE	Years	Months	Days	If less than 1 day
	68	3	2	hrs min.

9. Exact Occupation Housewife Did this work for 38 yrs.
10. Industry or Business Date last worked
11. Birthplace Vasa (City or town) Minnesota (State or foreign country)

Father
12. Name Per A. Pearson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Elsie Nelson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Edna Hyde
and Address Salmon, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19th 1938 (Month) (Day) (Year)
(c) Place: Salmon Cemetery
18. Funeral Director's OWN Signature William C. Doebler
and Address Salmon, Idaho
19. (a) Mar-12-1946 (Date received and filed) (b) Viola E. Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 117A

20. **DATE OF DEATH** (Month, Day, Year) April 16th 1938
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer and gastric Ulcer	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19____ City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature William C. Doebler (M. D. or other)
and Address Salmon Idaho Date 4-16 1938.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Certificate of Death

STATE OF IDAHO

State File No. 15522
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibbonsville
c. LENGTH OF STAY (in this place): 41yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibbonsville
d. STREET ADDRESS (If rural, give location): ----------

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie
b. (Middle): --
c. (Last): Kern

4. DATE OF DEATH: (Month) Jan. (Day) 23, (Year) 1938

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 28, 1871

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR — Months: 1 Days: 25
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Groceries

11. BIRTHPLACE (State or foreign country): Coburg, Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl Knoch
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Margaret Heubnor
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ----

17. INFORMANT'S OWN SIGNATURE: J.W. Buchling
ADDRESS: Livingston, Mont.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cancer of the Uterus
INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Pelvic Laparotomy - Biopsy , Malignant Uterus
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11, 1937, *to* 12 - 15, 1937, *that I last saw the deceased alive on* 12 - 15 1937 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Attending Physicians Affidavit attached.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 27, 1938
24c. NAME OF CEMETERY OR CREMATORY: Gibbonsville
24d. LOCATION (City, town, or county) (State): Gibbonsville, Idaho

DATE REC'D BY LOCAL REG.: 8-8-1949
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: William C. Toebler
ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Telephone 71

Member
I.F.D.A.
N.F.D.A.

Edward's
Doebler Memorial Mortuary
Salmon, Idaho

Colin M. Edward
Kathryn Edward

Licensed Embalmers
and
Funeral Directors

August 5, 1949

Idaho State
Division of Vital Statistics
Boise, Idaho

RE: Elsie Kern (deceased)
Gibbonsville, Idaho

I, the undersigned, hereby certify that the information contained in the death certificate, covering the death of the above named person, was copied by me from the case record book of the W.C. Doebler & Son Funeral Home of Salmon, Idaho. which records are now is my possession.

The information on the medical portion of the death certicate is recorded from the attached affidavit of Herbert Hayward M.D. of Hamilton, Montana the attending physician, prior to Elsie Kerns death.

The Lemhi County Coroner, Dad Barris, who should have signed the original death certificate is deceased.

The Registrar for this District in 1938, Mrs. Clio Belmay is out of the State.

My assistance and testiment in this regard is given in an effort to establish and have registered a Death Certificate covering the death of Elsie Kern who died at her home in Gibbonsville, Idaho January 23, 1938.

Signed Colin M. Edward
Registered Embalmer # E 374
Salmon, Idaho

RE: Mrs. Elsie Kern, Gibbonsville, Idaho
Deceased January 23, 1938 Gibbonsville, Idaho.

Date August 1, 1949

I, the undersigned, attending physician certify that Mrs. Elsie Kern, the deceased, received treatment from me from 5/11/, 19 37, to Dec. 15, 19 37, that I last saw the deceased alive on Dec. 15, 19 37.

Disease or conditions directly leading to death.

Cancer of the uterus

Interval between onset and death 6 months.

Antecedent Causes

Due to

Due to

Operations Pelvic Laparotomy - Biopsy . malignant uterus

Other remarks Left Marcus Daly Memorial Hospital, Hamilton, Mont. in the last stages of cancer of the uterus and could not have lived many weeks.

Signed Herbert Hayward M.D.
Herbert Hayward, M. D.
Hamilton, Montana

Subscribed and sworn to before me this 2nd day of August, 1949.

~~Notary Public for State of~~

Seal

~~Residing at~~ ANTHONY HORK
COUNTY CLERK AND RECORDER
RAVALLI COUNTY, MONTANA
By Shirley Keith Deputy

~~My Commission Expires~~

HERBERT HAYWARD. M.D.. F.A.C.S.
HAMILTON. MONT.

August 1, 1940

Colin H. Ward
Salmon, Idaho

Dear Mr. Ward:

I took care of Elise Hern for several years prior to death. She had a malignant growth removed. I last saw her in December 1937. She returned to Bibbonville, Idaho. Her husband informed me later that she died on Jan. 2", 1940.

I did not sign the death certificate and do not know who did. It must be on file in Idaho, at the State registrar of Births and Deaths.

She left our hospital in the last stages of cancer of the uterus and could not have lived many weeks.

Yours very truly,

Herbert Hayward M.D.

Herbert Hayward, M. D.

H :ch